This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	8/24/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
Accounting		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2018/1 Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63465
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Spruce Knob Seneca Rocks Telephone, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 100, 17009 Mountaineer Drive (Number, street, rural route, apartment, or suite number)	
		Riverton, WV 26814 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	Spruce Knob Seneca Rocks Telephone, Inc.	63465
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co	ty" is the same as a "community unit" as defined in FCC rules: mmunities within unincorporated areas and including single,
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Riverton	WV
Community	Durbin	WV
Add Rows as Necessary		
	การและการการการการการการการการการการการการการก	

Name E Secondary Transmission Service: Sub- scribers and Rates	LEGAL NAME OF OWNER OF CA Spruce Knob Seneca Ro SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmissio about other services (including period but other services (including period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate ch	SERVICE: SU bace E should n of television ay cable) in sp (June 30 or D blocks in space transmission	JBSCRII cover al and rad ace F, n ecembe	BERS AND RA	-				TEM ID 6346
Secondary Transmission Service: Sub- scribers and	SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmissio about other services (including pri last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi	SERVICE: SU bace E should n of television ay cable) in sp (June 30 or D blocks in spar transmission	JBSCRII cover al and rad ace F, n ecembe	BERS AND RA	-				
Secondary Transmission Service: Sub- scribers and	In General: The information in sp system, that is, the retransmission about other services (including period last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi	bace E should n of television ay cable) in sp (June 30 or D blocks in space transmission	cover al and rad ace F, n ecembe	II categories of lio broadcasts	-				
Secondary Transmission Service: Sub- scribers and	system, that is, the retransmission about other services (including period last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu- separately for the particular servi	n of television ay cable) in sp (June 30 or D blocks in space transmission	and rad ace F, n ecembe	lio broadcasts	aaaandan				
Transmission Service: Sub- scribers and	about other services (including period last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi	ay cable) in sp (June 30 or D blocks in space transmission	ace F, n ecembe						
Transmission Service: Sub- scribers and	last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi	(June 30 or D blocks in space transmission	ecembe						
scribers and	down by categories of secondary each category by counting the nu separately for the particular servi	, transmission	ce E call	r 31, as the ca	ise may be).		-	
	each category by counting the nu separately for the particular servi								
	separately for the particular servi								
	Rate: Give the standard rate ch							onargoa	
	unit in which it is generally billed. category, but do not include disce				iny standar	d rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ries of seco	ondary transmiss	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity s subscriber who pays extra for cal								
	first set" and would be counted o								
	Block 2: If your cable system h	nas rate catego	ories for	secondary tra	nsmission				
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	nd rates, in the	e right-ha	and DIOCK. A tv	vo- or three	e-wora descriptio	on of the s	ervice is	
-		DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
ł	Residential:	OODOOND	LINU	TUTE	0/11		(III)	ODDOORDERO	1011
	Service to first set		715	\$64.95	Basic			715	\$64.
	 Service to additional set(s) 				Expand	led		118	\$80.
	• FM radio (if separate rate)				Premiu	m		59	####
	Motel, hotel				HBO			60	\$18.
	Commercial				Showti	ne		59	\$17.
	Converter				Startz			103	\$15.
	Residential				Cinema	X		59	\$16.
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISS		<u>د</u>				
-	In General: Space F calls for rate					your cable syst	em's servi	ces that were	
F	not covered in space E, that is, th								
Samiaaa	service for a single fee. There are								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		.	
Transmissions:	Block 1: Give the standard rate							wara not	
Rates	Block 2: List any services that listed in block 1 and for which a s	• •			-	• •			
	brief (two- or three-word) descrip								
ľ		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Services:		Installa	ation: Non-res	idential				
	Pay cable		• Mot	tel, hotel					
	 Pay cable—add'l channel 			nmercial					
	 Fire protection 			/ cable					
	•Burglar protection		-	/ cable-add'l ch	nannel				
	Installation: Residential			e protection					
	First set	\$75.00		glar protection					
	Additional set(s)			services:		\$50.00			
	FM radio (if separate rate)			connect		\$50.00			
	Converter			connect					
				tlet relocation ve to new addr					

	2018/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 63465
	Spruce Knob Seneca PRIMARY TRANSMITTERS:	Rocks Telephone, Inc.		
G Primary ansmitters: relevision	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do not list the station her station was carried only on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including i m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca iles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- le carriage of certain network progr 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ESI -air designation. For example, rep- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast). t is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WHSVDT	1	N	HARRISONBURG, VA (RIVERTON)
	WHSV2	2	N	HARRISONBURG, VA (RIVERTON)
ows as Necessary	WHSV	3	N	HARRISONBURG, VA (RIVERTON)
vs us recessury	WSVF	4	N	HARRISONBURG, VA (RIVERTON)
	WDTV	5	N	WESTON, WV
	WVVA1	6	N	BLUEFIELD, WV
	WBOYDT2	7	N	CLARKSBURG, WV
	WDBJ	7	N	ROANOKE, VA (DURBIN)
	WVVA2	8		
			N	BLUEFIELD, WV
	WBOY	12	<u>N</u>	BLUEFIELD, WV CLARKSBURG, WV
	WBOY WVFX	12	N	CLARKSBURG, WV
	WBOY WVFX WSET			CLARKSBURG, WV WESTON, WV
	WVFX WSET	12 14	N N	CLARKSBURG, WV WESTON, WV ROANOKE, VA (DURBIN)
	WVFX WSET WHSVDT	12 14 3 503	N N N N	CLARKSBURG, WV WESTON, WV ROANOKE, VA (DURBIN) HARRISONBURG, VA (RIVERTON)
	WVFX WSET WHSVDT WSVFCD2	12 14 3	N N N	CLARKSBURG, WV WESTON, WV ROANOKE, VA (DURBIN) HARRISONBURG, VA (RIVERTON) HARRISONBURG, VA (RIVERTON)
	WVFX WSET WHSVDT WSVFCD2 WDTVDT	12 14 3 503 504 505	N N N N N N	CLARKSBURG, WV WESTON, WV ROANOKE, VA (DURBIN) HARRISONBURG, VA (RIVERTON) HARRISONBURG, VA (RIVERTON) WESTON, WV
	WVFX WSET WHSVDT WSVFCD2 WDTVDT WVVA1HD	12 14 3 503 504 505 506	N N N N N N N	CLARKSBURG, WV WESTON, WV ROANOKE, VA (DURBIN) HARRISONBURG, VA (RIVERTON) HARRISONBURG, VA (RIVERTON) WESTON, WV BLUEFIELD, WV
	WVFX WSET WHSVDT WSVFCD2 WDTVDT WVVA1HD WBOYDT2	12 14 3 503 504 505 506 512	N N N N N N N N N	CLARKSBURG, WV WESTON, WV ROANOKE, VA (DURBIN) HARRISONBURG, VA (RIVERTON) HARRISONBURG, VA (RIVERTON) WESTON, WV BLUEFIELD, WV CLARKSBURG, WV
	WVFX WSET WHSVDT WSVFCD2 WDTVDT WVVA1HD WBOYDT2 WVFXDT	12 14 3 503 504 505 506 512 514	N N N N N N N N N N	CLARKSBURG, WV WESTON, WV ROANOKE, VA (DURBIN) HARRISONBURG, VA (RIVERTON) HARRISONBURG, VA (RIVERTON) WESTON, WV BLUEFIELD, WV CLARKSBURG, WV WESTON, WV
	WVFX WSET WHSVDT WSVFCD2 WDTVDT WVVA1HD WBOYDT2	12 14 3 503 504 505 506 512	N N N N N N N N N	CLARKSBURG, WV WESTON, WV ROANOKE, VA (DURBIN) HARRISONBURG, VA (RIVERTON) HARRISONBURG, VA (RIVERTON) WESTON, WV BLUEFIELD, WV CLARKSBURG, WV
	WVFX WSET WHSVDT WSVFCD2 WDTVDT WVVA1HD WBOYDT2 WVFXDT	12 14 3 503 504 505 506 512 514	N N N N N N N N N N	CLARKSBURG, WV WESTON, WV ROANOKE, VA (DURBIN) HARRISONBURG, VA (RIVERTON) HARRISONBURG, VA (RIVERTON) WESTON, WV BLUEFIELD, WV CLARKSBURG, WV WESTON, WV
	WVFX WSET WHSVDT WSVFCD2 WDTVDT WVVA1HD WBOYDT2 WVFXDT	12 14 3 503 504 505 506 512 514	N N N N N N N N N N	CLARKSBURG, WV WESTON, WV ROANOKE, VA (DURBIN) HARRISONBURG, VA (RIVERTON) HARRISONBURG, VA (RIVERTON) WESTON, WV BLUEFIELD, WV CLARKSBURG, WV WESTON, WV

Accounting F	Period: 2018	/1						FORM	/I SA1-2E. PAGE 4.
LEGAL NAME O									SYSTEM ID#
Spruce Kno	b Seneca F	Rocks	Telephone, Inc.						63465
all-band basis v Special Instrue	st every radio s whose signals ctions Conce	station ca were ge	arried on a separate and disc nerally receivable by your ca I-Band FM Carriage: Under	bl C	e system during opyright Office	the accountin regulations, ar	ng perioo n FM sig	l. nal is generally	H Primary Transmitters:
on the basis of For detailed info paper SA1-2 fo Column 1: Io Column 2: S Column 3: Io	monitoring, to formation abou- orm. dentify the cal State whether f the radio stat	be rece at the Co I sign of the station's sig	stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column.	s th	ystem's FM ante his point, see pa	enna, during c ge (v) of the g	ertain st eneral i	ated intervals. nstructions in the.	Radio
			on (the community to which t the community with which the				C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
WELD	AM	х	FISHER, WV						
WELD	FM	Х	FISHER, WV						
WVMR	FM	X	HILLSBORO, WV						
	+								
	+								
	+								
	+								
	+								
	+								
	+								
	+								
	+								
	+								
	+	+							

Accounting Perio	od: 2018/1						FORM SA1-2E.	PAGE 5
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTE	M ID#
Name	Spruce Knob Seneca I	Rocks Tel	ephone, Inc				6	63465
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3			
	In General: In space I, identi		-			ion, that vour ca	ble system carried o	on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	general instr	uctions in the pa	aper SA1-2 form.	
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basis	s, any nonnet	twork television		
Program Log	broadcast by a distant sta	tion?					YES NO	
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete the	e program	
	log in block 2.			·	-			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				vherever pos	sible, if their me	eaning is	
	clear. If you need more spa			rows to the tables. Ision program ("substitute p	program") that	t during the ac	counting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	ral instruction	ns for further inf	formation.	
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love L	₋ucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	0."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	n.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			C or, in	
				tem carried the substitute p			the month	
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. snou	la pe	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	FCC rules a	nd regulations i	in	
			E PROGRAM	1		N SUBSTITU		
		2. LIVE?	3. STATION'S		5. MONTH	6. TIME		
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
						_		
						_		
						_		
						_		
						<u>—_</u>		
						_		
						_		
						_		

Accounting Period:	2018/1			FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Spruce Knob Seneca Rocks Telephone, Inc.			Ş	63465 63465
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the system sidentified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts	stem's s n of how	econdary trans to compute this	mission servi amount, see \$ 37	ce
	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 bu • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more inf	ut less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	00 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00				1
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines	s 1 and 2		·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	6 (but mo	ore than \$137,	100)	
	1. Base amount under statutory formula		263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 an	nd 8	······.		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but l	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		374,224.00		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		110,424.00		
	4. Multiply line 3 by .01	· · · · · · · · ·	\$	1,104.24	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u>.</u>	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5,	, and 6 .	· · · · · · · · · · · · · · · · · · ·	\$	2,423.24
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	······.	\$	2,423.24	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	•••••	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		[\$	2,443.24
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 f		-		ghts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Spruce Knob Seneca Rocks Telephone, Inc.	SYSTEM ID: 63465
M Channels	 CHANNELS Instructions: You must give (1) the number of channels on which the cab to its subscribers, and (2) the cable system's total number of activated chan 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . 	annels during the accounting period.
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEE we can contact about this statement of account.)	DED (Identify an individual to whom
for Further Information	Name VICKIE L. COLAW	Telephone (304) 567-2121
	Address 17009 MOUNTAINEER DRIVE (Number, street, rural route, apartment, or suite number) RIVERTON, WV 26814 (City, town, state, zip)	
	Email vcolaw@spruceknob.net	Fax (optional) <u>(304) 567-2407</u>
O Certification	in line 1 of space B and that the owner is not a corporation or p	at the cable system as identified in line 1 of space B; or e duly authorized agent of the owner of the cable system as identified artnership; or f a partnership) of the legal entity identified as owner of the cable system of law that all statements of fact contained herein belief, and are made in good faith.
	Enter an electronic signature	∠OIAW on the line above to certify this statement. signature" (e.g., /s/ John Smith)
	Typed or printed name: VICKIE L. Co Title: GENERAL MANAGE (Title of official position held in corporation	ER
	Date:	08-24-2018

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lave

unting Period: 2018/1		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
ice Knob Seneca Rocks Telephone, Inc.		634
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSI The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the lowing sentence: "In determining the total number of subscribers and the gross amounts paid to service of providing secondary transmissions of primary broadcast transmitters scribers and amounts collected from subscribers receiving secondary transmis For more information on when to exclude these amounts, see the note on page (vii) of located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross received and by satellite carriers to satellite dish owners? NO 	Copyright Act by adding the fol- the cable system for the basic s, the system shall not include sub- sions pursuant to section 119." f the general instructions	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below.	.\$	
Name Name Name Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions lo		Q
For an explanation of interest assessment, see page (viii) of the general instructions lo	ocated in the paper SA1-2 form.	Q Interest Assessme
	x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions lo Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions lo	xdays	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions lo Line 1 Enter the amount of late payment or underpayment	x days	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions loc Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the general instructions locution 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instructions locute in the amount of late payment or underpayment. Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here . Line 3 Multiply line 2 by the number of days late and enter the sum here . Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.</i>, contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one NOTE: If you are filing this worksheet covering a statement of account already submitting a statement account already submitting a statement account already submitting ac	x	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the general instructions locure 1 Enter the amount of late payment or underpayment	x	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the general instructions locute in the amount of late payment or underpayment	x	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the general instructions location in the amount of late payment or underpayment	x	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the general instructions location in the amount of late payment or underpayment	x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions lo Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessm

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.