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 workbool by email to: |
|---|---------------|----------------------|--|
| for Secondary Transmissions by Cable Systems (Short Form) | DATE RECEIVED | AMOUNT | <u>coplicsoa@loc.gov</u> |
| General instructions are located in the first tab of this workbook | 08/23/2018 | \$ ALLOCATION NUMBER | For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150 |

| Α | ACCO | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) | |
|----------------------|-------|---|--------------|
| | | 2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions) | |
| Accounting 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. | 1827 |
| | | | |
| | | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | |
| | | | |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) | |
| | | MAILING ADDRESS OF OWNER OF CABLE SYSTEM | |
| | | 814 Cable Court NW, PO Box 1000 (Number, street, rural route, apartment, or suite number) | |
| | | Massillon, OH 44648 (City. town, state, zip) | |
| С | INSTR | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system ι | unless these |
| L L | names | s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in | space B. |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: | |
| | | MAILING ADDRESS OF CABLE SYSTEM: | |
| | 2 | | |
| | 2 | (Number, street, rural route, apartment, or suite number) | |
| | | (City, town, state, zip code) | |
| | | | |

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.

| Messition Cable IV, Inc. IEEE D departed and location community served by the cable system. A "community" is the same as a "community and "as defined in CC rules: "a separate and doint community or municipal entity (foulding unicorporated community and the state set as a found on system iterification benerated to nome and rule)." A CER SCI "a separate and phy?" Recent use: a state fact community the yout as listeres as a found of system iterification benerated to nome a state that the set as the fact community and the fact should be reported in parentheses below the iterification benerates state as holds. Spatneents; condominants, or mable home parts should be reported in parentheses below the iterified of the set as the fact community of the state set as the fact community of the state set as the fact community of the state set as the state of the set as the fact community of the state set as the state of the state set as the fact community of the state set as the state set as the state of the state set as the state of the state set as the state of the state set as the state | Name | | SYSTEM ID# |
|--|----------------------|--|---|
| Paraget "a separate and distinct community or municipal entry (including unicorporated communities within unicorporated areas and including going, directed unicorporated areas): A 7C-R 5C-Sidd. The first community do unit with ever as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. First CTY OR TOWN StaTE Community OH OH With the set hierery OH OH It has a hierer. OH OH One OH OH One OH OH One OH OH OH OH OH OH OH OH OH OH OH OH OH OH | | Massillon Cable TV, Inc. | 1827 |
| Area Seried Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First Community of two as become COTY OR TOWN STATE Amsterdam OH | D | "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you | communities within unincorporated areas and including single, |
| Served identified city. First First First Interest Nurseuw Inter | | | home parks should be reported in parentheses below the |
| First Community First Community First Community First Community Fir | | | nome parks should be reported in parentneses below the |
| First Community OH Springfield OH OH Springfield OH Loudon OH | Serveu | | |
| First Community OH Springfield OH OH Springfield OH Loudon OH | | | 07475 |
| Community Berghoiz OH Springfield OH Louidon OH Iters is literary Iteration | First | | |
| Springfield OH Loudon OH Image: Shortery Image: Shortery Image: Shortery | | | |
| d kos s i kessi i d kos s i kes | | | |
| | dd Rows as Necessary | | |
| | au nows as necessary | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Image: state in the state in | | | |
| LangeAnd | | | |
| LangeAnd | | | |
| Image: Section of the | | | |
| Image: Product of the section of th | | | |
| Image: state in the state in | | | |
| Image: state in the state in | | | |
| Note | | | |
| | | | |
| Image: state of the state of | | | |
| | | | |
| Image: state of the state of | | | |
| Image: state in the state in | | | |
| Image: set of the | | | |
| | | | |
| | | | |
| | | | |
| Image: Section of the section of th | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM | | | | | | FORM SA1 | TEM II |
|---|---|---|--|--|--|---|--|---|--------|
| Name | Massillon Cable TV, Inc. | | | | | | | 010 | 18 |
| E Secondary Transmission Service: Sub- | SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both | SERVICE: SU pace E should on of television ay cable) in sp I (June 30 or Do | cover a and rad ace F, ecembe | all categories of dio broadcasts I not here. All the er 31, as the ca | secondar by your sy facts you se may be | stem to subscri state must be t). | bers. Give hose existi | information ing on the | |
| scribers and Rates | down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate count in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system 1 | y transmission : umber of billing ice at the rate i harged for eacl . (Example: "\$2 ounts allowed f in space E, the e to their subscr e: Where an inc should be cour ible service to a once again under | service s in that ndicate h categ (0/mth" for advate form I ribers. dividual nted as addition er "Sen | In general, you at category (the ed—not the num yory of service. I). Summarize a ance payment. lists the categor Give the number or organization a subscriber in nal sets would b vice to additional | u can com number o aber of set nclude bo ny standal ies of seco r of subsc a is receivi each appl e included al set(s)." | pute the number f persons or org s receiving servent th the amount of rd rate variation ondary transmiser bers and rate ng service that licable category I in the count ur | er of subscr ganizations ice). If the charg s within a p sion servic for each lis falls under . Example: ider "Servic | ribers in charged ge and the particular rate et that cable ted category different a residential ce to the | |
| | printed in block 1 (for example, ti with the number of subscribers a sufficient. | iers of services | that in | clude one or mo | ore second | dary transmissio | ons), list the | em, together ervice is | |
| | | NO. OF | | | | | BLOOP | NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIB | ERS | RATE | CAT | EGORY OF SE | RVICE | SUBSCRIBERS | RAT |
| | Residential: • Service to first set | | 92 | \$18.94/mo. | | | | | |
| | Service to additional set(s) FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel Commercial | | | | | | | | |
| | Converter | | | | | | | | |
| | Residential Non-residential | | | | | | | | |
| F Services Other Than Secondary Transmissions: Rates | SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip | e (not subscrib hose services t e two exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charg ottion and includ | er) info hat are ns: you ished t usually ne cabl stem ful e was n e the ra | ormation with re- e not offered in c do not need to o nonsubscribe v billed. If any ra e system for ea rnished or offere made or establis | spect to al combinatio give rate i rs. Rate in tes are ch ch of the a ed during f | on with any secc information con- formation shou arged on a vari applicable servio the accounting p | ondary trans cerning (1) ld include b able per-pr ces listed. period that | smission services ooth the ogram basis, were not | |
| | | BLOO | | | 105 | DATE | OATEO | BLOCK 2 | |
| | CATEGORY OF SERVICE Continuing Services: | | | GORY OF SER ation: Non-res | | RATE | CATEG | ORY OF SERVICE | RAT |
| | • Pay cable | \$31.92/mo. | • Mo | otel, hotel | | | | | |
| | Pay cable—add'l channel | | | ommercial | | | | | |
| | Fire protection | | | y cable | | | | | |
| | | | | y cable-add'l ch | annel | | | | |
| | •Burglar protection | | | | | | | | |
| | Installation: Residential | | | e protection | | | | | |
| | U | | • Bu | e protection rglar protection services: | | | | | |
| | Installation: Residential • First set | | • Bu Other | rglar protection | | | | | |
| | Installation: Residential • First set • Additional set(s) | | • Bu Other • Re | rglar protection services: | | | | | |

| Name Provide the state of the | nting Period: 2 | LEGAL NAME OF OWNER OF | CABLE SYSTEM | | FORM SA1-2E. PAGE 3. SYSTEM ID# |
|---|-----------------|---|---|---|---|
| PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) imary In General: In Space G, identify every television station (including translator stations and low power television stations) imary In General: In Space G, identify every television station (including translator stations and low power television stations) imary In General: In General: In General: In General: In General: System Station: Win the next paragraph. Station: Station translations: In General: In General: </th <th>ame</th> <th></th> <th></th> <th></th> <th>1827</th> | ame | | | | 1827 |
| carried by your cable system during the accounting period. <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24. 1981, permitting the carriage of cartain network program (sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: - Do not list the station here in space G—but of list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis. - List the station here in space G—but of list it is nance 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis stations, see page (v) of the general instructions. Column 1: List each tasthon's call is no zording to its over-the-air designation. For example, report multistream WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is licensed by the FCC. For Mexican or Canadian station, if any, give the name of the community with which the station is identified. wtraff 1. CALL SigN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION WTRF WtRF 7< | | | | | |
| KDKA2NPittsburghWTAE4NPittsburghWTRF-27N-MWheelingWTRF7NWheelingWNEO45EAllianceWTOV9NSteubenvilleWPXI11NPittsburghWPGH53NPittsburghWQED13EPittsburgh | ary itters: | carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, Wi Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location | n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations ca- les, regulations, or authorizations: in space G—but do list it in space I (th a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the ne form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), or ms, see page (iv) of the general instru- n of each station. For U.S. stations, list | t (1) stations carried only on a part-tir he carriage of certain network program (1(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESPP e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a function (for network multicast), "I" (for independent stations in the paper SA1-2 form. the community to which the station is | me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community moncommercial ndent), "I-M" nal multicast). s licensed by the |
| WTAE4NPittsburghWTRF-27N-MWheelingWTRF7NWheelingWNEO45EAllianceWTOV9NSteubenvilleWPXI11NPittsburghWPGH53NPittsburghWQED13EPittsburgh | | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| WTRF-27N-MWheelingWTRF7NWheelingWNEO45EAllianceWTOV9NSteubenvilleWPXI11NPittsburghWPGH53NPittsburghWQED13EPittsburgh | | KDKA | 2 | N | Pittsburgh |
| WTRF7NWheelingWNEO45EAllianceWTOV9NSteubenvilleWPXI11NPittsburghWPGH53NPittsburghWQED13EPittsburgh | | WTAE | 4 | Ν | Pittsburgh |
| WNEO45EAllianceWTOV9NSteubenvilleWPXI11NPittsburghWPGH53NPittsburghWQED13EPittsburgh | ary | WTRF-2 | 7 | N-M | Wheeling |
| WTOV9NSteubenvilleWPXI11NPittsburghWPGH53NPittsburghWQED13EPittsburgh | | WTRF | 7 | Ν | Wheeling |
| WPXI11NPittsburghWPGH53NPittsburghWQED13EPittsburgh | | WNEO | 45 | Е | Alliance |
| WPGH53NPittsburghWQED13EPittsburgh | | WTOV | 9 | Ν | Steubenville |
| WQED 13 E Pittsburgh | | WPXI | 11 | Ν | Pittsburgh |
| | | WPGH | 53 | Ν | Pittsburgh |
| | | WQED | 13 | Е | Pittsburgh |
| | | WTOV-2 | 9 | N-M | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Accounting P | | | (STEM: | | | | FURI | I SA1-2E. PAGE |
|---|---|--|--|--|---|---|---|-----------------------------------|
| Massillon Ca | | | | | | | | 3131EM IL 182 |
| | t every radio s | station ca | arried on a separate and discre nerally receivable by your cab | | | | | н |
| eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G | it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station | y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati | I-Band FM Carriage: Under C stem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the | t the system's he system's FM ante this point, see pa ed by the cable s he station is licen: | adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC | 2) it can sertain si general i eparate | be expected, tated intervals. nstructions in the. and discrete | Primary Transmitters: Radio |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
| SALE GION | | 5,0 | | CALL OIGH | | 5,0 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Accounting Perio | d: 2018/1 | | | | | | FORM | SA1-2E. PAGE 5. |
|------------------|--|-----------------------|---------------------------|-------------------------------|---------------------|--------------------|------------|-----------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | | SYSTEM ID# |
| Name | Massillon Cable TV, In | с. | | | | | | 1827 |
| | SUBSTITUTE CARRIAGI | | | | G | | | |
| I I | In General: In space I, identi | | - | | - | ion that your ca | hla svetam | a carried on a |
| • | substitute basis during the a | | | | | | | |
| Substitute | explanation of the programm | | | | | | | |
| Carriage: | 1. SPECIAL STATEMEN | | | | - | · · · · | | |
| Special | During the accounting per | | | | s any nonne | twork television | program | |
| Statement and | | - | r ouble bystern | ourry, on a substitute bas | | | | X |
| Program Log | broadcast by a distant sta | | | | | | | × 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 | | | | wherever pos | sible, if their me | eaning is | |
| | clear. If you need more spa | | | | | | | |
| | | | | sion program ("substitute | | | | |
| | period, was broadcast by a under certain FCC rules, re | | | | | | | |
| | Do not use general categor | es like "mo | vies" or "baske | tball " List specific program | titles for example | ample "I I ove I | ucv" or | |
| | "NBA Basketball: 76ers vs. | | | | | | | |
| | Column 2: If the program | n was broad | dcast live, enter | " "Yes." Otherwise enter "N | lo." | | | |
| | | | | sting the substitute progra | | | - · | |
| | | | | e community to which the | | | C or, in | |
| | the case of Mexican or Can | | | tem carried the substitute | | | the month | h |
| | first. Example: for May 7 giv | | when your sys | | piogram. Use | numerais, with | | |
| | | | substitute pro | gram was carried by your | cable svstem. | List the times a | accuratelv | , |
| | to the nearest five minutes. | | | | | | | |
| | stated as "6:00-6:30 p.m." | | | | | | | |
| | | | | was substituted for progra | | | | |
| | to delete under FCC rules a was substituted for program | | | | | | | m |
| | effect on October 19, 1976. | | our system wa | s permitted to delete unde | | ind regulations i | | |
| | | | | | | | | |
| | | | | | WHE | N SUBSTITU | TE | |
| | S | UBSTITUT | E PROGRAM | | CARR | AGE OCCURI | RED | 7. REASON FOR |
| | 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TIME FROM — | S TO | DELETION |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | _ | | |
| | | | | | | | | |
| | | | | | | | _ | |
| | | | | | | | | |
| | | | | | | _ | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | - | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | _ | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1 | | | | | | | | |
| | | | | | | _ | | |

| Accounting Period: | 2018/1 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|---|----------------------------------|---------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | S | STEM ID# |
| | Massillon Cable TV, Inc. | | 1827 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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. | mission service s amount, see | e 9,916.57 |
| L Copyright Royalty Fee | 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 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. | \$263,800 | |
| | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS | | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00 | this six-month | |
| | Line 1. Royalty fee for accounting period | \$ | 52.00 |
| | 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 1 and 2 | \$ | 52.00 |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more 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 and 8 | | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527 | ,600) | |
| | 1. Enter the amount of gross receipts from space K | | |
| | 2. Base amount under statutory formula | | |
| | 3. Subtract line 2 from line 1 | | |
| | 4. Multiply line 3 by .01 | | |
| | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) | 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 | | |
| | FILING FEE AND TOTAL REMITTANCE DUE | | |
| | | | |
| Filing Fee and Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | 52.00 | |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) | 15.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | \$ | 67.00 |
| | Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat | | hts! |

| Accounting Period: | 2018/1 | | FORM SA1-2E. PAGE 7 |
|------------------------------------|---|---|------------------------|
| Name | LEGAL NAME O Massillon Ca | F OWNER OF CABLE SYSTEM: able TV, Inc. | SYSTEM ID 1827 |
| M Channels | to its subscrib 1. Enter the to system carri 2. Enter the to on which the | You must give (1) the number of channels on which the cable system carried television broad ers, and (2) the cable system's total number of activated channels during the accounting period tal number of channels on which the cable ed television broadcast stations | od. 10 |
| N Individual to Be Contacted | | TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to what about this statement of account.) | om |
| for Further Information | Name | | Telephone 330-833-5509 |
| | Address | 814 Cable Court NW PO BOX 1000 (Number, street, rural route, apartment, or suite number) Massillon, OH 44648 (City, town, state, zip) | |
| | Email | Fax (option | al) |
| O Certification | • I, the undersig | N (This statement of account must be certified and signed in accordance with Copyright Office gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in li ent of owner other than corporation or partnership) I am the duly authorized agent of the owner | ne 1 of space B; or |
| | X (Of • I have examinare true, comp | in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity ic in line 1 of space B. Hed the statement of account and hereby declare under penalty of law that all statements of fact co lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] | |
| | | Enter an electronic signature on the line above to certify this state Enter signature using an "/s/ signature" (e.g., /s/ John Smith) | tement. |
| | | Typed or printed name: Robert Gessner | |
| | | Title: President (Title of official position held in corporation or partnership) | |
| | | Date: 8/20/20 | 018 |

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 lav

| inting Period: 2018/1 | | FORM SA1-2E. PAGE |
|---|--|--|
| L NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM I |
| sillon Cable TV, Inc. | | 182 |
| SPECIAL STATEMENT CONCERNING GROSS RECEINT The Satellite Home Viewer Act of 1988 amended Title 17, section 11 Iowing sentence: "In determining the total number of subscribers and the gross service of providing secondary transmissions of primary broat scribers and amounts collected from subscribers receiving set For more information on when to exclude these amounts, see the not located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amount made by satellite carriers to satellite dish owners? X | 1(d)(1)(A), of the Copyright Act by adding the fol- amounts paid to the cable system for the basic dcast transmitters, the system shall not include sub- condary transmissions pursuant to section 119." te on page (vii) of the general instructions | P Special Statement Concerning Gross Receipts Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below | \$ | |
| | Name | |
| | | |
| INTEREST ASSESSMENT | | |
| You must complete this worksheet for those royalty payments submi | | |
| For an explanation of interest assessment, see page (viii) of the gen | | Q |
| For an explanation of interest assessment, see page (viii) of the gen | eral instructions located in the paper SA1-2 form. | Q Interest Assessme |
| | eral instructions located in the paper SA1-2 form. | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the gen Line 1 Enter the amount of late payment or underpayment | eral instructions located in the paper SA1-2 form. | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the gen | eral instructions located in the paper SA1-2 form. | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the gen Line 1 Enter the amount of late payment or underpayment | eral instructions located in the paper SA1-2 form. | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the gen Line 1 Enter the amount of late payment or underpayment | eral instructions located in the paper SA1-2 form. | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the gen Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here | x | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the gen 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 Line 4 Multiply line 3 by 0.00274** and enter here | eral instructions located in the paper SA1-2 form. | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the gen 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 | eral instructions located in the paper SA1-2 form. x x - x - x - x - x - x - x - x - x - x - x - x - x - x - - x - - - x 0.00274 | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the genuination of interest assessment, see page (viii) of the genuination of the 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 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 * To view the interest rate chart click on <i>www.copyright.gov/licen</i> | eral instructions located in the paper SA1-2 form. x x x x days here x <td>Q Interest Assessme</td> | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the genuine 1 Enter the amount of late payment or underpayment | eral instructions located in the paper SA1-2 form. x | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the genulation 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 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 * To view the interest rate chart click on <i>www.copyright.gov/licen</i> | eral instructions located in the paper SA1-2 form. x | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the genuine 1 Enter the amount of late payment or underpayment | areal instructions located in the paper SA1-2 form. x x x x adays here x y <td>Q Interest Assessme</td> | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the genulation of interest assessment, see page (viii) of the genulation of a late payment or underpayment | areal instructions located in the paper SA1-2 form. x x x x adays here x y <td>Q Interest Assessme</td> | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the genulation of interest assessment, see page (viii) of the genulation of a late payment or underpayment | areal instructions located in the paper SA1-2 form. x x x x adays here x y <td>Q Interest Assessme</td> | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the gene Line 1 Enter the amount of late payment or underpayment | areal instructions located in the paper SA1-2 form. x x x x adays here x y <td>Q Interest Assessme</td> | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the gene Line 1 Enter the amount of late payment or underpayment | areal instructions located in the paper SA1-2 form. x x x x adays here x y <td>Q Interest Assessme</td> | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the gene Line 1 Enter the amount of late payment or underpayment | areal instructions located in the paper SA1-2 form. x x x x adays here x y <td>Q Interest Assessme</td> | Q Interest Assessme |

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.