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@copyright.gov</u>
General instructions are located in the first tab of this workbook	02/25/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/2 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.	11735
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Kuhn Communications, Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		BUSINESS NAME(S) OF OWNER OF CABLE STSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		301 West Main St (Number, street, rural route, apartment, or suite number)	
		Walnut Bottom, PA 17266 (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:	
		Kuhn Communications, Inc.	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	301 West Main St (Number, street, rural route, apartment, or suite number)	
		Walnut Bottom, PA 17266 (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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Kuhn Communications, Inc.	11735
D	Instructions: List each separate community served by the cable system. A "a "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f Note: Entities and properties such as hotels, apartments, condominiums, or	prated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter known illings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Bloserville	PA
Community		
Add Rows as Necessary		

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F Services Other Than Secondary Transmissions:	plies to your system. Note ries, that person or entity ber who pays extra for ca " and would be counted of k 2: If your cable system I in block 1 (for example, ti e number of subscribers a nt. BLO EGORY OF SERVICE ential: vice to first set vice to additional set(s) radio (if separate rate) hotel ercial rter	e: Where an inv should be cour able service to a once again und has rate catego iters of services and rates, in the OCK 1 NO. OF	dividual nted as addition ler "Sen ories foi s that in e right-h ERS 424	or organization a subscriber in hal sets would b vice to addition r secondary tra clude one or m hand block. A tw RATE 15.45	n is receivi e each appl be included al set(s)." nsmission ore second wo- or thre	ing service that licable category d in the count ur service that are dary transmission e-word descript	falls under Example: Inder "Servio different fu ons), list tho ion of the s BLOCH	different a residential ce to the rom those em, together service is	RAT
CATI F Services Other Than Secondary Transmissions: Categor subscri first set Blocl printed with the sufficien CATI Reside · Serv · Servi Services Other Than Secondary ransmissions: Categor Subscri first set Blocl printed with the sufficien CATI Reside · Servi · Servi Services Other Than Secondary ransmissions:	ries, that person or entity ber who pays extra for ca " and would be counted of <b>k 2:</b> If your cable system I in block 1 (for example, ti e number of subscribers a nt. BLO EGORY OF SERVICE ential: vice to first set vice to additional set(s) radio (if separate rate) hotel ercial rter	should be cour able service to a once again und has rate catego iers of services and rates, in the OCK 1 NO. OF	nted as addition ler "Sen ories foi s that in e right-h ERS 424	a subscriber in hal sets would b vice to addition r secondary tra clude one or m hand block. A tw RATE 15.45	e each appi be included al set(s)." nsmission ore second wo- or thre	licable category d in the count ur service that are dary transmissio e-word descript	Example: ader "Servio different fi ions), list the ion of the s BLOC	a residential ce to the rom those em, together service is	RAT
F Services Other Than Secondary Transmissions:	ber who pays extra for ca " and would be counted of k 2: If your cable system I in block 1 (for example, ti e number of subscribers a nt. BLO EGORY OF SERVICE ential: vice to first set vice to additional set(s) radio (if separate rate) hotel ercial rter	able service to a price again und has rate catego iters of services and rates, in the OCK 1 NO. OF	addition ler "Sen ories for s that in e right-h ERS 424	al sets would b vice to addition r secondary tra clude one or m nand block. A tw RATE 15.45	be included al set(s)." nsmission ore second wo- or thre	d in the count un service that are dary transmissio e-word descript	der "Servio different fr ons), list the ion of the s BLOCK	ce to the rom those em, together service is	RAT
F Services Other Than Secondary ransmissions: Block printed with the sufficien CATI Reside • Servi • FM Motel, Comme Conven • Res • Non	k 2: If your cable system I in block 1 (for example, ti e number of subscribers a nt. <u>BLC</u> EGORY OF SERVICE ential: vice to first set vice to additional set(s) radio (if separate rate) hotel ercial rter	has rate catego tiers of services and rates, in the OCK 1 NO. OF	ories for s that in e right-r EERS 424	r secondary tra clude one or m hand block. A tw RATE 15.45	nsmission ore second wo- or thre	dary transmissic e-word descript	ons), list the sion of the s	em, together service is K 2 NO. OF	RAT
F Services Other Than Secondary ransmissions:	in block 1 (for example, ti e number of subscribers a nt. <u>BLC</u> EGORY OF SERVICE ential: vice to first set vice to additional set(s) radio (if separate rate) hotel ercial rter	itiers of services and rates, in the OCK 1 NO. OF	s that in e right-r EERS 424	clude one or m hand block. A tw RATE 15.45	ore second wo- or thre	dary transmissic e-word descript	ons), list the sion of the s	em, together service is K 2 NO. OF	RAT
F Services Other Than Secondary Transmissions:	e number of subscribers a nt. BLC EGORY OF SERVICE ential: vice to first set vice to additional set(s) radio (if separate rate) hotel ercial rter	OCK 1	e right-h	RATE	wo- or thre	e-word descript	ion of the s	service is	RAT
F Services Other Than Secondary Transmissions:	nt. BLC EGORY OF SERVICE ential: vice to first set vice to additional set(s) radio (if separate rate) hotel ercial rter	OCK 1 NO. OF	ERS	RATE 15.45			BLOC	K 2 NO. OF	RAT
CAT Reside • Servi • Servi • Servi • FM Motel, Comme • Res • Non FR Services Other Than Secondary ransmissions:	BLC EGORY OF SERVICE initial: vice to first set vice to additional set(s) radio (if separate rate) hotel ercial rter	NO. OF	ERS 424	15.45	CAT	EGORY OF SE		NO. OF	RAT
F Services Other Than Secondary Transmissions: Reside • Service • Service furnished enter of Block	ential: vice to first set vice to additional set(s) radio (if separate rate) hotel ercial rter		ERS 424	15.45	САТ	EGORY OF SE	RVICE		RAT
F Services Other Than Secondary ransmissions: Reside • Service • Service furnished enter of Block	ential: vice to first set vice to additional set(s) radio (if separate rate) hotel ercial rter		424	15.45					
F Services Other Than Secondary ransmissions:	vice to additional set(s) radio (if separate rate) hotel ercial rter								
F Services Other Than Secondary Transmissions:	radio (if separate rate) hotel ercial rter		180	1.50					
F Services Other Than Secondary Transmissions: Motel, Comver • Res • Non SERVIC In Gener not cov service furnishe amount enter of Block	hotel ercial rter								
Comme Conver • Res • Non F Services Other Than Secondary ransmissions:	ercial rter								
Conver • Res • Non F Services Other Than Secondary Transmissions:	rter								
Res     Non     Services     Other Than     Secondary     Transmissions:     Services     Her than     Secondary     Transmissions:     Secondary									
• Non     • Non     • Non     • Services     Other Than     Secondary     Transmissions:     • Non			113	3.95					
F Services Other Than Secondary Transmissions:	idential								
F Services Other Than Secondary Transmissions:	-residential								
F In Generation of cov services Other Than Secondary Transmissions: Block									[
Image: Constraint of the servicenot cov serviceServicesfurnishe amountOther Thanamount enter of BlockTransmissions:Block	CES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
Services Other Than Secondary Transmissions:	eral: Space F calls for rat	•	,		•	• •			
Services furnishe Other Than amount Secondary ransmissions: Block	ered in space E, that is, the								
Other ThanamountSecondaryenter orransmissions:Block	for a single fee. There ar ed at cost or (2) services								
Secondary enter or ransmissions: Block	t of the charge and the un								
	nly the letters "PP" in the	rate column.	-	-		-		0	
Rates Block	<b>k 1:</b> Give the standard rat								
	k 2: List any services that block 1 and for which as								
	vo- or three-word) descrip		-		ioneu. Liot				
	, ,	BLO						BLOCK 2	
CATEG	ORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
Contin	uing Services:		Install	ation: Non-res	sidential				
• Pay	cable	10.00	• Mo	otel, hotel					
• Pay	cable—add'l channel	9.00	۰Co	mmercial					
• Fire	protection		•Pa	y cable					
•Burg	lar protection		•Pa	y cable-add'l cł	hannel				
Installa	ation: Residential		• Fin	e protection					
• First	t set	40.00		rglar protection	ı				
• Add	itional set(s)	20.00		services:					
	radio (if separate rate)		•Re	connect		20.00			
	verter	10.00		sconnect		-			
			• 00	Itlet relocation		20.00			

	Т			FORM SA1-2E. PAGE
me	LEGAL NAME OF OWNER OF			SYSTEM ID 1173
	Kuhn Communication	•		
hary hitters: ision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: <b>Substitute Basis Stations</b> 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 <b>Column 1:</b> List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the	t (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati farried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WGCB	49	I	Red Lion, PA
	WHP	21	Ν	
ows as Necessary	I	·		Harrisburg, PA
cessary	WITF	33	E	Harrisburg, PA Harrisburg, PA
essary		33 8		
cessary	WITF		E	Harrisburg, PA
ssary	WITF WGAL	8	E N	Harrisburg, PA Lancaster, PA
ssary	WITF WGAL WHTM	8 27	E N N	Harrisburg, PA Lancaster, PA Harrisburg, PA
cessary	WITF WGAL WHTM WPMT	8 27 43	E N N N	Harrisburg, PA Lancaster, PA Harrisburg, PA York, PA
cessary	WITF WGAL WHTM WPMT	8 27 43	E N N N	Harrisburg, PA Lancaster, PA Harrisburg, PA York, PA
cessary	WITF WGAL WHTM WPMT	8 27 43	E N N N	Harrisburg, PA Lancaster, PA Harrisburg, PA York, PA
cessary	WITF WGAL WHTM WPMT	8 27 43	E N N N	Harrisburg, PA Lancaster, PA Harrisburg, PA York, PA
ecessary	WITF WGAL WHTM WPMT	8 27 43	E N N N	Harrisburg, PA Lancaster, PA Harrisburg, PA York, PA
ecessary	WITF WGAL WHTM WPMT	8 27 43	E N N N	Harrisburg, PA Lancaster, PA Harrisburg, PA York, PA
ecessary	WITF WGAL WHTM WPMT	8 27 43	E N N N	Harrisburg, PA Lancaster, PA Harrisburg, PA York, PA
ecessary	WITF WGAL WHTM WPMT	8 27 43	E N N N	Harrisburg, PA Lancaster, PA Harrisburg, PA York, PA
ecessary	WITF WGAL WHTM WPMT	8 27 43	E N N N	Harrisburg, PA Lancaster, PA Harrisburg, PA York, PA
ecessary	WITF WGAL WHTM WPMT	8 27 43	E N N N	Harrisburg, PA Lancaster, PA Harrisburg, PA York, PA
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Necessary	WITF WGAL WHTM WPMT	8 27 43	E N N N	Harrisburg, PA Lancaster, PA Harrisburg, PA York, PA
Necessary	WITF WGAL WHTM WPMT	8 27 43	E N N N	Harrisburg, PA Lancaster, PA Harrisburg, PA York, PA

Accounting P			/STEM·					A SA1-2E. PAGE
Kuhn Comm			STEM.					5151EMID 1173
	lanication	, 110.						11/5
	t every radio	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried b monitoring, to prmation abour m. dentify the cal tate whether the radio stat this by placing Sive the statio	y the sys be recein at the Co I sign of the the static tion's sign g a chech n's locati	I-Band FM Carriage: Under ( stem whenever it is received a ved at the headend, with the opyright Office regulations on 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	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters: Radio
		-	the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		1						

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:					SYSTEM ID#
Name	Kuhn Communications	s, Inc.						11735
	SUBSTITUTE CARRIAGE	: SPECIAI			G			
I	In General: In space I, identi		-		-	on that your o	cable eveter	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	•••		•				
Carriage:	1. SPECIAL STATEMEN		NING SUBST	ITUTE CARRIAGE				
Special	<ul> <li>During the accounting period</li> </ul>				s. anv nonne	work televisio	on program	1
Statement and	broadcast by a distant stat	-			, any normo			X NO
Program Log	-						YES	
	Note: If your answer is "No'	, leave the re	est of this pag	e blank. If your answer is	"Yes," you mu	ist complete t	he progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their n	neaning is	
	clear. If you need more spa			ows to the tables. sion program ("substitute	program") tha	t during the a	accounting	
	period, was broadcast by a							ion
	under certain FCC rules, re							
	Do not use general categor		ies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love	e Lucy" or	
	"NBA Basketball: 76ers vs.			"N/a a " Other states and a state "N	1 - 2			
				"Yes." Otherwise enter "N sting the substitute progra				
				e community to which the		nsed by the F	CC or. in	
	the case of Mexican or Can	adian station	is, if any, the o	community with which the	station is iden	tified).		
			when your syst	tem carried the substitute	program. Use	numerals, wi	th the mon	th
	first. Example: for May 7 giv							
				gram was carried by your				У
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a p	program came	ed by a system nom 6.01.	15 p.m. to 6.2	6.30 p.m. sno		
		er "R" if the li	sted program	was substituted for progra	mming that y	our system wa	as required	d
	to delete under FCC rules a							am
	was substituted for program	ming that yo	our system wa	s permitted to delete unde	r FCC rules a	nd regulations	s in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	JTE	
	S	UBSTITUTE	E PROGRAM		CARRI	AGE OCCUI	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? 3 Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	1ES TO	DELETION
		-				_		
						_		
		-						
						_		
		-						
		-						
						_		
1	1				1.1			

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S١	STEM ID#
Name	Kuhn Communications, Inc.		11735
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	<b>,680.00</b> ss receipts)
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	63,800	
	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 t accounting period is \$52.00	his six-mon	
	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 \$137,1		-
	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		
	A. 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		0.00
	o. Interest charge. Enter the amount from line 4, space Q, page o		0.00
	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		
	2. Base amount under statutory formula     203,000.00		
	4. Multiply line 3 by .01	1 210 00	
	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			
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
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2018/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: unications, Inc.	SYSTEM ID# 11735
M Channels	<ol> <li>to its subscribe</li> <li>1. Enter the to system carrie</li> <li>2. Enter the to on which the</li> </ol>	You must give (1) the number of channels on which the cable system carried television broadcast stations 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	7 206
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom at about this statement of account.)	
for Further Information	Name	Earl W Kuhn Telephone	717-532-8857
	Address	301 W Main St (Number, street, rural route, apartment, or suite number) Walnut Bottom, PA 17266 (City, town, state, zip)	
	Email	ekuhn@kuhncom.net Fax (optional)	
O Certification	I, the undersig     (Ow     (Age     X     (Off     I have examin are true, complete	N (This statement of account must be certified and signed in accordance with Copyright Office regulations)         gned, hereby certify that (Check one, but only one, of the boxes.)         ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B         ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as own in line 1 of space B.         refere or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B.         refere to the best of my knowledge, information, and belief, and are made in good faith.         stion 1001(1986)]         X       /s/ Earl Kuhn         Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       Earl W Kuhn         Title:       President         (Title of official position heid in corporation or partnership)	vstem as identified
		Date: 2/25/19	

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 fling, a determination that would be made by a court of lay

unting Period: 2018/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
n Communications, Inc.	1173
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:             "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."     </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?     <li>NO</li> </li></ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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