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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
02/25/2019	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
7.	A	Southern Exist Southern I'm Statement. (1111/4 chody)
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20182 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Blue Ridge Cable Technologies Inc
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Blue Ridge Communications
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 215 (Number, street, rural route, apartment, or suite number)
		Palmerton, Pa 18071-0215 (City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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:
	ı	
		MAILING ADDRESS OF CABLE SYSTEM:
	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.

Accounting Period:	2018/2	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name		
	Blue Ridge Cable Technologies Inc	29324
	Instructions: List each separate community served by the cable system. A "com	
D	"a separate and distinct community or municipal entity (including unincorporate	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	
	as the "first community." Please use it as the first community on all future filing	gs.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	bile home parks should be reported in parentheses below the
Served	identified city.	·
Serveu		
	OUTY OR TOWN	
	CITY OR TOWN	STATE
First	Troy	PA
Community	Burlington	PA
	Columbia Township	PA
Add Rows as Necessary	Franklin Township	PA
rida nons as riccessary	Granville	PA
	Leroy Township	PA
	Monroe Township	PA
	Springfield Township	PA
	Sylvania	PA
	Troy Township	PA
	West Burlington Township	PA
	west burnington Township	ra

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

29324

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Blue Ridge Cable Technologies Inc

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2				
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
Service to first set	813	\$31.04/Mth				
 Service to additional set(s) 	1,161	\$0.50/Mth				
• FM radio (if separate rate)						
Motel, hotel						
Commercial	36	\$31.04/Mth				
Converter						
Residential						
Non-residential						
		•				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	\$16.95/Mth	Motel, hotel			
 Pay cable—add'l channel 	\$13.00/Mth	Commercial			
 Fire protection 		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	\$49.95	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	\$49.95		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2018/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 29324

4. LOCATION OF STATION

Blue Ridge Cable Technologies Inc

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according 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, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

WENY 36 Ν **ELMIRA, NY WETM** 18 Ν **ELMIRA, NY WNEP** 16 Ν **WILKES-BARRE, PA** WOLF 56 SCRANTON, PA 46 **WSKG** Ε **BINGHAMTON, NY WSWB** 38 I SCRANTON, PA **WVIA** 44 Ε **WILKES-BARRE, PA WYOU** 22 Ν SCRANTON, PA

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Blue Ridge Cable Technologies Inc

29324

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 						
							
							
	 						
	 						
							
	 						
	 						
							
	 						
							
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Accounting Perio		04015000	TEA.4				FOR	M SA1-2E. PAGE 5.					
Name	LEGAL NAME OF OWNER OF Blue Ridge Cable Tecl							SYSTEM ID# 29324					
1	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the pager SA1.2 form												
Substitute Carriage: Special Statement and Program Log	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furth explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program												
	to delete under FCC rules a was substituted for progran effect on October 19, 1976.	TUTE											
	1. TITLE OF PROGRAM	2. LIVE? 3. STATION'S Yes or No CALL SIGN		1 4. STATION'S LOCATION	5. MONTH		URRED TIMES — TO	7. REASON FOR DELETION					

ccounting Period:		L NAME OF OWI	NER OF CABL	E SYSTEM:	:								SYSTE	
Name		e Ridge Ca												932
K Gross Receipts	Instru all am (as id page	oss receip uctions: The mounts (gros dentified in sp (vii) of the g Gross receip during the ac	e figure you s receipts) pace E) du jeneral insti its from sub	paid to youring the a ructions loss or ibers	our cable eccountin ocated in for secor	e system b ng period. F n the paper ndary trans	y subscr For a furt r SA1-2 f smission	ibers for the her explar form. service(s)	e system ation of h	s secon	dary tran mpute th	smission se is amount, s	rvice	16
		DRTANT: Yo									• •	*	f gross recei	
Copyright Royalty Fee	Instruc Comp Use t Use t	RIGHT ROY tions: To co plete block 1 block 1 if the block 2 if the block 3 if the ge (vi) of the g	ompute the , block 2, c amount of amount of amount of	royalty fe or block 3 gross red gross red gross red	3. ceipts in ceipts in ceipts in	space K is space K is space K is	s more the more the	an \$137,1 an \$263,8	00 but les	s than \$		\$263,800		
				BL	OCK 1:	: GROSS I	RECEIP	TS OF \$1	37,100 C	R LESS	3			
		uctions: As a dunting period		m with gro	ss receip	ots of \$137	,100 or le	ss, the roy	alty fee tha	at you mu	ust pay fo	r this six-mor	nth	
		1. Royalty fee		tina perio	d									
		2. Interest cha											0	.00
	Line 2	Z. Interest one	arge. Liner	the amou	int nom n	пс 4, зрас	c a, pagi						<u></u>	.00
	Line 3	3. TOTAL RC												
	4 Day					CEIPTS C			,					
		se amount ur									<u>,800.00</u> ,675.46	-		
		btract line 2 f									, <u>073.40</u> ,124.54	-		
		ter the amou										- 172,675.40	3	
		ter the amou	-									91,124.54		
		btract line 5 f										81,550.92		
		ultiply line 6 by										\$	407.	.75
	8. Inte	erest charge.	Enter the a	amount fro	om line 4	, space Q,	page 8 .						0.	.00
	9. TO	TAL ROYAL	TY FEE PA	YABLE F	OR ACC	COUNTING	PERIOD). Add lines	7 and 8 .			\$	407.	.75
			BLOCK	3: GROS	SS REC	EIPTS OF	MORE	THAN \$2	63,800 (b	out less t	than \$52	7,600)		
	1. Ent	ter the amou	nt of gross r	eceipts fro	om space	e K								
		se amount ur	-								,800.00	_		
		btract line 2 f										=		
	4. Mu	ultiply line 3 by	y .01									_	_	
	5. Ro	yalty due on	the first \$26	3,800 of g	gross rec	eipts (unde	er statutor	y formula)		\$		1,319.00)	
	6. Inte	erest charge.	Enter the a	amount fro	om line 4	, space Q,	page 8 .					0.00	<u>)</u>	
	7. TO	TAL ROYAL	TY FEE PA	YABLE F	OR ACC	COUNTING	PERIOD	. Add lines	4, 5, and	6				
				FILING	FEE AN	ND TOTAL	L REMIT	TANCE D	UE					
Filing Fee and Fotal Remittance	1. Ro	yalty Fee Pay	yable for Ac	counting I	Period (fr	rom Block 1	1, 2, or 3,	above)		<u>\$</u>		407.75	5_	
Due	2. Fili	ing Fee (See	the instructi	ions for m	ore inform	mation on f	filing fee o	calculations	i)	<u>\$</u>		20.00	<u>)</u>	
	3. ТО	TAL AMOUN	NT DUE FO	R ACCOL	JNTING	PERIOD. A	Add lines	s 2 and 3 .				\$	427.	.75
		Important:	Your remi	ittance m	ust be ir	n the form	of an ele	ctronic pa	yment pa	yable to	the Regi	ster of Copy	rights!	
			See pag	ge i of the	e genera	al instructio	ons in th	e paper S	1-2 form	for more	e informa	tion.		

Name Carl Litwin Telephone S10-826-9109	FORM SA1-2E. PAGE 7
Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system of channels on which the cable system carried television broadcast stations. 1. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services. 8. NINDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) NINDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Address PO Box 215 (Whenter, steel until oute, systemer, or suite number) Email CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) Certification CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) O . I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B. 1. In over or partnership and one is not a copporation or partnership or the legal entity identified as owner of the cable system in line 1 of space B. 1. In over or partnership, and office of a corporation or partnership or the legal entity identified as owner of the cable system in line 1 of space, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	SYSTEM ID# 29324
Individual to Be Contacted for Further Information Address PO Box 215 (Number, street, rural route, apartment, or suite number) Palmenton, PA 18071 (City, town, state, 2ip) Email Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership, or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ David L. Masenheimer Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
Address PO Box 215 (Number, street, rural route, apartment, or sulte number) Palmerton, PA 18071 (City, town, state, zip) Email CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I. the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ David L. Masenheimer Enter an electronic signature on the line above to certify this statement. Enter signature using an */s/ signature* (e.g., /s/ John Smith)	
Certification Fax (optional)	
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) - I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. - I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ David L. Masenheimer Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ David L. Masenheimer Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
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(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ David L. Masenheimer Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
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: David L. Masenheimer	
Title: President (Title of official position held in corporation or partnership)	
Date: 2/7/2019	

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 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

ounting Period: 2018/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
e Ridge Cable Technologies Inc	29324
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	4
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	
× 0.00274	-
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 www.copyright.gov/licensing/interest-rate.pdf . For further assistance please 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 day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
Auditos	
ID number	
First community served Accounting period	
	[

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.