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

62618

		FOR COPYRIGHT	Return completed workbook by email to:				
for Seconda	ENT OF ACCOUNT ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov			
Cable Systems (Short Form) General instructions are located in the first tab of this workbook		02/21/2019	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
Accounting	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.						

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
		CANBY TELEPHONE ASSOCIATION
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 1189 (Number, street, rural route, apartment, or suite number)
		MT ANGEL OR 97362
		(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 unle s aiready appear in space B. in line 2, give the mailing address of the system, it different from the address given in
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	Number: street: rural route: apartment: or suite numben
	2	(Number, street, rurai 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 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 suffciency of the fling, a determination that would be made by a court of law.

Owner

.....

. . . . . . .

Accounting Period: 20	018/2									
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 16 SYSTEM ID#								
Name	CANBY TELEPHONE ASSOCIATION	62618								
	Instructions: List each separate community served by the cable system. A "community" is the same									
	distinct community or municipal entity (including unincorporated communities within unincorporated communities									
D	47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the									
	first community on all future filings.									
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified of									
Served										
		STATE								
First	CITY OR TOWN CANBY	OR								
Community										
,										
Add Rows as Necessary										

Accounting Period	l: 2018/2							FORM SA1-2	PE PAGE 2	
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:						<u>ΓΕΜ ID#</u>	
Name									62618	
Е	SECONDARY TRANSMISSI					-	emission s			
-	system, that is, the retransmi	•		-		•				
Secondary	about other services (includin						must be	those existing		
Transmissior Service: Sub-	last day of the accounting per Number of Subscribers						to the car	pie system, r		
scribers and	down by categories of second									
Rates	each category by counting th separately for the particular s							ganizations cl		
	kate: Give the standard rat	e cnargea to	r eacn	category or s	ervice. ind	ciuae potn tne	amount o	-		
	unit in which it is generally bil category, but do not include of	· ·		,		/ standard rate	e variatior	is within a particu		
	BIOCK 1: IN THE LETT-HAND DIC	ск in space i	=, the t	form lists the	categories	•				
	systems most commonly prov tnat applies to your systemon									
	categories, that person or en	ity should be	count	ed as a subso	criber in e	ach applicable	e category	/. Example: a res		
	subscriber who pays extra for first set" and would be counter						e count ui	nder "Servic		
	BIOCK 2: IT your capie syste						e tnat are	anterent tron		
	printed in block 1 (for exampl with the number of subscribe							, · · · ·		
	sufficient	is and fates,		ngni-nanu bic			u uescripi			
	BLOCK 1 BLOCK 2									
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	GORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential									
	<ul> <li>Service to first set</li> </ul>		1,453	34.47/MTH					93.47	
	<ul> <li>Service to additional set(s)</li> </ul>		381	5.00/10.00		HD DVR 304				
	• FM radio (if separate rate)								10.00	
	Motel, hotel				VHOLE HOME HD DVR 151				20.00	
	Commercial Converter				WHOL		DVR	151	17.00	
	Residential									
	Non-residential									
	SERVICES OTHER THAN S								2	
F	In General Space F calls for not covered in space E, that i	•		,	•	•			a	
Comisso	service for a single fee. There		•					• • •		
Services Other Than	turnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include bo amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program									
Secondary	enter only the letters "PP" in t BIOCK 1: Give the standard									
Transmissions Rates	BIOCK 2: LIST ANY SERVICES T	-	•	•						
	listed in block 1 and for which	•	-			ned. List these	other ser	vices in the f		
	brief (two- or three-word) des	cription and i	nclude	e the rate for e	each.					
		BLO				DATE	CATEO	BLOCK 2	DATE	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SE lation: Non-r		RATE	CATEGO	DRY OF SERVICE	RATE	
	Pay cable			otel, hotel	ooraornao		нво		17.00	
	• Pay cable—add'l channel			ommercial			CINEM	AX	17.00	
	Fire protection		• Pa	ay cable			SHOW	TIME/TMC	17.00	
	<ul> <li>Burglar protection</li> </ul>			ay cable-add'l	channel			/ENCORE	15.00	
	Installation: Residential			re protection			LATIN	ESSENTIALS	7.00	
	• First set			Irglar protection	on		DAYE		22	
	Additional set(s)     EM radio (if apparate rate)	45.00		services:		40.00	PAYP	ER VIEW	PP	
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>	9.95		econnect sconnect		10.00				
	Converter			utlet relocation	า	25.00				
	Move to new address									

Accounting Period:	2018/2			FORM SA1-2E. PAGE 3.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	CANBY TELEPHONE ASSOCIATION									
	PRIMARY TRANSMITTERS:	TELEVISION								
G	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e)	n 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, <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 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								
Transmitters: Television	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									
	• Do not list the station here station was carried only on									
	basis. For further information	so in space I, if the station was carried I n concerning substitute basis stations, so s call sign. <i>Do not</i> report origination p	ee page (v) of the general instruction program services such as HBO, ESP	s. N, etc. Identify each						
	"WETA-2" as the same on th Column 2: Give the channel of license. For example, WR	with a station according to its over-the-a e form. number the FCC assigned to the televi RC is channel 4 in Washington, D.C. case whether the station is a network st	sion station for broadcasting over the	e air in its community						
	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. <b>Column 4:</b> 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.									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KATU	2	I	PORTLAND OR						
	KRCW	3	I	PORTLAND OR						
Add Rows as Necessary	KOIN	6	N	PORTLAND OR						
	KGW	8	Ν	PORTLAND OR						
	КОРВ	10	E	PORTLAND OR						
	KPTV	12	I	PORTLAND OR						
	KPDX	13	I	VANCOUVER WA						
	KUNP	16	I	LAGRANDE OR						
	KPXG	22	I	SALEM OR						
	KNMT	24	I	PORTLAND OR						

Accounting F	Period: 2018	8/					FORM	SA1-2E. PAGE
LEGAL NAME (								SYSTEM ID
CANBY TEL	LEPHONE	ASSO	CIATION					6261
PRIMARY TR In General: Lis			n carried on a separate an	d discrete basis	and list thos	e FM s	tations carried	н
all-band basis whose signals were generally receivable by your cable system during the accounting								
			g All-Band FM Carriage∪					Primary
			system whenever it is rec					Transmitters
			eceived at the headend, w Copyright Office regulation					Radio
paper SA1-2 f		Jour mo			i, occ puge (	v) or arc	s general monutions	
			of each station carrie					
			tation is AM or F signal was electronically p	processed by the	e cable syste	em as a	separate and d	
signal, indicate	e this by pla	cing a c	heck mark in the "S/D" col	u	-		-	
Column 4:	Give the stat	tion's lo	cation (the community to v iny, the community with wh	which the station	is licensed	by the F	FCC or, in the (	
Mexican of Ca	anadian stati	ons, ii a	iny, the community with wi	lich the station				
		-		_		-	-	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						<b></b>		
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		+				+		
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Accounting Perio	od: 2018/2					FORM	SA1-2E. PAGE 5.				
Name	LEGAL NAME OF OWNER C CANBY TELEPHONE						SYSTEM ID# 62618				
l	SUBSTITUTE CARRIAGI In General: In space I, identif substitute basis during the a	y every not	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast	by a <i>distant</i> sta FCC rules, regula	ations, or authorizations.	For a further				
Substitute	xplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Carriage: Special					ute hasis anv	nonnetwork television	program				
Statement and		During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program roadcast by a distant station?									
Program Log	Log										
	,	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General:List each substitute program on a separate line. Use abbreviations wherever possible, if their mea clear. If you need more space, please add additional rows to the ta Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accc period, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further inform Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Li "NBA Basketball: 76ers vs. Bulls Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "I Column 3: Give the call sign of the station broadcasting the substitute progr Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCr the case of Mexican or Canadian stations, if any, the community with which the station is ide Column 5: Give the month and day when your system carried the substitute program. Use numerals, with th first. Example: for May 7 give "5/. Column 6: State the times when the substitute program was carried by your cable system. List the times acc to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. + stated as "6:00–6:30 p.rr Column 7: Enter the letter "R" if the listed program was substituted for programming that your systemrequirea to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro- was substituted for programming that your system was permitted to delete under FCC rules and regulat effect on October 19, 1976.										
	S	UBSTITUT	WHI CARR	7. REASON							
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION				
						_					
						_					
						_					
						_					
						_					
						_					
	l		I			I	·				

Accounting Period:	<b>2018/2</b> FORM SA1-2E: PAGE 6
Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Name	CANBY TELEPHONE ASSOCIATION 62618
K Gross Receipts	GROSS RECEIPTS         Instructions : I he figure you give in this space determines the form you file and the amount you pay. Enter the total all amounts (gross receipts) paid to your cable system by subscribers for the system is secondary transmission serv (as identified in space b) during the accounting period. For a further explanation of how to compute this amount, page (vii) or the general instructions located in the paper SA1-2 for in Gross receipts from subscribers for secondary transmission service(:         during the accounting period.       \$ 467,888.36         IMPORTANT: You must complete a statement in space P concerning gross receipt       Amount of gross receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE instructions : 10 compute the royaity ree you owe • Complete DICK 1, DICK 2 or DICK 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or le: • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,{ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,6 See page (vi) of the general instructions located in the paper SA1-2 form for more informati 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 this six-monl accounting period is \$52.0 Line 1. Royalty fee for accounting period
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD . Add lines 1 and 2
	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 \$ 467,888.36
	2. Base amount under statutory formula \$ 263,800.00
	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 \$ 3,359.88
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 3,359.88
Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 3,379.88
	EFT Trace # or TRANSACTION ID # 26FJ1LGG
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2018/2						FORM SA1-2E. PAG
Name		OWNER OF CABLE SY					SYSTEM
<b>M</b> Channels	to its subscriber	s, and (2) the cable syste	em's total nu	umber	which the cable system carried tele		ons
		I number of channels on I television broadcast sta					10
	on which the c	I number of activated cha		dcast s	ations		189
N Individual tc Be Contacted		D BE CONTACTED IF FL		NFORM	ATION IS NEEDED(Identify an inc	lividual to whom	
for Further Information	Name	DIANE ORI				Telepho	one 503 845-4442
	Address	PO BOX 1189 (Number, street, rural re	oute, apartm	ment, c	· suite number)		
		MT ANGEL OR (City, town, state, zip)	8 97362				
	Email	dori@cbs	oregon.co	om		Fax (optional) 503 845-	4445
	CERTIFICATION	(This statement of accou	int must be c	certifie	l and signed in accordance with C	opyright Office regi	
O Certification	• I, the undersign	ed, hereby certify that (C	heck cbut on	only on	of the boxes		
	(Owne	er other than corporatio	on or partne	iershåp	the owner of the cable system as	identified in line 1 of s	pace B; or
					tneriship)he duly authorized agent a corporation or partnership; or	t of the owner of the ca	ble system as identified
		er or partner) am an offi line 1 of space B.	icer (if a corp	rporatio	n) or a partner (if a partnership) of	the legal entity identified	ed as owner of the cable system
		ete, and correct to the bes			lare under penalty of law that all s , information, and belief, and are i		ined herein
			x	/s	Paul Hauer		_
					onic signature on the line above to c e using an "/s/ signature" (e.g., /s/ Jc	-	
		Typed or p	printed na	an <b>P</b> a	ul Hauer		
		Title: (T	Pres Title of official		nt on held in corporation or partners	hip)	
		Date:				2/21/19	
form in order to pr numbers. By prov search reports pre	rocess your statem iding PII, you are a epared for the publ	ent of account. PII is any agreeing to the routine us ic. The effect of not provi	r personal inf e of it to esta ding the PII r	nforma stablish I reque	the Copyright Onice to collect the on that can be used to identify or and maintain a public record, whic ted is that it may delay processing ty of the fling, a determination that	trace an individual, suc th includes appearing ir g of your statement of a	ch as name, address n the Office's public in account and its pla

ounting Period: 2018/2		FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM I
NBY TELEPHONE ASSOCIATION		6261
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursue	stem for the basic shall not include sub-	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general located in the paper SA1-2 form.	nstructions	Receipts Exclusio
During the accounting period, did the cable system exclude any amounts of gross receipts for seco made by satellite carriers to satellite dish owners?	ndary transmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payme For an explanation of interest assessment, see page (viii) of the general instructions located in the		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessme
	x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
	x days	
	uays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	- x 0.00274	
	X 0.0021 1	
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 \$	-	
····	(interest charge)	
* 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@copyright.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 Co		
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
** 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 Co		
** 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 Co list below the owner, address, first community served, ID number, and accounting period as given i		
** 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 Coplist below the owner, address, first community served, ID number, and accounting period as given i		
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