

CONTROL #:

REMITTANCE #:



\$ _____
 Total amount of remittance Number of SAs rec'd Initials

_____ Check EFT FILING FEE
 Date of remittance

Cable ID #				Amount/Initials \$
Examined by	Reviewed by	Date examination completed	Allocation number	

Space A
Accounting Period

January 1 – June 30, 20 _____ July 1 – December 31, 20 _____

Letter sent Information received

Accepted Phone call/Date/Contact

Space B
Owner

Letter sent Information received

Accepted Phone call/Date/Contact

Space D
Area Served

Letter sent Information received

Accepted Phone call/Date/Contact

Space E
Secondary Transmission Service
Subscribers:
and Rates

Letter sent Information received

Accepted Phone call/Date/Contact

Space G
Primary Transmitters:
Television

Letter sent Information received

Accepted Phone call/Date/Contact

Space H
Primary Transmitters:
Radio

Accepted Phone call/Date/Contact

<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	Space I Substitute Carriage
<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	Space J Part-time Carriage Log (SA3 only)
<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	Space K Gross Receipts
<input type="checkbox"/> Royalty Fee should be \$ <input type="checkbox"/> Refund request to fiscal <input type="checkbox"/> Letter sent <input type="checkbox"/> Information received <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	Space L Copyright Filing and Royalty Fees
<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	Space M Channels
<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	Space O Certification
<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	Space P Statement of Gross Receipts
<input type="checkbox"/> Letter sent <input type="checkbox"/> Info/add'l fee received <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	Space Q Interest Assessment

THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015
 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

**SA1-2
 Short Form**

STATEMENT OF ACCOUNT
*for Secondary Transmissions
 by Cable Systems (Short Form)*

General instructions are at the end of this form [pages (i)–(vii)].

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
	\$ 67 TC
	ALLOCATION NUMBER

Return to:
 Library of Congress
 Copyright Office
 Licensing Division
 101 Independence Ave. SE
 Washington, DC 20557-6400
 (202) 707-8150

For courier deliveries,
 see page ii of the general
 instructions.

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)	
	<input type="checkbox"/> January 1–June 30 (Year)	<input type="checkbox"/> July 1–December 31 (Year)

B Owner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other names under which the owner conducts the business of the cable system. <i>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.</i> <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. _____	
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM: CALAVERAS CABLEVISION
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM: PO BOX 37 <small>(Number, street, rural route, apartment, or suite number)</small> COPPEROPOLIS, CA 95228 <small>(City, town, state, zip)</small>

C System	Instructions: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
	1	IDENTIFICATION OF CABLE SYSTEM:
	2	MAILING ADDRESS OF CABLE SYSTEM: <small>(Number, street, rural route, apartment, or suite number)</small> <small>(City, town, state, zip)</small>

D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 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 <i>first community on all future filings</i> . Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.			
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
First Community

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 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 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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:
-------------	--------------------------------------

<p>E</p> <p>Secondary Transmission Service: Subscribers and Rates</p>	<p>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</p> <p>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).</p> <p>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).</p> <p>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.</p> <p>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)."</p> <p>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.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="3" style="text-align: center;">BLOCK 1</th> <th colspan="3" style="text-align: center;">BLOCK 2</th> </tr> <tr> <th style="width: 33%;">CATEGORY OF SERVICE</th> <th style="width: 16.5%;">NO. OF SUBSCRIBERS</th> <th style="width: 16.5%;">RATE</th> <th style="width: 33%;">CATEGORY OF SERVICE</th> <th style="width: 16.5%;">NO. OF SUBSCRIBERS</th> <th style="width: 16.5%;">RATE</th> </tr> </thead> <tbody> <tr> <td>Residential:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Service to first set</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>• Service to additional set(s)</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>• FM radio (if separate rate)</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Motel, hotel</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Commercial</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Converter</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>• Residential</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>• Nonresidential</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table>	BLOCK 1			BLOCK 2			CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	Residential:						• Service to first set	• Service to additional set(s)	• FM radio (if separate rate)	Motel, hotel	Commercial	Converter	• Residential	• Nonresidential
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<p>F</p> <p>Services Other Than Secondary Transmissions: Rates</p>	<p>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</p> <p>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.</p> <p>Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.</p> <p>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.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="4" style="text-align: center;">BLOCK 1</th> <th colspan="2" style="text-align: center;">BLOCK 2</th> </tr> <tr> <th style="width: 33%;">CATEGORY OF SERVICE</th> <th style="width: 11%;">RATE</th> <th style="width: 33%;">CATEGORY OF SERVICE</th> <th style="width: 11%;">RATE</th> <th style="width: 33%;">CATEGORY OF SERVICE</th> <th style="width: 11%;">RATE</th> </tr> </thead> <tbody> <tr> <td>Continuing Services:</td> <td></td> <td>Installation: Non-residential</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Pay cable</td> <td>.....</td> <td>• Motel, hotel</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>• Pay cable—add'l channel</td> <td>.....</td> <td>• Commercial</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>• Fire protection</td> <td>.....</td> <td>• Pay cable</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>• Burglar protection</td> <td>.....</td> <td>• Pay cable—add'l channel</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Installation: Residential</td> <td></td> <td>• Fire protection</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>• First set</td> <td>.....</td> <td>• Burglar protection</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>• Additional set(s)</td> <td>.....</td> <td>Other Services:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• FM radio (if separate rate)</td> <td>.....</td> <td>• Reconnect</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>• Converter</td> <td>.....</td> <td>• Disconnect</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td></td> <td></td> <td>• Outlet relocation</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td></td> <td></td> <td>• Move to new address</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table>	BLOCK 1				BLOCK 2		CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	Continuing Services:		Installation: Non-residential				• Pay cable	• Motel, hotel	• Pay cable—add'l channel	• Commercial	• Fire protection	• Pay cable	• Burglar protection	• Pay cable—add'l channel	Installation: Residential		• Fire protection	• First set	• Burglar protection	• Additional set(s)	Other Services:				• FM radio (if separate rate)	• Reconnect	• Converter	• Disconnect			• Outlet relocation			• Move to new address
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Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

K
Gross Receipts

GROSS RECEIPTS
Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vi) of the general instructions.

- 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.

(Amount of gross receipts)

L
Copyright Royalty Fee

COPYRIGHT ROYALTY AND FILING FEES
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 \$263,800
- 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 for more information.

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-month accounting period is \$52.00

Line 1. Royalty fee for accounting period \$ 52.00

Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 \$

Line 3. **Filing Fee** \$ 15.00

Line 4. **TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.**
 Add lines 1, 2 and 3 \$

BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)

1. Base amount under statutory formula \$263,800

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. **Filing Fee** \$ 20.00

10. **TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.**
 Add lines 7, 8 and 9 \$

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 \$ 263,800

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

6. Interest Charge. Enter the amount from line 4, space Q, page 8 \$

7. **Filing Fee** \$ 20.00

8. **TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.**
 Add lines 4, 5, 6 and 7 \$

IMPORTANT: Your remittance must be in the form of an *electronic payment* payable to *Register of Copyrights*. See page i of the general instructions for more information.

LEGAL NAME OF OWNER OF CABLE SYSTEM: CALAVERAS CABLEVISION	62869	Name
CHANNELS 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's total number of activated channels during the accounting period.		M Channels
1. Enter the total number of channels on which the cable system carried television broadcast stations.	<input style="width: 100px; height: 20px;" type="text" value="19"/>	
2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	<input style="width: 100px; height: 20px;" type="text" value="236"/>	
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)		N Individual to Be Contacted for Further Information
Name <u>Mindy Rasmussen</u>	Telephone <u>209-785-2211</u> <small>(Area code)</small>	
Address <u>PO BOX 37</u> <small>(Number, street, rural route, apartment, or suite number)</small>		
<u>COPPEROPOLIS, CA 95228</u> <small>(City, town, state, zip)</small>		
Email (optional) <u>ap@caltel.com</u>	Fax (optional)	
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)		O Certification
<ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) 		
<input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or		
<input type="checkbox"/> (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		
<input checked="" type="checkbox"/> (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.		
<ul style="list-style-type: none"> • 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. [See 18 U.S.C. sec.1001] 		
	Handwritten signature: <u></u>	
	Typed or printed name: <u>ROSE CULLEN</u>	
	Title: <u>CFO</u> <small>(Title of official position held in corporation or partnership)</small>	
	Date: <u>05/08/19</u>	

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BASIC 23

CH	NETWORK	CH	NETWORK	CH	NETWORK
3	KCRA (NBC)	11	KXTV-DT2 (Justice Network)	42	KTNC (FCB)
4	KCRA-DT2 (Me TV)	13	KOVR (CBS)	50	QVC
5	KVIE-DT2 (PBS Encore)	29	KSPX (ION)	51	Home Shopping Net (HSN)
6	KVIE (PBS)	30	KSPX-DT2 (qubo)	58	KQCA (My 58)
7	Calaveras Community TV1	31	KMAX (CW)	59	MOVIES!
8	KVIE-DT3	39	KTXL-DT3 (This TV)	60	Trinity Network (TBN)
9	Calaveras Community TV2	40	KTXL (FOX)	61	Catholic Network (EWTN)
10	KXTV (ABC)	41	KTXL-DT2 (Antenna TV)		

Group M: Question #1=16 (all beg w/ K's)

ESSENTIALS (includes Basic)

CH	NETWORK	CH	NETWORK	CH	NETWORK
70	ESPN	103	Boomerang	139	truTV
71	ESPN Classics	104	Nick Jr.	140	FXX
72	ESPN 2	105	Cartoon Network	141	BBC America
73	ESPN News	106	Discovery Family	144	Science
74	ESPN U	107	Disney Jr.	145	American Heroes Channel
75	NFL Network	108	Esquire	146	Destination America
76	The Golf Channel	109	Cooking	149	VH1 Classic
77	NBC Sports	110	DIY	150	MTV
78	Fox Sports 1	111	HGTV	151	MTV-2
80	Outdoor	112	Food	152	VH1
83	Nat Geo	113	Travel	153	BET
84	Hallmark Movies & Mysteries	114	E!	155	CMT
85	ABC Family	115	Oxygen	156	Great American Country
87	TV Land	117	WE	160	CSPAN
88	Hallmark	118	Bravo	161	CSPAN2
89	Nat Geo Wild	119	Lifetime	162	CNN
90	TLC	120	Lifetime Movie	163	HLN/Headline News
91	Discovery	122	FYI	164	FOX News
92	OWN	123	Chiller	165	CNBC
93	Animal Planet	124	Cloot	166	MSNBC
94	HISTORY	125	Investigation Discovery	167	Weather Channel
95	RFD TV	130	USA	168	CNBC World
96	H2	131	A&E	169	Fox Business News
97	Teen Nick	132	TNT	170	AMC
98	Nicktoons	133	TBS	171	Turner Classic Movies
99	Nickelodeon	135	Comedy Cntrl	172	IFC
100	Nickelodeon W	136	Spike	173	FXM Movie Channel
101	Disney	137	FX		
102	Disney XD	138	SyFy		

86

142 WGN

Group M: Question #2 = 140 (23+86+31)

HD BASIC

CH	NETWORK	CH	NETWORK
503	KCRA (NBC)	531	KMAX (CW)
510	KXTV (ABC)	540	KTXL (FOX)
513	KOVR (CBS)	558	KQCA (My 58)

HD CHANNELS AVAILABLE IN AREAS WHERE FIBER HAS BEEN CONNECTED TO THE HOME. CURRENT AREAS ARE CALYPSO BAY, CONNOR ESTATES, COPPER HILLS, PENINSULA ESTATES, POKER FLAT, SADDLE CREEK AND TOWN SQUARE.

HD ESSENTIALS (includes HD basic)

CH	NETWORK	CH	NETWORK
570	ESPN	618	Bravo
572	ESPN 2	619	Lifetime
573	ESPN News	620	Lifetime Movie
574	ESPN U	622	FYI
575	NFL Network	625	Investigation Discovery
576	The Golf Channel	630	USA
577	NBC Sports	631	A&E
578	Fox Sports 1	637	FX
583	Nat Geo	638	SyFy
590	TLC	644	Science
591	Discovery	646	Destination America
593	Animal Planet	664	Fox News
594	HISTORY	665	CNBC
606	Discovery Family	667	MSNBC
611	HGTV	670	AMC
614	E!	672	IFC
615	Oxygen	773	Velocity
617	WE		

Don't use HD in the CT they count the same as reg station



P.O. Box 37 • 513 Main Street
Copperopolis, CA 95228
4 Jean Street, Suite #3
Valley Springs, CA 95252
Phone: 209-785-2211
Toll Free: 800-253-2511
Fax: 209-785-3551
cs@calaverastelephone.com
caltelconnect.com

SHOWTIME · \$12.95 MO.

CH	NETWORK	CH	NETWORK
330	Showtime W	339	Showtime Women
332	Showtime E	340	TMC E
333	Showtime 2	341	TMC W
334	Showtime Beyond	342	TMC Xtra
335	Showtime Showcase	343	Flix
336	Showtime Extreme	832	Showtime HD
337	Showtime Next	835	Showcase HD
338	Showtime Family	840	TMC HD

STARZ / ENCORE · \$9.95 MO.

CH	NETWORK	CH	NETWORK
360	Starz West	368	Encore
361	Starz in Black	369	Encore Suspense
362	Starz East	370	Encore Action
363	Starz Cinema	371	Encore Westerns
364	Starz Comedy	372	Encore Drama
365	Starz Edge	373	Encore Love
366	Starz Kids	374	Encore Family
862	Starz HD		

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SPANISH · \$2.95 MO.

CH	NETWORK	CH	NETWORK
202	Fox Deportes	206	Discovery en Español
203	ESPN Deportes	210	TR3S/SP Musica y mas
204	CNN en Español		
205	mun2		