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

Cable Systems (Snort Form) \$ For addition contact the	mpleted workboo o:
	a@loc.gov onal information, ie U.S. Copyright ensing Division at 707-8150

A	ACCO	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.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 1776 (Number, street, rural route, apartment, or suite number)	
		HEREFORD, TX 79045-1776 (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 unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WT SERVICES INC	SYSTEM ID# 63007
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	inity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single,
Area Served	as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	e home parks should be reported in parentheses below the
First	CITY OR TOWN HEREFORD	TX
Community	BUSHLAND	
-	FRIONA	TX
ld Rows as Necessary	BOVINA	ТХ

	LEGAL NAME OF OWNER OF C	ARI E SYSTEM						FORM SA1-	2E. PAG
Name	WT SERVICES INC	ADLE STOTEIVI.						515	630
Е	SECONDARY TRANSMISSION In General: The information in s					/ transmission s	ervice of th	ne cable	
_	system, that is, the retransmission								
Secondary	about other services (including p	bay cable) in spa	ice F, no	ot here. All the	facts you	state must be th			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both							brokon	
scribers and	down by categories of secondar								
Rates	each category by counting the n	umber of billings	s in that	category (the	number of	persons or org	anizations		
	separately for the particular serv Rate: Give the standard rate of							a and the	
	unit in which it is generally billed								
	category, but do not include disc	counts allowed for	or advar	nce payment.					
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					in the count un	der "Servio	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	right-ha	ind block. A tw	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.	OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:								
	 Service to first set 	1	,687	31.50	APART	MENT		59	26
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		54	62.00					
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	-							
F	In General: Space F calls for rat not covered in space E, that is, t	•	,		•	, ,			
•	service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services	or facilities furnis	shed to	nonsubscribe	rs. Rate in	formation shoul	d include b	ooth the	
Other Than	amount of the charge and the ur		isually b	oilled. If any ra	tes are ch	arged on a varia	able per-pr	ogram basis,	
Secondary	enter only the letters "PP" in the Block 1: Give the standard rate		e cable	system for or	ch of the a	pplicable servic	es listed.		
ransmissions:				System for ea				were not	
ransmissions: Rates	Block 2: List any services that	t your cable syst		ished or offer					
	listed in block 1 and for which a	t your cable syst separate charge	was m	ished or offer ade or establi			rices in the	form of a	
		t your cable syst separate charge ption and include	e was m e the rat	ished or offer ade or establi			rices in the		
	listed in block 1 and for which a brief (two- or three-word) descrip	t your cable syst separate charge otion and include BLOC	e was me e the rat K 1	ished or offer ade or establi e for each.	shed. List	these other serv		BLOCK 2	RA
	listed in block 1 and for which a	t your cable syst separate charge otion and include BLOC RATE	e was ma e the rat K 1 CATEGO	ished or offer ade or establi	shed. List t				RA
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	t your cable syst separate charge otion and include BLOC RATE	e was ma e the rat K 1 CATEGO	ished or offer ade or establi e for each. ORY OF SER	shed. List t	these other serv	CATEG	BLOCK 2	
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	t your cable syst separate charge otion and include BLOC RATE	e was ma e the rat K 1 CATEGO nstallat • Mote	ished or offer ade or establi e for each. ORY OF SER tion: Non-res	shed. List t	RATE	CATEGO HBO P ENCOR	BLOCK 2 DRY OF SERVICE REMIUM RE PREMIUM	20 13
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	t your cable syst separate charge otion and include BLOC RATE	was mi the rat K 1 CATEGO nstallat • Mote • Com • Pay	ished or offer ade or establi e for each. ORY OF SER tion: Non-res el, hotel imercial cable	shed. List f	RATE	CATEGO HBO PI ENCOF SHOW	BLOCK 2 DRY OF SERVICE REMIUM RE PREMIUM FIME PREMIUM	RA 20 13 17
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	t your cable syst separate charge otion and include BLOC RATE	e was mi e the rat K 1 CATEGO Note • Mote • Com • Pay • Pay	ished or offer ade or establi e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch	shed. List f	RATE	CATEGO HBO PI ENCOF SHOW	BLOCK 2 DRY OF SERVICE REMIUM RE PREMIUM	20 13 17
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	t your cable syst separate charge btion and include BLOC RATE	e was m the rat K 1 CATEG Note Com Pay Pay Fire	ished or offer ade or establi e for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection	shed. List f	RATE	CATEGO HBO PI ENCOF SHOW CINEM	BLOCK 2 DRY OF SERVICE REMIUM RE PREMIUM FIME PREMIUM AX PREMIUM	20 13 17 13
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	t your cable syst separate charge otion and include BLOC RATE (55.36	e was me e the rat K 1 CATEGO nstallat • Mote • Com • Pay • Pay • Fire • Burg	ished or offer ade or establi e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	shed. List f	RATE	CATEGO HBO PI ENCOF SHOW CINEM	BLOCK 2 DRY OF SERVICE REMIUM RE PREMIUM FIME PREMIUM	20 13 17 13
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	t your cable syst separate charge otion and include BLOC RATE (55.36	e was me e the rat K 1 CATEG nstallat • Mote • Com • Pay • Pay • Fire • Burg Other s	ished or offer ade or establi e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	shed. List f	RATE 55.36 55.36	CATEGO HBO PI ENCOF SHOW CINEM	BLOCK 2 DRY OF SERVICE REMIUM RE PREMIUM FIME PREMIUM AX PREMIUM	20 13
ransmissions: Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	t your cable syst separate charge otion and include BLOC RATE (55.36	e was me e the rat K 1 CATEG nstallat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	ished or offer ade or establi e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: ponnect	shed. List f	RATE	CATEGO HBO PI ENCOF SHOW CINEM	BLOCK 2 DRY OF SERVICE REMIUM RE PREMIUM FIME PREMIUM AX PREMIUM	20 13 17 13
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	t your cable syst separate charge otion and include BLOC RATE (55.36	e was me e the rat K 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco • Disc	ished or offer ade or establi e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	shed. List f	RATE 55.36 55.36	CATEGO HBO PI ENCOF SHOW CINEM	BLOCK 2 DRY OF SERVICE REMIUM RE PREMIUM FIME PREMIUM AX PREMIUM	20 13 17 13

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE
me	WT SERVICES INC			6
	PRIMARY TRANSMITTERS:	TELEVISION		
hary hitters: rision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further information Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part-ti- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- ne Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructi- orogram services such as HBO, ESP e-air designation. For example, repo- vision station for broadcasting over the station, an independent station, or a for network multicast), "I" (for indepe- per "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a postitute program _og)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KACV-TV	8	E-M	AMARILLO, TX
	KAMR-TV	4	N	·····
Necessary	KCIT	15	Ν	AMARILLO, TX AMARILLO, TX
Necessary		15 7		AMARILLO, TX
Necessary	KCIT		N	AMARILLO, TX AMARILLO, TX
Necessary	KCIT KVII-TV	7	N N	AMARILLO, TX AMARILLO, TX AMARILLO, TX
Necessary	KCIT KVII-TV KFDA-TV	7 10	N N N	AMARILLO, TX AMARILLO, TX AMARILLO, TX FARWELL, TX
lecessary	KCIT KVII-TV KFDA-TV KPTF KTMO-LP	7 10 18 36	N N N I	AMARILLO, TX AMARILLO, TX AMARILLO, TX FARWELL, TX AMARILLO, TX
lecessary	KCIT KVII-TV KFDA-TV KPTF KTMO-LP KZBZ-LP	7 10 18 36 46	N N N I N-M N-M	AMARILLO, TX AMARILLO, TX AMARILLO, TX FARWELL, TX AMARILLO, TX CANYON, TX
Necessary	KCIT KVII-TV KFDA-TV KPTF KTMO-LP	7 10 18 36	N N N I N-M	AMARILLO, TX AMARILLO, TX AMARILLO, TX FARWELL, TX AMARILLO, TX
s Necessary	KCIT KVII-TV KFDA-TV KPTF KTMO-LP KZBZ-LP	7 10 18 36 46	N N N I N-M N-M	AMARILLO, TX AMARILLO, TX AMARILLO, TX FARWELL, TX AMARILLO, TX CANYON, TX
s Necessary	KCIT KVII-TV KFDA-TV KPTF KTMO-LP KZBZ-LP	7 10 18 36 46	N N N I N-M N-M	AMARILLO, TX AMARILLO, TX AMARILLO, TX FARWELL, TX AMARILLO, TX CANYON, TX
s Necessary	KCIT KVII-TV KFDA-TV KPTF KTMO-LP KZBZ-LP	7 10 18 36 46	N N N I N-M N-M	AMARILLO, TX AMARILLO, TX AMARILLO, TX FARWELL, TX AMARILLO, TX CANYON, TX
s Necessary	KCIT KVII-TV KFDA-TV KPTF KTMO-LP KZBZ-LP	7 10 18 36 46	N N N I N-M N-M	AMARILLO, TX AMARILLO, TX AMARILLO, TX FARWELL, TX AMARILLO, TX CANYON, TX
s Necessary	KCIT KVII-TV KFDA-TV KPTF KTMO-LP KZBZ-LP	7 10 18 36 46	N N N I N-M N-M	AMARILLO, TX AMARILLO, TX AMARILLO, TX FARWELL, TX AMARILLO, TX CANYON, TX
s Necessary	KCIT KVII-TV KFDA-TV KPTF KTMO-LP KZBZ-LP	7 10 18 36 46	N N N I N-M N-M	AMARILLO, TX AMARILLO, TX AMARILLO, TX FARWELL, TX AMARILLO, TX CANYON, TX
s Necessary	KCIT KVII-TV KFDA-TV KPTF KTMO-LP KZBZ-LP	7 10 18 36 46	N N N I N-M N-M	AMARILLO, TX AMARILLO, TX AMARILLO, TX FARWELL, TX AMARILLO, TX CANYON, TX
s Necessary	KCIT KVII-TV KFDA-TV KPTF KTMO-LP KZBZ-LP	7 10 18 36 46	N N N I N-M N-M	AMARILLO, TX AMARILLO, TX AMARILLO, TX FARWELL, TX AMARILLO, TX CANYON, TX
s Necessary	KCIT KVII-TV KFDA-TV KPTF KTMO-LP KZBZ-LP	7 10 18 36 46	N N N I N-M N-M	AMARILLO, TX AMARILLO, TX AMARILLO, TX FARWELL, TX AMARILLO, TX CANYON, TX
s Necessary	KCIT KVII-TV KFDA-TV KPTF KTMO-LP KZBZ-LP	7 10 18 36 46	N N N I N-M N-M	AMARILLO, TX AMARILLO, TX AMARILLO, TX FARWELL, TX AMARILLO, TX CANYON, TX
s Necessary	KCIT KVII-TV KFDA-TV KPTF KTMO-LP KZBZ-LP	7 10 18 36 46	N N N I N-M N-M	AMARILLO, TX AMARILLO, TX AMARILLO, TX FARWELL, TX AMARILLO, TX CANYON, TX
s Necessary	KCIT KVII-TV KFDA-TV KPTF KTMO-LP KZBZ-LP	7 10 18 36 46	N N N I N-M N-M	AMARILLO, TX AMARILLO, TX AMARILLO, TX FARWELL, TX AMARILLO, TX CANYON, TX

Accounting F			/STEM-						I SA1-2E. PAGE
LEGAL NAME OF WT SERVIC		ABLE SY	ISIEM:						SYSTEM ID
	_00								6300
	t every radio s	tation ca	arried on a separate and disc nerally receivable by your cal						н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G) it is carried by monitoring, to ormation about rm. dentify the call State whether to f the radio stat this by placing Sive the station	y the sys be receint t the Co sign of the he static ion's sig g a check n's locati	I-Band FM Carriage: Under stem whenever it is received a ved at the headend, with the pyright 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	at the system system this posed by he sta	system's he n's FM ante pint, see pa the cable s tion is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general in eparate	be expected, ated intervals. Instructions in the.	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		ALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KNNK	FM	X	DIMMITT, TX		ALL SIGN		3/D	LOCATION OF STATION	
(PAN	FM	X	HEREFORD, TX						

Accounting Perio	od: 2018/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	WT SERVICES INC							63007
					_			
	SUBSTITUTE CARRIAGI							
I	In General: In space I, identi							
	substitute basis during the a							
Substitute	explanation of the programm				e general insu		Japer SAT-	2 101111.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	-	r cable system	carry, on a substitute basi	s, any nonne	twork televisio	n program	
Program Log	broadcast by a distant star	tion?					YES	X NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete th	ne progran	n
	log in block 2.	,		, ,	, ,		1 3	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their n	neaning is	
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.			-	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			List specific program			2009 01	
			dcast live, enter	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			h the mon	th
	first. Example: for May 7 giv	,	inion your eye			namoralo, m		
			substitute pro	gram was carried by your	cable system.	List the times	accuratel	у
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	uld be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that y	our ovetom w	no roquiro	4
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.		-			-		
						N SUBSTITU		
	5		E PROGRAM			AGE OCCUF 6. TIM		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM —	TO	
					•			
						_		
						_		
						_		
						·		
						_		
1								

Accounting Period:	2018/2			FORM S	6.8A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WT SERVICES INC			Ş	8YSTEM ID# 63007
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the second in space E) during the accounting period. For a further explanate 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	system's s on of how	secondary trans to compute this	mission servi s amount, see \$ 33	ce
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less t	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$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 lin	es 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	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				
	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	\$	331,460.52		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1				
				676.61	
	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	
			-		4 005 04
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 6 .		\$	1,995.61
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,995.61	
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			\$	2,015.61
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-		-		ghts!

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WT SERVICES INC	SYSTEM ID# 63007
M Channels	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. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . and nonbroadcast services .	9 324
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name RICH KENDRICK Telephone	806-364-3331
	Address PO BOX 1776 (Number, street, rural route, apartment, or suite number) HEREFORD, TX 79045-1776 (City, town, state, zip)	
	Email BEANCNTR@WTRT.NET Fax (optional) 806-276-521	9
O	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, 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; (Agent 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 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner 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)] Typed or printed name: May Linzey Typed or printed name: C.E.O. (Title of official position held in corporation or partnership) 	stem as identified
	Date: 03/01/2019	

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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lave

ounting Period: 2018	/2	FORM SA1-2E. PAGE
AL NAME OF OWNER	OF CABLE SYSTEM:	SYSTEM II
SERVICES INC		6300
The Satellite Home lowing sentence: "In determini service of pr scribers and For more informatio located in the paper During the accounti made by satellite ca X NO	EMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ing the total number of subscribers and the gross amounts paid to the cable system for the basic roviding secondary transmissions of primary broadcast transmitters, the system shall not include sub- amounts collected from subscribers receiving secondary transmissions pursuant to section 119." on on when to exclude these amounts, see the note on page (vii) of the general instructions r SA1-2 form. Ing period, did the cable system exclude any amounts of gross receipts for secondary transmissions arriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
TES. Enter the		
Name Mailing Address	Name Mailing Address	
INTEREST ASS	ESSMENT	
	this worksheet for those royalty payments submitted as a result of a late payment or underpayment. of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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