This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	02/27/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at Tel: (202) 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	
		20182 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.	63661
		L	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Scott Telecom & Electronics Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		149 Woodland St., P.O. Box 489 (Number, street, rural route, apartment, or suite number)	
		Gate City, VA 24251 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	Scott Telecom & Electronics Inc.	636
	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporated	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	u list will serve as a form of system identification hereafter kn
	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 mobil	e home parks should be reported in parentheses below the
Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
-		VA
First	Gate City	
Community	Weber City	VA
	Hiltons	VA
d Rows as Necessary	Yuma	VA
	Daniel Boone	VA
	Duffield	VA
	Nickelsville	VA
	Dungannon	VA
	Sandy Ridge	VA

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							-2E. PAGE
Name	Scott Telecom & Electro	onics Inc.							6366
E Secondary Transmission Service: Sub- scribers and Rates	Scott Telecom & Electro SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate cl unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity	SERVICE: SL pace E should on of television ay cable) in sp (June 30 or D blocks in spar / transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc : Where an inc	cover a and rad ace F, r ecembe ce E cal service. gs in tha ndicated h catego 20/mth") for adva e form li ribers. C dividual	Il categories of hio broadcasts h hot here. All the r 31, as the cas l for the numbe In general, you t category (the d—not the num bry of service. I . Summarize an ince payment. sts the categori Give the numbe or organization	secondary by your sy- facts you se may be r of subsc u can com number of ber of sets nclude bo ny standar es of seco r of subsc is receivin	stem to subscril state must be t). ribers to the cat pute the numbe f persons or org s receiving serv th the amount o rd rate variations ondary transmis ribers and rate th ng service that f	bers. Give hose existi ole system, r of subscr anizations ice). f the charg s within a p sion servic for each lis alls under	information ng on the broken ibers in charged e and the particular rate we that cable ted category different	
	subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system h printed in block 1 (for example, ti with the number of subscribers a sufficient.	ble service to a nce again und nas rate catego ers of services nd rates, in the	additiona er "Serv pries for that inc	al sets would be ice to additiona secondary tran clude one or mo	e included Il set(s)." Ismission pre second	in the count un service that are dary transmissio	der "Servic different fr ns), list the on of the s	ee to the rom those em, together ervice is	
	BLC	DCK 1 NO. OF					BLOCK	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		4,396	18.95					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	 Residential Non-residential 								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib hose services l e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) infor that are ns: you hished to usually he cable stem fur e was n	mation with res not offered in c do not need to o nonsubscriber billed. If any ra e system for each nished or offeren nade or establis	spect to al ombinatio give rate i rs. Rate in tes are ch ch of the a ed during t	n with any secon nformation com formation shoul arged on a varia applicable servio he accounting p	ndary trans cerning (1) d include b able per-process listed. ces listed. period that	smission services ooth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERV ation: Non-resi		RATE	CATEG	ORY OF SERVICE	RAT
	Pay cable			tel, hotel	dential		HBO/C	inemax	35.
	• Pay cable—add'l channel			nmercial			Starz/E		15.
	Fire protection		,	v cable				me/TMC	15.
	•Burglar protection		,	cable-add'l ch	annel		Digital	Package	73.
	Installation: Residential	100.00		e protection					
	 First set Additional set(s) 	100.00		glar protection services:					
	• FM radio (if separate rate)			connect		75.00			
	• Converter			connect					
			• Out	let relocation					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE
me	Scott Telecom & Elec			6
	PRIMARY TRANSMITTERS:			
G nary nitters: vision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network progr 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, rep- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial education totions in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial hendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WETP-TV	41	E	
	EPT3	41	E-M	SNEEDVILLE, TN SNEEDVILLE, TN
	ICFIS	41.3		
••••••••••			-	
Necessary	WLFG	49	<u>l</u>	GRUNDY, VA
Vecessary	WLFG WCYB-TV	49 5	l N	GRUNDY, VA BRISTOL, VA
Vecessary	WLFG WCYB-TV WBCW	49 5 5.2	I N N-M	GRUNDY, VA BRISTOL, VA BRISTOL, VA
lecessary	WLFG WCYB-TV WBCW WBCW.3	49 5 5.2 5.3	I N N-M N-M	GRUNDY, VA BRISTOL, VA BRISTOL, VA BRISTOL, VA
lecessary	WLFG WCYB-TV WBCW WBCW.3 WEMT	49 5 5.2 5.3 39	I N N-M N-M N	GRUNDY, VA BRISTOL, VA BRISTOL, VA BRISTOL, VA GREENEVILLE, TN
lecessary	WLFG WCYB-TV WBCW WBCW.3 WEMT WJHL-TV	49 5 5.2 5.3 39 11.1	I N N-M N-M N N	GRUNDY, VA BRISTOL, VA BRISTOL, VA BRISTOL, VA GREENEVILLE, TN JOHNSON CITY, TN
lecessary	WLFG WCYB-TV WBCW WBCW.3 WEMT WJHL-TV WJHL-TV	49 5 5.2 5.3 39 11.1 11.2	I N N-M N-M N	GRUNDY, VA BRISTOL, VA BRISTOL, VA BRISTOL, VA GREENEVILLE, TN JOHNSON CITY, TN
Vecessary	WLFG WCYB-TV WBCW WBCW.3 WEMT WJHL-TV WJHL-TV WKPT.1	49 5 5.2 5.3 39 11.1 11.2 19.1	I N N-M N-M N N N I	GRUNDY, VA BRISTOL, VA BRISTOL, VA BRISTOL, VA GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN
Necessary	WLFG WCYB-TV WBCW WBCW.3 WEMT WJHL-TV WJHL-TV WKPT.1 WKPT-TV.2	49 5 5.2 5.3 39 11.1 11.2 19.1 19.2	I N N-M N-M N N N N I I I-M	GRUNDY, VABRISTOL, VABRISTOL, VABRISTOL, VAGREENEVILLE, TNJOHNSON CITY, TNJOHNSON CITY, TNKINGSPORT, TNKINGSPORT, TN
Necessary	WLFG WCYB-TV WBCW WBCW.3 WEMT WJHL-TV WJHL-TV WKPT.1 WKPT.1 WKPT.3	49 5 5.2 5.3 39 11.1 11.2 19.1 19.2 19.3	I N N-M N-M N N N I I I I I-M I-M	GRUNDY, VA BRISTOL, VA BRISTOL, VA BRISTOL, VA GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
s Necessary	WLFG WCYB-TV WBCW WBCW.3 WEMT WJHL-TV WJHL-TV WKPT.1 WKPT-TV.2	49 5 5.2 5.3 39 11.1 11.2 19.1 19.2	I N N-M N-M N N N N I I I-M	GRUNDY, VABRISTOL, VABRISTOL, VABRISTOL, VAGREENEVILLE, TNJOHNSON CITY, TNJOHNSON CITY, TNKINGSPORT, TNKINGSPORT, TN
as Necessary	WLFG WCYB-TV WBCW WBCW.3 WEMT WJHL-TV WJHL-TV WKPT.1 WKPT.1 WKPT.3	49 5 5.2 5.3 39 11.1 11.2 19.1 19.2 19.3	I N N-M N-M N N N I I I I I-M I-M	GRUNDY, VA BRISTOL, VA BRISTOL, VA BRISTOL, VA GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
as Necessary	WLFG WCYB-TV WBCW WBCW.3 WEMT WJHL-TV WJHL-TV WKPT.1 WKPT.1 WKPT.3	49 5 5.2 5.3 39 11.1 11.2 19.1 19.2 19.3	I N N-M N-M N N N I I I I I-M I-M	GRUNDY, VA BRISTOL, VA BRISTOL, VA BRISTOL, VA GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
as Necessary	WLFG WCYB-TV WBCW WBCW.3 WEMT WJHL-TV WJHL-TV WKPT.1 WKPT.1 WKPT.3	49 5 5.2 5.3 39 11.1 11.2 19.1 19.2 19.3	I N N-M N-M N N N I I I I I-M I-M	GRUNDY, VA BRISTOL, VA BRISTOL, VA BRISTOL, VA GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
as Necessary	WLFG WCYB-TV WBCW WBCW.3 WEMT WJHL-TV WJHL-TV WKPT.1 WKPT.1 WKPT.3	49 5 5.2 5.3 39 11.1 11.2 19.1 19.2 19.3	I N N-M N-M N N N I I I I I-M I-M	GRUNDY, VA BRISTOL, VA BRISTOL, VA BRISTOL, VA GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
as Necessary	WLFG WCYB-TV WBCW WBCW.3 WEMT WJHL-TV WJHL-TV WKPT.1 WKPT.1 WKPT.3	49 5 5.2 5.3 39 11.1 11.2 19.1 19.2 19.3	I N N-M N-M N N N I I I I I-M I-M	GRUNDY, VA BRISTOL, VA BRISTOL, VA BRISTOL, VA GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
as Necessary	WLFG WCYB-TV WBCW WBCW.3 WEMT WJHL-TV WJHL-TV WKPT.1 WKPT.1 WKPT.3	49 5 5.2 5.3 39 11.1 11.2 19.1 19.2 19.3	I N N-M N-M N N N I I I I-M I-M	GRUNDY, VA BRISTOL, VA BRISTOL, VA BRISTOL, VA GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
as Necessary	WLFG WCYB-TV WBCW WBCW.3 WEMT WJHL-TV WJHL-TV WKPT.1 WKPT.1 WKPT.3	49 5 5.2 5.3 39 11.1 11.2 19.1 19.2 19.3	I N N-M N-M N N N I I I I-M I-M	GRUNDY, VA BRISTOL, VA BRISTOL, VA BRISTOL, VA GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
as Necessary	WLFG WCYB-TV WBCW WBCW.3 WEMT WJHL-TV WJHL-TV WKPT.1 WKPT.1 WKPT.3	49 5 5.2 5.3 39 11.1 11.2 19.1 19.2 19.3	I N N-M N-M N N N I I I I-M I-M	GRUNDY, VA BRISTOL, VA BRISTOL, VA BRISTOL, VA GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN

EGAL NAME OF								SYSTEM ID
Scott Teleco	om & Electr	onics	Inc.					6366
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the pyright Office regulations on t 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 the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s ne station 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 jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
	AN4 514	0/5				0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							+	

Accounting Perio						FO	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Scott Telecom & Elect	ronics Inc	C.				63661
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
I	In General: In space I, identi substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authorizations	s. For a further
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the paper SA	1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE			
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television progra	
Program Log	broadcast by a distant sta	tion?				YES	× NO
	Note: If your answer is "No	", leave the	rest of this pac	e blank. If your answer is '	"Yes," you mu	ust complete the progra	am
	log in block 2.		1 0				
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst				wherever pos	sible, if their meaning i	is
	clear. If you need more spa				orogram") the	t during the accountin	a
	period, was broadcast by a			ision program ("substitute ur cable system substitute			
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further information	on.
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy" or	r
	"NBA Basketball: 76ers vs.		loast live ente	r "Yes." Otherwise enter "N	lo."		
				isting the substitute progra			
	Column 4: Give the broa	adcast static	on's location (th	ne community to which the	station is lice		1
	the case of Mexican or Can						ath
	first. Example: for May 7 give		when your sys	tem carried the substitute	program. Use	numerais, with the mo	ontri
			e substitute pro	gram was carried by your	cable system.	List the times accurat	ely
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be	-
	stated as "6:00–6:30 p.m."	or "P" if tho	listed program	was substituted for progra	mming that v	our system was requir	red
	to delete under FCC rules a						
	was substituted for program	nming that y					, ,
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S		E PROGRAM	1		AGE OCCURRED	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	6. TIMES FROM — TO	DELETION
						_	
			1				
					•		
						_	
						_	
					·		
1							

Accounting Period:	2018/2			FORM S	6A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Scott Telecom & Electronics Inc.			Ş	8YSTEM ID# 63661
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanal 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	system's s ion of how	econdary trans to compute this	mission servi s amount, sec \$ 3	ce
	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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) but less tl	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00				I
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula	``	263,800.00	100)	
	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	•••••	· · · · · · · · · · · · · · · · · · ·		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8	· · · · · · · · · · · · · · · ·		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K	\$	355,311.66		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01			915.12	
	 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) 			1,319.00	
				0.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .		\$	2,234.12
	FILING FEE AND TOTAL REMITTANCE DU	IE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,234.12	
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			\$	2,254.12
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2018/2							FORM SA1-2E. PAGE
Name		OWNER OF CABLE SYSTEM: n & Electronics Inc.						SYSTEM ID 6366
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the o	You must give (1) the number of rs, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channel cable system carried television cast services	total numb th the cabl ls n broadcas	ber of activated channe e st stations	els during the ac	counting period.	stations	13 273
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		RMATION IS NEEDEI	D (Identify an inc	lividual to whom		
for Further Information	Name	Dan Odom				Τ.	elephone 2	276-452-9119
	Address	149 Woodland St., P (Number, street, rural route, apar Gate City, VA 24251 (City, town, state, zip)						
	Email	dano@sctc.org	2			Fax (optional)		
O Certification		I (This statement of account m red, hereby certify that (Check o		-	cordance with C	opyright Office reg	ulations)	
	(Own	er other than corporation or p	partnershi	p) I am the owner of the	cable system as	identified in line 1 c	of space B; o	or
	in X (Offic in • I have examine	Int of owner other than corporate line 1 of space B and that the o cer or partner) I am an officer (line 1 of space B. d the statement of account and te, and correct to the best of my ion 1001(1986)]	owner is no if a corpora hereby de	ot a corporation or partne ation) or a partner (if a p clare under penalty of la	ership; or partnership) of the aw that all statem	e legal entity identificentiation entities of fact contained	ed as owner	
				/s/ Dan Odom electronic signature on t nature using an "/s/ sign			ıt.	
		Typed or printed	d name:	Dan Odom				
		Title: (Title of		Financial Officer				
		Date:				03/25/2019		

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

unting Period: 2018/2		FORM SA1-2E. PA
L NAME OF OWNER OF CABLE SYSTEM:		SYSTE
tt Telecom & Electronics Inc.		63
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EX The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(/ lowing sentence: "In determining the total number of subscribers and the gross amount service of providing secondary transmissions of primary broadcast tra scribers and amounts collected from subscribers receiving secondary For more information on when to exclude these amounts, see the note on pa located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of g made by satellite carriers to satellite dish owners? NO 	A), of the Copyright Act by adding the f s paid to the cable system for the basic insmitters, the system shall not include transmissions pursuant to section 119 ge (vii) of the general instructions	c Special Stateme e sub- Special Stateme D." Concerning Gro Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address	dress	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a	result of a late navment or undernavm	nont
For an explored in the state of the second s		
For an explanation of interest assessment, see page (viii) of the general instr		
For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	uctions located in the paper SA1-2 for	
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Line 1 Enter the amount of late payment or underpayment	x	m. Q Interest Assessm
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Line 1 Enter the amount of late payment or underpayment	uctions located in the paper SA1-2 form x x x	m. Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	x 0.00274	m. Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	x 0.00274	m. Q Interest Assessm days
 Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here 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 	x x x x	m. Q Interest Assessm days re)
Line 1 Enter the amount of late payment or underpayment	x x x x	m. Q Interest Assessm days re)
 Line 1 Enter the amount of late payment or underpayment	xxxx	m. Q Interest Assessm days re)
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