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	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	8/20/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))		
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - Dece	mber 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, of the subsidiary, not that of the parent corporation.	give the full corporate title	
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 single statement of account and royalty fee payment covering the entire accounting period.	period should submit a	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Divis	sion.	1874
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM		
		Kuhn Communications, Inc.		
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM		
		301 West Main St (Number, street, rural route, apartment, or suite number)		
		Walnut Bottom, PA 17266 (City, town, state, zip)		
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and op s already appear in space B. In line 2, give the mailing address of the system, if different fro		
System	1	IDENTIFICATION OF CABLE SYSTEM:		
	· ·	Kuhn Communications, Inc.		
		MAILING ADDRESS OF CABLE SYSTEM:		
	2	301 West Main St (Number, street, rural route, apartment, or suite number)		
		Walnut Bottom, PA 17266 (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 fing, a determination that would be made by a court of law.

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Kuhn Communications, Inc.	1874
D	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filings	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known s.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or motidentified city.	ile home parks should be reported in parentheses below the
First	CITY OR TOWN Orrstown	PA
Community	CITSIOWI	FA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	
Name	Kuhn Communications,							010	18
Е	SECONDARY TRANSMISSION								
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Fransmission	last day of the accounting period	l (June 30 or D	ecembe	r 31, as the ca	se may be	.).		•	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondar each category by counting the n								
Nates	separately for the particular serv							chargeo	
	Rate: Give the standard rate c	harged for eac	h catego	ory of service.	Include bo	th the amount o	f the charg		
	unit in which it is generally billed				ny standar	d rate variation	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of seco	ondary transmis	sion servi	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					In the count un	der "Servi	ce to the	
	Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	and block. A tv	vo- or three	e-word descripti	on of the s	service is	
		DCK 1					BLOCI	٢2	
		NO. OF		DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Service to first set		498	15.45					
	Service to additional set(s)		221	1.50					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter		250	3.95					
	Residential								
	Non-residential								
			NOMICO		·				
_	SERVICES OTHER THAN SEC In General: Space F calls for rat					l vour cable svs	tem's serv	ices that were	
F	not covered in space E, that is, t	•	,		•				
. .	service for a single fee. There ar		,		0				
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually	billed. If ally re		arged on a van	able per-pi	ografii basis,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a brief (two- or three-word) descrip				SHEU. LISI				
		BLO						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	10.00	• Mot	el, hotel					
	 Pay cable—add'l channel 	9.00	• Con	nmercial					
	Fire protection		-	cable					
	 Burglar protection 			cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	40.00		glar protection					
		20.00	Other s	services:					
	 Additional set(s) 								
	• FM radio (if separate rate)			connect		20.00			
	. ,	10.00	• Disc	connect		20.00 -			
	• FM radio (if separate rate)	10.00	• Diso • Out			20.00 - 20.00 20.00			

		E CARLE SYSTEM		SYSTEM II
ne	LEGAL NAME OF OWNER O			187
	PRIMARY TRANSMITTERS:	•		
ry tters: ion	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 here station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl educational station, by entu (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, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-ti- he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi- program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form.	ime basis under ams [sections tions carried on a bostitute program Log)—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
	WGCB	49	1	Red Lion, PA
	WHP	21	Ν	Harrisburg, PA
sary	WITF	33	E	Harrisburg, PA
	WGAL	8	Ν	Lancaster, PA
	WHTM	27	N	Harrisburg, PA
	WPMT	43	Ν	York, PA
	WLYH	15	N	Harrisburg, PA
		15	<u>N</u>	Harrisburg, PA
	WLTH	15	N	Harrisburg, PA
		15	N	Harrisburg, PA
		15	N	Harrisburg, PA
			N	Harrisburg, PA
			N	Harrisburg, PA
			N	Harrisburg, PA
			N	Harrisburg, PA
			N	Harrisburg, PA
				Harrisburg, PA

EGAL NAME OF			′STEM:					SYSTEM II 18
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) in the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing	y the sys be receint t the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa the point, see pa sed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ærtain st general i eparate	be expected, rated intervals. nstructions in the. and discrete	Primary Transmitters Radio
lexican or Can	adian stations		the community with which the	station is identifi				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2019/1					FC	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Kuhn Communications	s, Inc.					1874
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	G		
	In General: In space I, identi	fv everv noi	nnetwork televis	<i>ion program.</i> broadcast by	a distant stat	ion. that your cable sys	stem carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regul	ations, or authorization	is. For a further
Substitute	explanation of the programm				e general instr	uctions in the paper SA	A1-2 form.
Carriage:	1. SPECIAL STATEMEN						
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 star	tion?				YES	× NO
0 0	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ust complete the progr	ram
	log in block 2.	,			····, j·····		
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst				wherever pos	sible, if their meaning	is
	clear. If you need more spa						
	period, was broadcast by a			sion program ("substitute ur cable system substitute			
	under certain FCC rules, re						
	Do not use general categor	es like "mo					
	"NBA Basketball: 76ers vs.		depet live opto	"Yes." Otherwise enter "N	lo."		
				sting the substitute progra			
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		n
	the case of Mexican or Can			community with which the tem carried the substitute			onth
	first. Example: for May 7 giv		when your sys		biogram. Use	numerais, with the m	onun
			substitute pro	gram was carried by your	cable system.	List the times accura	tely
	to the nearest five minutes.						-
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	was substituted for progra	mming that y	our system was requi	irod
	to delete under FCC rules a						
	was substituted for program	iming that y					-
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCURRED	7. REASON FOR
	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
						<u>—</u>	
						_	
						_	
						_	

Accounting Period:	2019/1 FORM SA	1-2E. PAGE 6.
Name		STEM ID#
	Kuhn Communications, Inc.	1874
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 (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.	, 420.00 s receipts)
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 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 located in the paper SA1-2 form 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-mon 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	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00
	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	0.00
	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 grade receipte from ended K	
	Enter the amount of gross receipts from space K	
	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)	
	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	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	
	Important: 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:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Kuhn Communications, Inc.	SYSTEM ID# 1874
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 on which the cable system carried television broadcast stations and nonbroadcast services	7 206
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 Earl Kuhn Telephone (71	17) 532-8857
	Address 301 West Main St (Number, street, rural route, apartment, or suite number) Walnut Bottom, PA 17266 (City, town, state, zip)	
	Email Fax (optional)	
O Certification	 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; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of 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)] 	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Earl Kuhn Title: President (Title of official position held in corporation or partnership) Date: 8/20/19	

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inting Period: 2019/1		FORM SA1-2E. PAGE
NAME OF OWNER OF CABLE SYSTEM:		SYSTEM II
n Communications, Inc.		187
 SPECIAL STATEMENT CONCERNING GROSS RECT The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the generative of providing secondary transmissions of primary lescribers and amounts collected from subscribers receiving For more information on when to exclude these amounts, see the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below 	on 111(d)(1)(A), of the Copyright Act by adding the fol- gross amounts paid to the cable system for the basic broadcast transmitters, the system shall not include sub- ng secondary transmissions pursuant to section 119." The note on page (vii) of the general instructions amounts of gross receipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) belo	w	_
Name	Name Mailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments su For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment	general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment	general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the	general instructions located in the paper SA1-2 form. x are	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment	general instructions located in the paper SA1-2 form.	Q Interest Assessmer
For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment	general instructions located in the paper SA1-2 form. x are x are x are x are x are - x - x - - - -	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum he	general instructions located in the paper SA1-2 form. x ere x days	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum he	general instructions located in the paper SA1-2 form. x are x are x are x are x are - x - x - - - -	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum he Line 3 Multiply line 2 by the number of days late and enter the s	general instructions located in the paper SA1-2 form. x x ere x days sum here x	Q Interest Assessmer
For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum he Line 3 Multiply line 2 by the number of days late and enter the sum Line 4 Multiply line 3 by 0.00274** and enter here	general instructions located in the paper SA1-2 form. x sere x days sum here x x x days sum here x x x x days sum here x 0.00274 block 3 line 6 \$ (interest charge) licensing/interest-rate.pdf.	Q Interest Assessmer
 For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum he Line 3 Multiply line 2 by the number of days late and enter the sum 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 b * To view the interest rate chart click on <i>www.copyright.gov/l</i> contact the Licensing Division at (202) 707-8150 or licensing 	general instructions located in the paper SA1-2 form. x x ere x days sum here x volock 3 line 6 sum here (interest charge) licensing/interest-rate.pdf. For further assistance please ng@copyright.gov.	Q Interest Assessmen
 For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum he Line 3 Multiply line 2 by the number of days late and enter the sum he 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 b * To view the interest rate chart click on <i>www.copyright.gov/l</i> contact the Licensing Division at (202) 707-8150 or licensin ** This is the decimal equivalent of 1/365, which is the intere NOTE: If you are filing this worksheet covering a statement of accessing the statement of accessing t	general instructions located in the paper SA1-2 form. x x ere x days sum here x days sum here x x x x x x days sum here x x x x x x x x x x x x x y x y <t< td=""><td>Q Interest Assessment</td></t<>	Q Interest Assessment
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