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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY DATE RECEIVED AMOUNT							
DATE RECEIVED AMOUNT	FOR COPYRIGHT OFFICE USE ONLY						
	DATE RECEIVED	AMOUNT					
\$ ALLOCATION NUMBER	08/21/2019	Υ					

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20191 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
		CIM TEL CABLE, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. BOX 266 (Number, street, rural route, apartment, or suite number)
		MANNFORD, OK 74044 (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 is 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI
Name	CIM TEL CABLE, LLC	202
	Instructions: List each separate community served by the cable system. A "community" is the	
D	"a separate and distinct community or municipal entity (including unincorporated communiti	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se	
ŀ	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 home par	rks should be reported in parentheses below the
	identified city.	
	<u> </u>	
	CITY OR TOWN	STATE
First	MANNFORD	OK
Community	CLEVELAND	OK
ŀ	OSAGE	ОК
Rows as Necessary	JENNINGS	ОК
ŀ	PRUE	OK
ļ	WESTPORT	ОК
,	UNINC. CREEK COUNTY	ОК
	UNINC. TULSA COUNTY	ОК
ŀ	FAIRFAX	OK
	ENTERPRISE	OK
	WARNER	OK OK
ļ	WEBBER FALLS	OK OK
	PORUM	OK OK
	KEOTA	OK OK
ļ	KINTA	OK OK
	MCCURTAIN	OK OK
	KEEFETON WAITEFIELD	OK OK
	WHITEFIELD	OK OK
ļ	STIGLER	OK OK
	PAWNEE	OK OK
	MARAMEC	OK OK
	HALLET	OK
	SKEDEE	OK
ļ	BLACKBURN	OK
	LONGTOWN	OK
	QUINTON	ОК
	EARLSBORO	ОК
ļ	BOWLEGS	ОК
	SASAKWA	OK
	TRIBBEY	OK OK
ŀ	PEARSON	OK OK
ŀ	GORE	OK OK
ŀ	UNINC. PAWNEE COUNTY	OK OK
ŀ	UNINC. OSAGE COUNTY	OK OK
ŀ	CHECOTAH	OK OK
ļ	UNINC. SEMINOLE COUNTY	OK OK
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ŀ	ETOWAH	OK OK
	UNINC. POTTAWATOMIE COUNTY	OK
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Accounting Period: 2019/1 FORM SA1-2E. PAGE 2. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 20206

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

CIM TEL CABLE, LLC

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).

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).

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.

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)."

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.

OCK 1		BLOCK 2			
NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
968	22.00	DIGITAL TV (TULSA)	1,407	22.00	
876	10.00-30.00	DIGITAL TV (OKC)	271	25.00	
		MOTEL/HOTEL	25	3.77-7.1	
259	10.00				
	NO. OF SUBSCRIBERS 968 876	NO. OF SUBSCRIBERS RATE 968 22.00 876 10.00-30.00	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 968 22.00 DIGITAL TV (TULSA) 876 10.00-30.00 DIGITAL TV (OKC) MOTEL/HOTEL	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE NO. OF SUBSCRIBERS 968 22.00 DIGITAL TV (TULSA) 1,407 876 10.00-30.00 DIGITAL TV (OKC) 271 MOTEL/HOTEL 25	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	13.99-17.99	Motel, hotel		EXPANDED (TULSA)	48.00
 Pay cable—add'l channel 		Commercial		EXPANDED (OKC)	50.00
 Fire protection 		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
 First set 	50-185	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 20206

CIM TEL CABLE, LLC

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KJRH	8	N	TULSA, OK
KOTV	45	N	TULSA, OK
KOTV-DT3	45.3	I-M	TULSA, OK
KTUL	10	N	TULSA, OK
KTUL-DT2	10.2	I-M	TULSA, OK
KTUL-DT3	10.3	I-M	TULSA, OK
KTUL-DT4	10.4	I-M	TULSA, OK
KDOR	17	l	BARTLESVILLE, OK
KRSU	36	E	CLAREMORE, OK
KMYT	41	l	TULSA, OK
KMYT-DT2	41.2	I-M	TULSA, OK
KMYT-DT3	41.2	I-M	TULSA, OK
KMYT-DT4	41.4	I-M	TULSA, OK
KOED	38	E	TULSA, OK
KOED-DT2	38.2	E-M	TULSA, OK
KOED-DT3	38.3	E-M	TULSA, OK
KOED-DT4	38.4	E-M	TULSA, OK
КТРХ	28	l	OKMULGEE, OK
KTPX-DT2	28.2	I-M	OKMULGEE, OK
KQCW	20	l	MUSKOGEE, OK
KGEB	49	l	TULSA, OK
KWHB	48	l	TULSA, OK
кокі	22	N	TULSA, OK
KOKI-DT2	22.2	I-M	TULSA, OK
KOKI-DT3	22.3	I-M	TULSA, OK

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 20206

CIM TEL CABLE, LLC

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KFOR	27	N	OKLAHOMA CITY, OK
KFOR-DT2	27.2	I-M	OKLAHOMA CITY, OK
KAUT	40	1	OKLAHOMA CITY, OK
KAUT-DT2	40.2	I-M	OKLAHOMA CITY, OK
KAUT-DT3	40.3	I-M	OKLAHOMA CITY, OK
КОСВ	33	1	OKLAHOMA CITY, OK
KOCB-DT2	33.2	I-M	OKLAHOMA CITY, OK
KOCB-DT3	33.3	I-M	OKLAHOMA CITY, OK
косо	7	N	OKLAHOMA CITY, OK
KOCO-DT2	7.2	I-M	OKLAHOMA CITY, OK
кокн	24	N	OKLAHOMA CITY, OK
KOKH-DT2	24.2	I-M	OKLAHOMA CITY, OK
KOKH-DT3	24.3	I-M	OKLAHOMA CITY, OK
КОРХ	50	1	OKLAHOMA CITY, OK
KOPX-DT2	50.2	I-M	OKLAHOMA CITY, OK
KSBI	51	1	OKLAHOMA CITY, OK
КТВО	15	I	OKLAHOMA CITY, OK
KWTV	39	N	OKLAHOMA CITY, OK
KWTV-DT2	39.2	I-M	OKLAHOMA CITY, OK
KETA	32	E	OKLAHOMA CITY, OK
KETA-DT2	32.2	E-M	OKLAHOMA CITY, OK
KETA-DT3	32.3	E-M	OKLAHOMA CITY, OK
KETA-DT4	32.4	E-M	OKLAHOMA CITY, OK
KTUZ	29	1	SHAWNEE, OK
KOCM	46	I	NORMAN, OK

Accounting Period: 2019/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CIM TEL CABLE, LLC

PRIMARY TRANSMITTERS: TELEVISION

FORM SA1-2E. PAGE 3.

SYSTEM ID#

20206

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a

substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KJRH-DT2	8.2	I-M	TULSA, OK
KJRH-DT3	8.3	I-M	TULSA, OK

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CIM TEL CABLE, LLC

20206

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
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Accounting Perio	d: 2019/1 LEGAL NAME OF OWNER OF	CADLE EVE	TEM:				FOR	M SA1-2E. PAGE 5.
Name	CIM TEL CABLE, LLC	CABLE 313	i Eivi.					SYSTEM ID# 20206
Substitute Carriage: Special Statement and Program Log	og a distant stare CC rules, regulate general instructions wherever posses wherever posses wherever posses e program") that ted for the progneral instruction am titles, for exemple, station is lice e station is lice e program. Use in real instructions with the control of the program. Use in real e program. Use in real e program. Use in real e program to 6:2 in real e program in the type of; enter the le	lations, or au ructions in the etwork televis ust complete essible, if their et, during the gramming of ens for furthe eample, "I Lov ensed by the ntified). e numerals, v i. List the tim 28:30 p.m. sh your system	thorizations. e paper SA1 sion prograr YES the progra meaning is e accounting another sta r informatio ve Lucy" or FCC or, in with the more es accurate could be was require	em carried on a For a further -2 form. NO m S dition n.				
	was substituted for program effect on October 19, 1976. S 1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S CALL SIGN		WHE CARR 5. MONTH	EN SUBSTI	TUTE	7. REASON FOR DELETION

Accounting Period:	2019/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CIM TEL CABLE, LLC	SYSTEM ID# 20206
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)
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 \$2 • 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.	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 fee that you must pay for t accounting period is \$52.00 Line 1. Royalty fee for accounting period	
	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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1 1. Base amount under statutory formula	00)
	Enter amount of gross receipts from space K	
	Subtract line 2 from line 1	
	Subtract line 2 from line 1 Enter the amount of gross receipts from space K	
	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	<u>.</u>
	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)
	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	2,362.34
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 3,681.34
		• • • • • • • • • • • • • • • • • • •
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	3,681.34
	Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 3,701.34
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m	

Name CHAINMELS CHAINES CHAIN	ounting Period: 20	FORM	SA1-2E. PAGE 7
Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subcribers, 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 on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system and nonbroadcast stations on which the cable syst	Nama		SYSTEM ID#
we can contact about this statement of account.) What information Address 1714 DEER TRACK TRAIL, SUITE 230 (Number, street, rural route, partment, or suite number) ST. LOUIS, MO 63131 (City, town, state, 2p) Email bbeard@cinnamonmueller.com Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I. the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partmership) I am the owner of the cable system as identified in line 1 of space B and that the owner is not a copporation or partmership or a partmership of the legal entity identified as owner of the cable system 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. Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ john Smith)	M Channels	ns: You must give (1) the number of channels on which the cable system carried television broadcast stations cribers, and (2) the cable system's total number of activated channels during the accounting period. Total number of channels on which the cable arried television broadcast stations Total number of activated channels Total number of activated channels Total number of activated channels Total number of activated television broadcast stations Total number of activated channels Total number of activated television broadcast stations	
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Enter signature using an "/s/ signature" (e.g., /s/ John Smith)		X /s/ Gene Baldwin	
Typed or printed name: H. Gene Baldwin			
		Typed or printed name: H. Gene Baldwin	
Title: Vice President (Title of official position held in corporation or partnership)			
Date: August 21, 2019		Date: August 21, 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 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

counting Period: 2019/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
M TEL CABLE, LLC	20206
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address Mailing Address	
INTEREST ASSESSMENT	
	_
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 4. Enterthe amount of late anymout or undernounced	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	·
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>. </u>
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	_
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
Address	
ID number	
First community served Accounting period	
Accounting period	

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