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@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	08/22/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED E	RY THIS STATEMENT: (Y)	(YY/(Period))	

~	ACCO	JUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20191 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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
		Blue Ridge Cable Technologies Inc
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Blue Ridge Communictions
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 215 (Number, street, rural route, apartment, or suite number)
		Palmerton, PA 18071-0215
		(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.

		FORM SA1-2E. PAGE 10
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Blue Ridge Cable Technologies Inc	37761
D	"a separate and distinct community or municipal entity (including u discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first com as the "first community." Please use it as the first community on a	
Area Served	Note: Entities and properties such as hotels, apartments, condominidentified city.	niums, or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Jackson Township	PA
Community	Roseville	PA
	Rutland Township	PA
Add Rows as Necessary	Wells Township	PA

	LEGAL NAME OF OWNER OF CA	BLE SYSTEM:						SYS	TEM IC
Name	Blue Ridge Cable Techn	ologies Inc							3776
E Secondary Transmission Service: Sub- scribers and Rates	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 servit Rate: Give the standard rate cl unit in which it is generally billed. category, but do not include discc Block 1: In the left-hand block	SERVICE: SU bace E should (an of television ay cable) in spa (June 30 or De blocks in space transmission s umber of billing ce at the rate in harged for each (Example: "\$2 bounts allowed f	cover a and rac ace F, ecembe ce E ca service s in tha ndicate n categ 0/mth" or adva	all categories of dio broadcasts I not here. All the er 31, as the ca- Il for the number . In general, you at category (the ed—not the num ory of service. I). Summarize a ance payment.	secondary by your sy- facts you se may be r of subsc u can com number of ber of sets nclude bo ny standar	stem to subscrit state must be t). ribers to the cat pute the numbe persons or org s receiving servi th the amount o d rate variations	bers. Give hose existi ole system, r of subscr anizations ice). f the charg s within a p	information ng on the , broken ribers in charged e and the particular rate	
	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 o Block 2: If your cable system f printed in block 1 (for example, ti with the number of subscribers a sufficient.	to their subscr Where an incoshould be cound ble service to a nce again under has rate catego ers of services nd rates, in the	ibers. (lividual ted as addition er "Serv ries for that in	Give the number or organization a subscriber in al sets would b vice to additionar secondary tran clude one or mo	r of subsc is receivin each appl e included al set(s)." asmission ore second	ribers and rate f ng service that f icable category. in the count un service that are lary transmissio	or each lis alls under Example: der "Servic different fr ns), list the on of the s	ted category different a residential te to the rom those em, together ervice is	
	BLC	DCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	ERS	RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)		133 132	\$46.74/Mth \$0.50/Mth					
	Motel, hotel Commercial Converter • Residential		1	\$46.74/Mth					
	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for rat	e (not subscrib	er) info	rmation with re-	spect to al	,			
Services Other Than Secondary ransmissions: Rates	not covered in space E, that is, the 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 rate Block 2: List any services that listed in block 1 and for which a se brief (two- or three-word) descrip	e two exception or facilities furn it in which it is rate column. e charged by th your cable sys separate charge	ns: you ished t usually ne cabl tem fui e was i	do not need to o nonsubscribe billed. If any ra e system for ea mished or offere made or establis	give rate i rs. Rate in tes are ch ch of the a ed during t	nformation cond formation shoul arged on a varia applicable servic he accounting p	cerning (1) d include b able per-pro- ces listed. period that	services ooth the ogram basis, were not	
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER		RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Services: Pay cable	\$16.95/Mth		ation: Non-res otel, hotel	dential				
	• Pay cable—add'l channel	\$13.00/Mth		mmercial					
	Fire protection		•Pa	y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential	• • • • • •		e protection					
	First set	\$49.95		rglar protection					
	Additional set(s) EM radio (if separate rate)			services:		\$40.05			
	 FM radio (if separate rate) Converter 			connect sconnect		\$49.95			
	CONVENCE		- Dis	Joonneol					1

ccounting Period: 2	2019/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	Blue Ridge Cable Tec			37761
G Primary Transmitters: Television	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 station 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 ente (for independent multicast), For the meaning of these te Column 4: Give the location	entify every television station (including m during the accounting period, except n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carried on concerning substitute basis stations of's call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a fulfor network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WENY	36	N	ELMIRA, NY
	WENY-2	36.2	N	ELMIRA, NY
d Rows as Necessary	WENY-3	36.3	N	ELMIRA, NY
nows as necessary	WETM	18	N	ELMIRA, NY
	WSKG	46	E	BINGHAMTON, NY
	WYDC	48	I	CORNING, NY
	WYDC	48.2	I	CORNING, NY
		•		
		•		
		•		

Accounting F	Period: 2019	/1					FORM	/ SA1-2E. PAGE 4.
LEGAL NAME O								SYSTEM ID#
Blue Ridge	Cable Tech	nologi	es Inc					37761
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C) it is carried by monitoring, to ormation abou rm. dentify the call State whether i f the radio stat this by placing Give the station	y the sys be recein to the Co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s opyright 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 his point, see pa ed by the cable s he station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	L							
L	L	L		1			_	

Accounting Perio						F	ORM SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Blue Ridge Cable Tech	nnologies	Inc				37761
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
I	In General: In space I, identi substitute basis during the a	ify every not	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stat C rules, regul	ations, or authorization	ons. For a further
Substitute	explanation of the programm				e general instr	uctions in the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN						
Special Statement and	 During the accounting per 	iod, did you	ir cable system	carry, on a substitute basi	s, any nonne	twork television prog	
Program Log	broadcast by a distant star	tion?				YES	s 🔽 NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	'Yes," you mι	ust complete the prog	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst				wherever pos	sible, if their meanin	g is
	clear. If you need more spa				orogram") the	t during the account	ting
	period, was broadcast by a			ision program ("substitute ur cable system substitute			
	under certain FCC rules, re	gulations, o	or authorization	s. See page (v) of the gene	eral instruction	ns for further informa	ition.
	Do not use general categor		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love Lucy"	or
	"NBA Basketball: 76ers vs.		dcast live ente	r "Yes." Otherwise enter "N	lo "		
				isting the substitute progra			
				ne community to which the			in
	the case of Mexican or Can			community with which the tem carried the substitute			nonth
	first. Example: for May 7 giv		when your sys		piogram. Ose		nonun
			e substitute pro	gram was carried by your	cable system.	List the times accur	ately
	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."	er "R" if the	listed program	was substituted for progra	mming that v	our system was <i>rea</i>	uired
	to delete under FCC rules a						
	was substituted for program	nming that y					-
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S		TE 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	
						_	
						·	

Accounting Period:	2019/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Blue Ridge Cable Technologies Inc	S	YSTEM ID# 37761
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic s amount, see	e 3,780.08
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 • 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 accounting period is \$52.00	this six-month	
	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 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)	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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Foc and			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: Cable Technologies Inc		SYSTEM ID# 37761
M Channels	 to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the 	ers, and (2) the cable system's tal number of channels on whic ed television broadcast stations tal number of activated channe cable system carried televisior	ls	7
N Individual to Be Contacted		t about this statement of accou	HER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name	Carl Litwin	Telephone	610-826-9109
	Address	PO Box 215 (Number, street, rural route, apar	tment, or suite number)	
		Palmerton, Pa 18071 (City, town, state, zip)		
	Email		Fax (optional)	
O Certification		N (This statement of account m	nust be certified and signed in accordance with Copyright Office regulations)	
	(Owr	ner other than corporation or p	partnership) I am the owner of the cable system as identified in line 1 of space E	; or
	i X (Off	in line 1 of space B and that the of icer or partner) I am an officer (ation or partnership) I am the duly authorized agent of the owner of the cable so owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified as own	
	 I have examine are true, completing 		hereby declare under penalty of law that all statements of fact contained herein / knowledge, information, and belief, and are made in good faith.	
			X /s/ David L. Masenheimer 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 printer	d name: David L. Masenheimer	
		Title: (Title of	President official position held in corporation or partnership)	
		Date:	8/12/19	

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unting Period: 2019/1		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
e Ridge Cable Technologies Inc		377
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXC The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A) lowing sentence: "In determining the total number of subscribers and the gross amounts service of providing secondary transmissions of primary broadcast tran scribers and amounts collected from subscribers receiving secondary to For more information on when to exclude these amounts, see the note on page located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gre made by satellite carriers to satellite dish owners?	, of the Copyright Act by adding the fol- paid to the cable system for the basic smitters, the system shall not include sub- ransmissions pursuant to section 119." e (vii) of the general instructions	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	\$	
Name Mailing Address Mailing Addr	ess	
You must complete this worksheet for those royalty payments submitted as a r	result of a late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instru- Line 1 Enter the amount of late payment or underpayment	ctions located in the paper SA1-2 form.	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	ctions located in the paper SA1-2 form.	Q Interest Assessme
	ctions located in the paper SA1-2 form.	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	ctions located in the paper SA1-2 form.	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	ctions located in the paper SA1-2 form. x <	Q Interest Assessm
 Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessm
 Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessm
 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 . * To view the interest rate chart click on <i>www.copyright.gov/licensing/intere</i> contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment NOTE: If you are filing this worksheet covering a statement of account already list below the owner, address, first community served, ID number, and account 	x	Q Interest Assessm
 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. * To view the interest rate chart click on <i>www.copyright.gov/licensing/intere</i> contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment NOTE: If you are filing this worksheet covering a statement of account already 	x	Q Interest Assessm
 Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessm

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