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

61096

STATEME	INT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
	ms (Short Form)		\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook	08/14/2019	ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	A THIS STATEMENT. (VVV	(V/(Poriod))	
			n(renou))	
	2019/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		L		
Accounting		Barcode Data Filing Period (optional - s	see instructions)	
Period				
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		ary of another corporation, give the full corp	orate 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 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
CLEAR CREEK MUTUAL TELEPHONE CO
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)

	CLEAR CREEK MUTUAL TELEPHONE CO
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	18238 S FISCHERS MILL RD (Number, street, rural route, apartment, or suite number)
	OREGON CITY OR 97045
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
<b>.</b> .	

B System IDENTIFICATION OF CABLE SYSTEM: 1 MAILING ADDRESS OF CABLE SYSTEM:

(Number, street, rural route, apartment, or suite number)

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.

2

(City, town, state, zip code)

.....

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	CLEAR CREEK MUTUAL TELEPHONE CO	61090
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	
	as the "first community." Please use it as the first community on all future filings.	ist will serve as a form of system identification hereafter know
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area	identified city.	ione parks should be reported in parentices below the
Served		
	CITY OR TOWN	STATE
First	OREGON CITY	OR
Community		
d Rows as Necessary		
a nows as necessary		

								FORM SA1		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS		
	CLEAR CREEK MUTUAL TELEPHONE CO								6109	
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	IBERS AND R	ATES					
E	In General: The information in s									
Coordoni	system, that is, the retransmission									
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period						those exist	ing on the		
Service: Sub-	Number of Subscribers: Bot	<b>`</b>		,	,	,	ble system	, broken		
scribers and	down by categories of secondar	y transmission	service	. In general, yo	u can con	npute the numb	er of subsc	ribers in		
Rates	each category by counting the n	•	•	0,0		•	5	charged		
	separately for the particular server Rate: Give the standard rate of							and the		
	unit in which it is generally billed	-	-	•				•		
	category, but do not include disc	· ·		,	ny otanac					
	Block 1: In the left-hand block	t in space E, th	e form l	ists the catego	ies of sec	condary transmi	ssion servio	ce that cable		
	systems most commonly provide									
	that applies to your system. <b>Not</b> categories, that person or entity									
	subscriber who pays extra for ca									
	first set" and would be counted of									
	Block 2: If your cable system					service that are	e different f	rom those		
	printed in block 1 (for example, t	tiers of services	s that in	clude one or m	ore secon	idary transmissi	ons), list th	em, together		
	with the number of subscribers a	and rates, in th	e right-h	and block. A tv	vo- or thre	e-word descript	tion of the s	service is		
	sufficient.	OCK 1					BLOCK	2		
		NO. OF		DATE	0.17			NO. OF	DAT	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE	
	Residential:		020					400	22.4	
	Service to first set		939	22.00					22.4	
	Service to additional set(s)								7.0	
	• FM radio (if separate rate)								7.0	
	Motel, hotel								5.5	
	Commercial				DVR SI		DIGITAL	25	12.5	
	Converter									
	Residential		711	3.00						
	Non-residential									
	SERVICES OTHER THAN SEC				9					
_	In General: Space F calls for ra					all your cable sy	stem's serv	rices that were		
F	not covered in space E, that is, t	•	,		•	• •				
	service for a single fee. There a	•			•		• • • •			
Services	furnished at cost or (2) services									
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	ites are ci	nargeo on a var	lable per-pr	ogram basis,		
ransmissions:	Block 1: Give the standard ra		the cable	e system for ea	ch of the	applicable servi	ces listed.			
Rates	Block 2: List any services that				-	-				
	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.									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEG	GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services:		Installa	ation: Non-res	idential					
	• Pay cable		• Mot	tel, hotel			ENHAN	CED SVC	61.0	
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Cor	mmercial			НВО		20.8	
	Fire protection		• Pay	/ cable			SHOW	TIME/TMC	20.5	
	<ul> <li>Burglar protection</li> </ul>		• Pay	/ cable-add'l ch	annel		CINEM	4X	20.7	
	Installation: Residential		• Fire	e protection			STARZ		10.0	
	• First set	29.95	• Bur	glar protection						
	<ul> <li>Additional set(s)</li> </ul>	19.95	Other s	services:						
	• FM radio (if separate rate)		• Red	connect		19.95				
	• Converter		• Dis	connect						
	1		• Out	tlet relocation		29.95				
				lictrolocation						
				ve to new addr	ess	29.95				

counting Period: 2	-			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CLEAR CREEK MUTU			61096
G Primary Transmitters: Television	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t )(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	<i>t</i> (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- he Special Statement and Program L d 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 li- (for 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	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he 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
	KATU	2	N	PORTLAND OR
	KOIN	6	N	PORTLAND OR
Rows as Necessary	KGW	8	Ν	PORTLAND OR
	КОРВ	10	Е	PORTLAND OR
	KRCW	11	l	SALEM OR
	КРТV	12	Ν	PORTLAND OR
	KPDX	13	Ν	PORTLAND OR
	KNMT	17	Ν	PORTLAND OR
	KPXG	19	N	SALEM OR
				-

EGAL NAME O			EPHONE CO					SYSTEM 610
	t every radio s	station ca	arried on a separate and discrence of the second					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If isignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recei it the Cc sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C 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 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 e station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	) it can ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0	LOOKHON OF STATION			5,0		

Accounting Perio	od: 2019/1							FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:						SYSTEM ID#
Name	CLEAR CREEK MUTU	AL TELEPH	HONE CO						61096
-	SUBSTITUTE CARRIAG	E: SPECIAL	STATEME	NT AND PROGRAM LO	G				
	In General: In space I, ident	tify every nonn	etwork televi	s <i>ion program,</i> broadcast by	/ a <i>distant</i> sta	tion, that y	our c	cable syst	tem carried on a
	substitute basis during the a								
Substitute	explanation of the programm	ning that must	be included i	n this log, see page (v) of t	he general in	structions	n the	e paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCERN	ING SUBS	TITUTE CARRIAGE					
Special	<ul> <li>During the accounting per</li> </ul>	riod, did your	cable syster	n carry, on a substitute ba	sis, any noni	network te	levis	ion progr	ram
Statement and	broadcast by a distant sta	tion?			-			YES	× NO
Program Log	2							-	
	Note: If your answer is "No	o", leave the re	est of this pa	ge blank. If your answer is	s "Yes," you i	must com	olete	the prog	ram
	log in block 2.								
	2. LOG OF SUBSTITUTE	E PROGRAM	IS						
	In General: List each subs				s wherever p	ossible, if	their	meaning	g is
	clear. If you need more spa								
				vision program ("substitute					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general categor								
	"NBA Basketball: 76ers vs.					skampio,	. 201	lo Lucy	
			ast live, ente	er "Yes." Otherwise enter "	"No."				
				asting the substitute progr					
				he community to which the			the	FCC or,	in
	the case of Mexican or Car								
			hen your sy	stem carried the substitute	e program. U	se numera	als, v	vith the m	nonth
	first. Example: for May 7 gi		oubotituto pr	arom was carried by you	r achla avata	m lict the	time		atob.
	to the nearest five minutes.			ogram was carried by you					atery
	stated as "6:00–6:30 p.m."		piogram can	led by a system norm 0.01	. 15 p.m. to c	.20.30 p.i	11. 51		
			sted progran	n was substituted for prog	ramming tha	t your syst	em v	was requ	ired
	to delete under FCC rules a	and regulation	ns in effect a	uring the accounting perio				insteu pro	
	to delete under FCC rules a was substituted for program								sgrann
		mming that yo							- gram
	was substituted for program	mming that yo							I
	was substituted for progran effect on October 19, 1976	mming that you	ur system w	as permitted to delete und	ler FCC rules WHE	s and regu	latio	ns in TE	
	was substituted for progran effect on October 19, 1976	UBSTITUTE	our system w	as permitted to delete und	ler FCC rules WHE	N SUBS	Iatio	ns in TE RED	7. REASON FOR
	was substituted for progran effect on October 19, 1976	UBSTITUTE	PROGRAM	as permitted to delete und	VHE CARRI 5. MONTH	N SUBS AGE OCO 6.	TITU CUR TIME	TE RED S	
	was substituted for program effect on October 19, 1976 Si	UBSTITUTE	our system w	as permitted to delete und	ler FCC rules WHE CARRI	N SUBS	Iatio	ns in TE RED	7. REASON FOR
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Accounting Period:	2019/1 FORM S/	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S CLEAR CREEK MUTUAL TELEPHONE CO	YSTEM ID#
		61096
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 c 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, se 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.	1,026.55
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 \$263,80( • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than or equal to \$263,80( • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( 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-month 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 \$137,100)	
	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 \$ 311,026.55	
	2. Base amount under statutory formula	
	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 0.00	
		1,791.27
	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)       \$ 1,791.27	
	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	1,811.27
	EFT Trace # or TRANSACTION ID # 26JG745S	
	<b>Important:</b> 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		DWNER OF CABLE SYSTEM: K MUTUAL TELEPHONE CO		SYSTEM ID# 61096
M Channels	<ul><li>to its subscriber</li><li>1. Enter the tota system carried</li><li>2. Enter the tota on which the c</li></ul>	s, and (2) the cable system's total in a system of channels on which the	dcast stations	ations 9
N Individual to Be Contacted		BE CONTACTED IF FURTHER I about this statement of account.)	NFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	DIANE ORI	Tele	phone 503 845-4442
O		PO BOX 1189 (Number, street, rural route, apartment, MT ANGEL OR 97362 (City, town, state, zip) dori@cbsoregon.cc (This statement of account must b ed, hereby certify that (Check one, <i>t</i>	e certified and signed in accordance with Copyright Office regula	
			ership) I am the owner of the cable system as identified in line 1 of	f space B; or
	in X (Offici in • I have examine	line 1 of space B and that the owne eer or partner) I am an officer (if a c line 1 of space B. d the statement of account and here e, and correct to the best of my kno	or partnership) I am the duly authorized agent of the owner of the r is not a corporation or partnership; or orporation) or a partner (if a partnership) of the legal entity identifie by declare under penalty of law that all statements of fact containe wledge, information, and belief, and are made in good faith.	d as owner of the cable system
		Ent	X /s/Jay Henke er an electronic signature on the line above to certify this statement. er signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed nar	me: <b>Jay Henke</b>	
			esident position held in corporation or partnership)	
		Date:	8/14/19	

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 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
	SYSTEM
AR CREEK MUTUAL TELEPHONE CO	610
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
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.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	~
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
^	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	s
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x 0.00274	
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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	
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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 th 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 Office'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.