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 COPYRIGHT	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> For additional information.
General instructions are located in the first tab of this workbook	07/25/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED I	BY THIS STATEMENT: (YYY	/Y/(Period))	

~	ACCU	CONTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		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.	
			61967
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		HomeTel Entertainment, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		501 N. Douglas Street	
		(Number, street, rural route, apartment, or suite number) Saint Jacob, IL 62281	
		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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
		P.O. Box 215	
	2	(Number, street, rural route, apartment, or suite number)	
		Saint Jacob, IL 62281 (City, town, state, zip code)	
I			

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	HomeTel Entertainment, Inc.	61967
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin	nmunity" is the same as a "community unit" as defined in FCC rules: ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	St. Jacob	IL
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ARI E SYSTEM					FORM SA1-	TEM II
Name	HomeTel Entertainment						010	6196
		, 110.						
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	(June 30 or D	ecember 31, as t	he case may be).		-	
Service: Sub-	Number of Subscribers: Both							
scribers and Rates	down by categories of secondary each category by counting the nu							
Rates	separately for the particular servi						charged	
	Rate: Give the standard rate c	harged for eac	h category of ser	vice. Include bo	th the amount o	f the charge		
	unit in which it is generally billed.	· · ·	,		d rate variation	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ondary transmis	sion service	a that cable	
	systems most commonly provide							
	that applies to your system. Note	: Where an inc	dividual or organi	zation is receivin	ng service that f	alls under o	different	
	categories, that person or entity							
	subscriber who pays extra for ca first set" and would be counted o				in the count un	der "Servic	e to the	
	Block 2: If your cable system I				service that are	different fro	om those	
	printed in block 1 (for example, ti	-		•				
	with the number of subscribers a	ind rates, in the	e right-hand block	c. A two- or three	e-word descripti	on of the se	ervice is	
	sufficient.	DCK 1				BLOCK	<u>`</u>	
		NO. OF					NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	E CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Residential:		389 57	Digital	Basic		255	11.
	Service to first set Service to additional act(a)		309 57	7.95 Digital	Premium		200 39	31
	Service to additional set(s) EM radio (if concrete rate)			Digital	Fieiliulii		39	31.
	• FM radio (if separate rate) Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: F	RATES				
F	In General: Space F calls for rat	•	,		, ,			
F	not covered in space E, that is, the							
Services	service for a single fee. There ar furnished at cost or (2) services (
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the						-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that						voro pot	
Rales	listed in block 1 and for which a s							
	brief (two- or three-word) descrip							
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF	SERVICE	RATE	CATEGO	DRY OF SERVICE	RA
	Continuing Services:		Installation: No	n-residential				
	• Pay cable		 Motel, hotel 			Digital	Premium	10.
	 Pay cable—add'l channel 		Commercial			to		27.
	Fire protection		 Pay cable 					
	 Burglar protection 		 Pay cable-ad 	dd'l channel				
			 Fire protection 					
	Installation: Residential							
	First set		Burglar prote					
	First setAdditional set(s)		Other services:					
	 First set Additional set(s) FM radio (if separate rate) 		Other services: • Reconnect					
	First setAdditional set(s)		Other services: • Reconnect • Disconnect					
	First setAdditional set(s)FM radio (if separate rate)		Other services: • Reconnect	ition				

	FON NAME OF OWNER OF			OVOTEM
ne	LEGAL NAME OF OWNER OF			SYSTEM 619
	HomeTel Entertainme	•		
ary litters: ision	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(¢ substitute program basis, a: 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	entify every television station (including i m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. :: With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations,	(1) stations carried only on a part- ne carriage of certain network progr 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions.
	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	n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), o erms, see page (iv) of the general instru- in of each station. For U.S. stations, list dian stations, if any, give the name of th	e-air designation. For example, rep- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial educat ictions in the paper SA1-2 form. the community to which the station	ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast). h is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDNL	30	N	St. Louis, Missouri
	KDNL KETC	30 9	E	St. Louis, Missouri St. Louis, Missouri
ecessary		•••••••••••••••••••••••••••••••••••••••		
ecessary	KETC	9	E	St. Louis, Missouri
Necessary	KETC KMOV	9 4	E N	St. Louis, Missouri St. Louis, Missouri
lecessary	KETC KMOV KPLR	9 4 11	E N I	St. Louis, Missouri St. Louis, Missouri St. Louis, Missouri
Vecessary	KETC KMOV KPLR KSDK	9 4 11 5	E N I N	St. Louis, Missouri St. Louis, Missouri St. Louis, Missouri St. Louis, Missouri
Vecessary	KETC KMOV KPLR KSDK KTVI	9 4 11 5 2	E N I N N	St. Louis, Missouri St. Louis, Missouri St. Louis, Missouri St. Louis, Missouri St. Louis, Missouri
Necessary	KETC KMOV KPLR KSDK KTVI WRBU	9 4 11 5 2 46	E N I N N	St. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriEast St. Louis, Illinois
Necessary	KETC KMOV KPLR KSDK KTVI WRBU KNLC	9 4 11 5 2 46 24	E N I N N I I I	St. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriEast St. Louis, IllinoisSt. Louis, Missouri
Necessary	KETC KMOV KPLR KSDK KTVI WRBU KNLC KPLR-2	9 4 11 5 2 46 24 11.2	E N I N N I I I I I I I I I	St. Louis, Missouri East St. Louis, Illinois St. Louis, Missouri
Necessary	KETC KMOV KPLR KSDK KTVI WRBU KNLC KPLR-2 KPLR-3	9 4 11 5 2 46 24 11.2 11.3	E N I N N I I I I I I I I I I I I I I I	St. Louis, Missouri East St. Louis, Illinois St. Louis, Missouri St. Louis, Missouri East St. Louis, Missouri
Vecessary	KETC KMOV KPLR KSDK KTVI WRBU KNLC KPLR-2 KPLR-3 KDNL-2	9 4 11 5 2 46 24 11.2 11.3 30.2	E N I N N I I I I I I I N-M	St. Louis, Missouri East St. Louis, Illinois St. Louis, Missouri
Necessary	KETC KMOV KPLR KSDK KTVI WRBU KNLC KPLR-2 KPLR-3 KDNL-2 KDNL-3	9 4 11 5 2 46 24 11.2 11.3 30.2 30.3	E N I N N I I I I I I H M N-M N-M	St. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriEast St. Louis, IllinoisSt. Louis, MissouriSt. Louis, Missouri
Necessary	KETC KMOV KPLR KSDK KTVI WRBU KNLC KPLR-2 KPLR-3 KDNL-2 KDNL-3 KDNL-4	9 4 11 5 2 46 24 11.2 11.3 30.2 30.3 30.4	E N I N N N I I I I I I N-M N-M N-M	St. Louis, Missouri East St. Louis, Illinois St. Louis, Missouri
Necessary	KETC KMOV KPLR KSDK KTVI WRBU KNLC KPLR-2 KPLR-3 KDNL-2 KDNL-3 KDNL-4 KETC-2	9 4 11 5 2 46 24 11.2 11.3 30.2 30.3 30.4 9.2	E N N I N N I I I I I I H N-M N-M N-M E-M	St. Louis, Missouri East St. Louis, Illinois St. Louis, Missouri
Necessary	KETC KMOV KPLR KSDK KTVI WRBU KNLC KPLR-2 KPLR-3 KDNL-2 KDNL-3 KDNL-4 KETC-2 KETC-3	9 4 11 5 2 46 24 11.2 11.3 30.2 30.3 30.4 9.2 9.3	E N N I N N I I I I I I N-M N-M N-M N-M N-M E-M E-M	St. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriEast St. Louis, IllinoisSt. Louis, MissouriSt. Louis, Missouri
Necessary	KETC KMOV KPLR KSDK KTVI WRBU KNLC KPLR-2 KPLR-3 KDNL-2 KDNL-3 KDNL-4 KETC-2 KETC-3 KETC-4	9 4 11 5 2 46 24 11.2 11.3 30.2 30.3 30.4 9.2 9.3 9.4	E N N I N N I I I I I I M N-M N-M N-M E-M E-M E-M E-M	St. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriEast St. Louis, IllinoisSt. Louis, MissouriSt. Louis, Missouri
Necessary	KETC KMOV KPLR KSDK KTVI WRBU KNLC KPLR-2 KPLR-3 KDNL-4 KDNL-3 KDNL-4 KETC-2 KETC-2 KETC-3 KETC-4 KSDK-2	9 4 11 5 2 46 24 11.2 11.3 30.2 30.3 30.4 9.2 9.3 9.4 5.2	E N N I N N I I I I I I M N-M N-M N-M E-M E-M E-M E-M N-M	St. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriEast St. Louis, IllinoisSt. Louis, MissouriSt. Louis, Missouri
Necessary	KETC KMOV KPLR KSDK KTVI WRBU KNLC KPLR-2 KPLR-3 KDNL-4 KETC-2 KETC-2 KETC-4 KETC-4 KSDK-2 KSDK-3	9 4 11 5 2 46 24 11.2 11.3 30.2 30.3 30.4 9.2 9.3 9.4 5.2 5.3	E N N I N N 1 I I I I I I M N-M E-M E-M E-M E-M E-M N-M N-M	St. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriEast St. Louis, IllinoisSt. Louis, MissouriSt. Louis, Missouri
Necessary	KETC KMOV KPLR KSDK KTVI WRBU KNLC KPLR-2 KPLR-3 KDNL-2 KDNL-3 KDNL-4 KETC-2 KETC-2 KETC-4 KSDK-2 KSDK-3 KSDK-4	9 4 11 5 2 46 24 11.2 11.3 30.2 30.3 30.4 9.2 9.3 9.4 5.2 5.3 5.4	E N N I N N N I I I I I I I N M N-M E-M E-M E-M E-M N-M N-M N-M N-M	St. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriSt. Louis, MissouriEast St. Louis, IllinoisSt. Louis, MissouriSt. Louis, Missouri

Accounting P			(OTEN				FORM	A SA1-2E. PAGE
EGAL NAME OF			(STEM:					SYSTEM ID
	tertainner	it, inc.						6196
	t every radio	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate f Column 4: G	it is carried b monitoring, to prmation abour m. dentify the cal tate whether the radio stat this by placing Sive the statio	y the sys be recein at the Co I sign of the the static tion's sign g a chech n's locati	I-Band FM Carriage: Under of stem whenever it is received a wed at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can certain st general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		-		1	-	0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
I/A								
		+				+		
						·		
		1				<u> </u>		

Accounting Perio	od: 2019/1					FC	ORM SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	HomeTel Entertainme	nt, Inc.					61967
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
	In General: In space I, ident						
Substitute	substitute basis during the a explanation of the programm						
Carriage:	1. SPECIAL STATEMEN				generalmea		
Special	During the accounting per				s. anv nonne	twork television progra	am
Statement and	broadcast by a distant sta	-		···· , ··· - · ··· · · · · · · · · · · ·	, ,	YES	XNO
Program Log	,			- blank Kooneraanse is i	·····	-	
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete the progi	am
	log in block 2. 2. LOG OF SUBSTITUTE		Me				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their meaning	is
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.		-	
				sion program ("substitute			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy" of	or
	"NBA Basketball: 76ers vs.			· · · · · · · · · · · · · · · · · · ·	1 - 2		
				r "Yes." Otherwise enter "N sting the substitute progra			
	Column 4: Give the broa	adcast static	on's location (th	e community to which the	station is lice		n
	the case of Mexican or Can						44
	first. Example: for May 7 give		when your sys	tem carried the substitute	program. Use	numerals, with the m	onth
			e substitute pro	gram was carried by your	cable system.	List the times accura	tely
	to the nearest five minutes.	Example: a	a program carrie	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>requ</i>	ired
	to delete under FCC rules a						
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	ind regulations in	-
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S		TE PROGRAM			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	
						_	
			1				
					•		
					·		
						_	
						_	
						_	
			1			·	
1							
					·		

Accounting Period:	2019/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	HomeTel Entertainment, Inc.		61967
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 transmers (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.	nission service amount, see	4,388.71 pss receipts)
	COPYRIGHT ROYALTY FEE		
L 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 fo	r this six-mon	
	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. Base amount under statutory formula \$ 263,800.00	,	
	2. Enter amount of gross receipts from space K \$ 154,388.71	-	
	3. Subtract line 2 from line 1	-	
		_ 154,388.71	
	5. Enter the amount from line 3	109,411.29	
	6. Subtract line 5 from line 4	44,977.42	
	7. Multiply line 6 by .005 (enter figure here)	\$	224.89
	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		224.89
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	_	
	2. Dase anount uncer statutory formula		
	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		
	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)	224.89	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	244.89
	EFT Trace # or TRANSACTION ID #]	
	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 and the Excel instructions tab for		

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name		OF OWNER OF CABLE SYSTEM: Itertainment, Inc.		SYSTEM ID# 61967
M Channels	 to its subscrib 1. Enter the to system carr 2. Enter the to on which the 	bers, and (2) the cable system's to otal number of channels on which ied television broadcast stations otal number of activated channel e cable system carried television	s	s 22 299
N Individual to Be Contacted		TO BE CONTACTED IF FURTH ct about this statement of account	HER INFORMATION IS NEEDED (Identify an individual to whom int.)	
for Further Information	Name	Rachel Stopka	Telephon	e 618-644-3366
	Address	501 North Douglas S (Number, street, rural route, apart		
		Saint Jacob, IL 6228 (City, town, state, zip)	81	
	Email	rstopka@home	etel.com Fax (optional)	
0	CERTIFICATIO	ON (This statement of account m	nust be certified and signed in accordance with Copyright Office regulations	5)
Certification		gned, hereby certify that (Check o vner other than corporation or p	one, <i>but only one</i> , of the boxes.)	B; or
		in line 1 of space B and that the c	ation or partnership) I am the duly authorized agent of the owner of the cable owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the legal entity identified as ov	
	 I have exami are true, comp 	in line 1 of space B. ned the statement of account and	hereby declare under penalty of law that all statements of fact contained herein y knowledge, information, and belief, and are made in good faith.	
			X /s/ Rachel Stopka 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	d name: Rachel Stopka	
		Title: (Title of o	Secretary official position held in corporation or partnership)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lay

inting Period: 2019/1	FORM SA1-2E. PAG
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
eTel Entertainment, Inc.	619
 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." 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. 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? NO 	P Special Statemen 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. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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