Cable
Worksheet

	able)		<u>\$</u>						
U W	/ork	ksh	eet	Total amount of	Total amount of remittance			f SAs rec'd	Initials	
				Date of remittar	ice		Check	☐ EFT	☐ FILING FEE	
Cable ID #								Amount/I	nitials	
Examined by	R	Reviewe	ed by	Date examination completed	Allo	ocation r	number	\$		
Space A Accounting					<u>'</u>					
Period	Janua	ary 1 – J	une 30, 20		☐ July	y 1 – Dece	ember 31, 20			
	Letter	r sent			☐ Info	ormation	n received			
	☐ Accep	oted	☐ Phone call/D	ate/Contact						
Space B Owner										
	Letter	r sent			☐ Info	ormatio	n received			
	☐ Accep	oted	☐ Phone call/D	ate/Contact						
Space D Area Served										
	Letter	r sent			☐ Info	ormation	n received			
	☐ Accep	oted	☐ Phone call/D	ate/Contact						
Space E Secondary Transmission										
Service Subscribers: and Rates	Letter	r sent			☐ Info	ormatio	n received			
and Rates	☐ Accep	oted	☐ Phone call/D	ate/Contact						
Space G Primary Transmitters: Television										
	Letter	r sent			☐ Info	ormation	n received			
	☐ Accep	oted	☐ Phone call/D	ate/Contact						
Space H Primary Transmitters:										
Radio	☐ Accep	oted	☐ Phone call/D	ate/Contact						

			Space I Substitute Carriage
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space J Part-time Carriage Log
Letter sent		☐ Information received	(SA3 only)
☐ Accepted	☐ Phone call/Date/Contact		
			Space K Gross Receipts
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space L Copyright Filing and Royalty Fees
Royalty Fee s	hould be \$	Refund request to fiscal	
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space M Channels
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space O Certification
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space P Statement of Gross Receipts
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space Q Interest Assessment
Letter sent		☐ Info/add'l fee received	
☐ Accepted	☐ Phone call/Date/Contact		

THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGH	IT OFFICE USE ONLY
DATE RECEIVED	AMOUNT
	\$ ALLOCATION NUMBER

SA1-2 Short Form

Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page if of the general instructions.

the full
ıld submit
se names
s defined prporated as a form below the
Ē

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 filling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	The state of the second			Nama
The Middleburgh Telephone Co.		Signal State Office Signal Signal	dinggo, indigen in the constant	Name
Instructions: List each separate communit in FCC rules: "a separate and distinct com areas and including single, discrete unincol of system identification hereafter known as	munity or municipal en porated areas)." 47 C.F. the "first community." F	ity (including unincorporated communities R. §76.5(dd). The first community that you I lease use it as the first community on <i>all fut</i>	within unincorporated list will serve as a form ure fillings.	Area Served
Note: Entitles and properties such as hotels, a identified city.	partments, condominium	s, or mobile home parks should be reported in	parentheses below the	Gerveu
La contraction de la contracti	1 - [MAG, 8 1]	117	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
CITY OR TOWN	STATE	CITY OR TOWN	STATE	
				◀ First
				Community,
ું તે કે કે કે કુ કુ કુ કે કે કુ કુ કે કે કુ કુ કુ કે કે કુ		la natikaj ki iden i sakopenskiĝiski ki i kisik	Military in the site is a first section with a	p a
			المعارضة والمعارضة	3644 1254 3
			1100	
· · · · · · · · · · · · · · · · · · ·		ala a tabah kang mengan berangan beranggan beranggan beranggan beranggan beranggan beranggan beranggan berangg Beranggan persentanggan beranggan beranggan beranggan beranggan beranggan beranggan beranggan beranggan berang		
	January and the experience of the	A STATE OF STATE OF THE PARTY O		
o incipal willing balancii in ciille g				
	Japane Symple			
· · · · · · · · · · · · · · · · · · ·				
		ACCOCAL VARIANTA ACCOR	The Diffusion Section	
	ļ	· · · · · · · · · · · · · · · · · · ·	de september of in	
·	1.	 International Control of Contro		
	ļ		,	
		18-16-74-1-18-1-1-20-1-19-16-16-16-16-16-16-16-16-16-16-16-16-16-	MANAGEMENT	
			Sarana San Garana a .	
	.,	a a a a a a a a a a a a a a a a a a a	ar. ara art	
]		d.cdeletan	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		processing to the con-
			111.5.111.111.114.1156.65.11	a comment of the comm
	Carry Commission of the ages	on the commence of the contract of the contrac	in the colored to the	e - n
				1071/41
		- 25일 : - 전 - 전 - 전 - 전 - 전 - 전 - 전 - 전 - 전 -		
		というできる 御意を入りませた		
		10 N / 10 Harris (1997)		
		vi v	romaniye eneri (2)	
. Berlings Territal sales in a free fil	Low. Lat. L	in the Marken of the contracting the second	interface or entry of the	
Mark Spanish is announced by the		gradia series de la compania del compania del compania de la compania del compania del compania de la compania del compani		
্ৰ বিন্তৃত্ব ইউলেই প্ৰতিকৃত্যি নিৰ্মাণ কৰি সংগ্ৰহণ কৰি । সংগ্ৰহণ কৰি সংগ্ৰহণ কৰি বিশ্ব ইন্দ্ৰই বাংলাই বাইনাৰ কৰি বিশ্ব ইন্দ্ৰই ইন্দ্ৰই ইন্দ্ৰই ইন্দ্ৰই ইন্দ্ৰই ইন্দ্ৰই	l en			
e e e e e e e e e e e e e e e e e e e	n je op je stoje o titi strove nje tit	कर्ने का सुनार का क्षेत्र का कर्ने क्षा का क्षेत्र का क्षेत्र के क्षेत्र का कर्ने	ger eg arrese sariena genega (;	Both of the fit
,	64, 61, 61			
		<u></u>		est angle
		\$XV.,		· Merchanists
	ورائي ورائد ورائد ورائد	· · · · · · · · · · · · · · · · · · ·	**************************************	
naghar nakharan shekaran at ka	propromise the	ugger, ha gift ge wardige har a bereits Groudelder	rgag regarder och rakgåget (mare filling stations.
	Jones Brand William		grafi i svegra a i iz 4	
- the company of the property of the company of the	la Companya da Salaman (1975). La Companya da Salama da Salam			COR MARIOTETTAL SELECTION CONTRACTOR
्राप्त करा है है है । अस्ति स्थापन के प्राप्त कर के लिए है कि स्थापन के लिए है कि लिए है कि स्थापन के लिए है क स्थापन के स्थापन के किस के किस के किस के किस के समित के स्थापन के लिए हैं कि स्थापन के स्थापन के स्थापन के समित	gaka, eskuleita ilitera kelon	્રા કર્યા છે. અહીં કરાયુકાના અનુસાર કરાયું કે તરે તેને તેને તરે તરે તરે તરે તેને તરે જો છે.		
~~~				•

The Middleburgh Telephone Co.

# 

Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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.

BLOCK	1		BLOCK 2
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF SUBSCRIBERS RATE
Residential: • Service to first set	99	\$35.95	Digital
<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>			Expanded Basic 148 \$88.95
Motel, hotel			
Commercial Converter			
<ul><li>Residential</li><li>Nonresidential</li></ul>			

## 

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: Pay cable Pay cable—add'I channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Converter	\$32.95 \$32.95 \$50.00 \$50.00 \$5.00				

#### 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.

A LANGE OF BUILDING

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 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 multicast stream "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; r example, WETA-2-simulcast).

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its for example, WETA-2-simulcast).

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 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.

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.

in the state of th	- <u> </u>	· · · · · · · · · · · · · · · · · · ·	And the second s
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WRGB	6	N	SChenectady, NY
WTEN	10	N ·	Albany, NY
WNYT	13	N	Albany, NÝ
WXXA.	23	N	Schenectady, NY
WCWN	45	N	Schenectady, NY
WYPX	55	1	Amsterdam, NY
WMHT:	17	E, his	Schenectady, NY
WNYA	51,		Pittsfield, Ma
WRGB-4	6.4	N-M	Schenectady, NY and the second
WRGB-5	6.5	N-M	Schenectady, NY
WTEN-4	10.4	N-M	Albany, NY
WNYT-4	13.4	N-M	Albany, NY
WNYT-5	13.5	N-M	Albany, NY
WXXA-5	23.5	N-M	Schenectady, NY
WMHT-4	17.4	N-M	Schenectady, NY
WMHT-5	17.5	N-M	Schenectady, NY
WMHT-6	17.6	N-M	Schenectady, NY
WCWN-4	45.4	N-M	Schenectady, NY
			A Company of the Comp
			Secretary Addition to the secretary to be taken a
			an white the Mills of the second of the seco
, , , , , , , , , , , , , , , , , , , ,			

G

**Primary** Transmitters: Television

Primary Transmitters: Radio

#### 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.

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 the Copyright Office regulations on this point, see page (iv) of the general instructions.

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).

941 E. F. 184 E	1 1975 1	<b></b>				fig . o	mercial section of the
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
WFLY	FM		Troy, NY		e tring, men ji gara Ji sarih salah sa	ir. Jeurs Grand	
WGNA	FM.		Albany, NY			15.73	· 一年 医神经性病性
WHRL	FM	1	Albany, NY	MA NO			
WPYX	FM.	1/ 1/	Albany, NY	301 1 10		wice	en de la regional de la composición de La composición de la
WQBJ	'FM'		Albany, NY	estate and abu	1780 1240		AND ASSESSED AND FRANCES
WŔVE	FM	. Y Y.	Albany, NY	194		, , > .	in a margin of the strong lates of
WTRY	FM -		Albany, NY		27.1		
WYGB	FM		Albany, NY	esterni i servicija Video og grande kalad	a to fine and	1	<ul> <li>Alternative State of State</li></ul>
				5. 6 <b>3</b> .,.05			The state of the s
							•
in de la company				1 19510	an Here		4.
7		٠.		7 % <b>*</b> 7 **			
		$\overline{}$	<del></del>				1266 gazer
- , .							
					·		
							÷ 1 + 1 + 1 + 1 + 1
	1		:				·
	*.	-					
					,		
						$\overline{}$	
							·

SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Statement	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, Identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE  2. LORG F SUBSTITUTE PROGRAM  2. LIVE?  2. LIVE?  2. LIVE?  3. STATIONS  2. LIVE?  3. STATIONS  3. STATIONS  4. STATIONS LOCATION  4. STATIONS LOCATION  5. SUBSTITUTE  2. LIVE?  3. STATIONS  3. STATIONS  4. STATIONS LOCATION  5. SINGLE STATION  5. SUBSTITU	LEGAL NAME OF OWNER OF CABLE SYSTE The Middleburgh Telephon					e e		Name
Special STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in blook 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (r) of the general instructions for further information. Do not use general categories like "movies" or "basketball: Tibes specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes.", Otherwise, enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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 leentified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month lists. Example: for May 7, give "57."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:0:1.15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect our of the program of the	Specifical STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any honnetwork television program broadcast by a distant station?  Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (by of the general instructions for further Information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball. 76ers vs. Bulls."  Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals, with the month file case of Mexican or Canadian stations is 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 leentified.  Column 6: Give the mondacast station's location (the community to which the station is leentified).  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the listed program was substituted for programming that your system seem	SUBSTITUTE CARRIAGE: In General: In space I, identif system carried on a substitute tions, or authorizations. For a	: SPECIAI y every non basis durin further exp	nnetwork telev g the accounti lanation of the	rision program, broadca ng period, under specif programming that mus	ast by a <i>dis</i> ic present a at be includ	and former FCC ru	les, regula-	Substitut Carriage
in General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is slear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting beriod, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Oo not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes.". Otherwise, enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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 lotentified.  Column 6: Give the month and day when your system carried the substitute program. Use numerals, with the month inst. Example: for May 7, give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately of the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated is "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on Cotober 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S OCATION  AND DAY FROM — TO  PARAGO FOR — TO  Column 6: Anno Anno Anno Anno Anno Anno Anno Ann	in General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is slear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting beriod, was broadcast by a distant station and that your cable system substituted for the programming of another station inder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. On not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes.". Otherwise, enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month rist. Example: for May 7, give "57."  Column 5: State the times when the substitute program was carried by your cable system. List the times accurately of the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated is "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for program for the letter "P" if the listed progr	During the accounting perio broadcast by a distant stati Note: If your answer is "No," I og in block 2.	MCERNIN d, did your on? eave the re	G SUBSTITUT cable system st of this page	FE CARRIAGE carry, on a substitute ba blank. If your answer is	asis, any no ☐ <b>Y</b> ∈ "Yes," you	s [ <b>=</b> ] <b>No</b> ı must complete ti	ne program	Special Statement Program L
SUBSTITUTE PROGRAM  2. LIVE? Yes or No CALL SIGN  4. STATION'S LOCATION  5. MONTH AND DAY FROM TO DELETION  7. REASON FOR DELETION	SUBSTITUTE PROGRAM  2. LIVE? 3. STATION'S CALL SIGN 4. STATION'S LOCATION  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S CALL SIGN 4. STATION'S LOCATION  4. STATION'S LOCATION  5. MONTH AND DAY FROM — TO  —————————————————————————————————	Inder certain FCC rules, regul 20 not use general categories NBA Basketball: 76ers vs. Bu Column 2: If the program w Column 3: Give the call sign Column 4: Give the broadc the case of Mexican or Canad Column 5: Give the month a ret. Example: for May 7, give Column 6: State the times w to the nearest five minutes. Exa s "6:00–6:30 p.m." Column 7: Enter the letter " to delete under FCC rules and was substituted for programm	ations, or a like "movie ills." ras broadce of the star ast station ian stations and day when the suample: a property if the list regulations.	authorizations.  es" or "basketles" or "basketles" or "basketles" or "tion broadcast is location (the s, if any, the coen your system of the bastitute program carried the program win effect during	See page (v) of the gerball." List specific proging Yes.". Otherwise, entering the substitute progression of the substitute progression of the substitute arm was carried by your by a system from 6:01:10 as substituted for progression of the accounting periods permitted to delete ur	"No." "No." he station is program. U cable syst 5 p.m. to 6 ramming tr ; enter the l	s licensed by the identified).  se numerals, with em. List the times 1:28:30 p.m. shoul nat your system wetter "P" if the lister "P" if th	reformation.  We Lucy" or  FCC or, in  I the month  Accourately  d be stated  as required  ed program	
1. TITLE OF PROGRAM  Yes or No  CALL SIGN  4. STATION'S LOCATION  AND DAY  FROM — TO	1. TITLE OF PROGRAM  2. LIVEY Yes or No CALL SIGN  4. STATION'S LOCATION AND DAY FROM — TO	. SUI	BSTITUTE I	PROGRAM				FOR	
		1. TITLE OF PROGRAM			4. STATION'S LOCATION			DELETION	
							· · · · · · · · · · · · · · · · · · ·		
						]			
			_	No. of the last of					
		and the second s							
			_						

1,00

_;-

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: The Middleburgh Telephone Co.
K: Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vi) of the general instructions.  • 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.  (Amount of gross receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructons: To compute the royalty fee you owe: Complete block 1, block 2, or block 3 Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions 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  Line 3. Filing Fee  \$ 15.00  Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.  Add lines 1, 2 and 3
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)  1. Base amount under statutory formula \$263,800  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  9. Filing Fee  \$ 20.00
3 4 5 6	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)  1. Enter the amount of gross receipts from space K  289,590.00  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)  5. Interest Charge. Enter the amount from line 4, space Q, page 8  7. Filling Fee  \$ 20.00  \$ 1,596.90
7 8	Filling Fee. \$20.00

FORM SA1-2. PAGE 7.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: The Middleburgh Telephone Co.	Name
CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.	M Channels
Enter the total number of channels on which the cable system carried television broadcast stations.      8.      8.      8.      8.      8.      8.      8.      8.      8.      8.      8.      8.      8.	
Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  160	
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)  Name Donald Snoop Telephone 518-827-5211 (Area code)  Address P.O. Box 191 (103 Cliff Street).  (Number, street, rural route; apartment, or suite number)  Middleburgh, NY 12122 (City, town, state, zip)	Individual to Be Contacted for Further Information
(City, town, state, zip)  Email (optional)	, w
The complete and the second state of the secon	
<b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	<b>O</b> Certification
I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	Certification
(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B, and that the owner is not a corporation or partnership; or	
(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	
<ul> <li>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. [See 18 U.S.C. sec.1001]</li> </ul>	e.
Handwritten signature:	
Typed or printed name: James R. Becker	
Title: President  (Title of official position held in corporation or partnership)	
Date: 8 9 2019	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally Identifying Information (Pil) requested on this form in order to process your statement of account. Pil is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing Pil, 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 Pil requested is that it may delay processing of your statement of account and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.