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 | HT OFFICE USE ONLY | 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 | 8/6/2019 | ALLOCATION NUMBER | contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |
| A ACCOUNTING PERIOD COVERED B | Y THIS STATEMENT: (Y) | (YY/(Period)) | |

| A | ACCO | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) |
|----------------------|------|---|
| | | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 |
| | | |
| | | Barcode Data Filing Period (optional - see instructions) |
| Accounting Period | | |
| В | | Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. |
| Owner | | List any other name or names under which the owner conducts the business of the cable system. |
| | | If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. |
| | | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. |
| | | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM |
| | | Pioneer Telephone Cooperative, Inc. |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) |
| | | |
| | | MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 539 |
| | | (Number, street, rural route, apartment, or suite number) Kingfisher, OK 73750 |
| | | (City, town, state, zip) |
| С | | CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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. PAG |
|---------------------|---|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | |
| | Pioneer Telephone Cooperative, Inc. | 624 |
| | Instructions: List each separate community served by the cable system. A "commu | |
| D | "a separate and distinct community or municipal entity (including unincorporated c | |
| | discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you | list will serve as a form of system identification hereafter kno |
| | as the "first community." Please use it as the first community on all future filings. | |
| Area | Note: Entities and properties such as hotels, apartments, condominiums, or mobile | home parks should be reported in parentheses below the |
| Served | identified city. | |
| 001100 | | |
| | | |
| | CITY OR TOWN | STATE |
| First | Temple | OK |
| Community | Chattanooga | OK |
| , | Comanche | ок ОК |
| | | |
| d Rows as Necessary | Davidson | OK |
| | Frederick | OK |
| | Grandfield | OK |
| | Hastings | OK |
| | Loco | ОК |
| | Manitou | OK |
| | Tipton | ок ОК |
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|---------------------------|--|--------------------|--|-----------------------------------|-------------|--------------------|--------------|-----------------------|--------|
| Name | LEGAL NAME OF OWNER OF CA | | | | | | | 513 | 6245 |
| | Pioneer Telephone Coo | perative, In | C. | | | | | | 0240 |
| - | SECONDARY TRANSMISSION | SERVICE: SU | IBSCRIB | ERS AND RA | TES | | | | |
| Ε | In General: The information in s | | | | | | | | |
| • | system, that is, the retransmission | | | | | | | | |
| Secondary Fransmission | about other services (including p last day of the accounting period | | | | | | nose existi | ng on the | |
| Service: Sub- | Number of Subscribers: Both | | | | | | le system. | broken | |
| scribers and | down by categories of secondary | | | | | | | | |
| Rates | each category by counting the n | | | | | | | | |
| | separately for the particular serv | | | | | | | | |
| | Rate: Give the standard rate c | | | | | | | | |
| | unit in which it is generally billed. category, but do not include disc | | | | ny standar | ro rate variations | s within a p | articular rate | |
| | Block 1: In the left-hand block | | | | ies of seco | ondarv transmiss | sion servic | e that cable | |
| | systems most commonly provide | | | | | | | | |
| | that applies to your system. Note | | | | | | | | |
| | categories, that person or entity | | | | | | | | |
| | subscriber who pays extra for ca | | | | | in the count und | der "Servic | e to the | |
| | first set" and would be counted o Block 2: If your cable system I | | | | | service that are | different fr | om those | |
| | printed in block 1 (for example, ti | | | | | | | | |
| | with the number of subscribers a | | | | | | | | |
| | sufficient. | - | U | | | • | | | |
| | BLC | DCK 1 | · | | | | BLOCK | | 1 |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIB | | RATE | CATI | EGORY OF SEF | RVICE | NO. OF SUBSCRIBERS | RAT |
| | Residential: | | | | | | | | |
| | Service to first set | | 8 | 76.95 | Comple | ete | | 617 | 82.9 |
| | Service to additional set(s) | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | 1 | 82.95 | | | | | |
| | Commercial | | 15 | 82.95 | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMISSI | ONS: RATES | S | | | | |
| F | In General: Space F calls for rat | e (not subscrib | er) inform | nation with res | spect to al | l your cable syst | em's servi | ces that were | |
| 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 | | abaany b | lica. Il ally la | | | | ogram busio, | |
| ransmissions: | Block 1: Give the standard rat | | | | | | | | |
| Rates | Block 2: List any services that | • • | | | - | • • | | | |
| | listed in block 1 and for which as | | | | shed. List | these other serv | ices in the | form of a | |
| | brief (two- or three-word) descrip | | | e lor each. | | | | | |
| | | BLO | | | | | 0.175.0 | BLOCK 2 | |
| | CATEGORY OF SERVICE | RATE | | ORY OF SER | | RATE | CATEGO | ORY OF SERVICE | RAT |
| | Continuing Services: | | | ion: Non-res | idential | | | | |
| | Pay cable | | | l, hotel | | | | | |
| | Pay cable—add'l channel Fire protection | | | mercial | | | | | |
| | Fire protection | | • Pay o | | | | | | |
| | | | , | able-add'l ch | lannel | | | | |
| | •Burglar protection | | | protection | | | | | |
| | Installation: Residential | | | | | | | | Τ |
| | Installation: Residential • First set | | • Burg | ar protection | | | | | |
| | Installation: Residential • First set • Additional set(s) | 85.00 | • Burgl Other se | ar protection rvices: | | | | | |
| | Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) | 85.00 | • Burgl Other se • Reco | ar protection rvices: nnect | | 15.00 | | | |
| | Installation: Residential • First set • Additional set(s) | 85.00 | • Burgl Other se | ar protection rvices: nnect | | 15.00 | | | |
| | Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) | 85.00 | • Burgl Other se • Reco • Disco | ar protection rvices: nnect | | 15.00 85.00 | | | |

| | | | | EVETEM ID |
|---------------------------------|---|--|--|---|
| ame | LEGAL NAME OF OWNER OF | | | SYSTEM ID: 62458 |
| | Pioneer Telephone Co | • | | 02430 |
| G mary mitters: vision | carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC rules basis under specific FCC rules basis under specific FCC rules the station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these the Column 4: Give the location | also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the | (1) stations carried only on a part- e carriage of certain network progr. 1(e)(2) and (4))]; and (2) certain sta urried by your cable system on a su the Special Statement and Program I both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ESI -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station | time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast). |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | KFDX | 28 | N | Wichita Falls, TX |
| | KEOD | ~~ | | |
| | REOR | 21 | Ν | Oklahoma City, OK |
| ecessary | KFOR KAUZ | 27 22 | N | Oklahoma City, OK Wichita Falls, TX |
| cessary | | | | |
| cessary | KAUZ | 22 | N | Wichita Falls, TX Wichita Falls, TX |
| cessary | KAUZ KAUZ-2 | 22 6.2 | N N-M | Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK |
| cessary | KAUZ KAUZ-2 KETA | 22 6.2 13 | N N-M E | Wichita Falls, TX Wichita Falls, TX |
| cessary | KAUZ KAUZ-2 KETA KOPX | 22 6.2 13 50 | N N-M E | Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK |
| cessary | KAUZ KAUZ-2 KETA KOPX KJTL | 22 6.2 13 50 15 | N N-M E I I | Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK Wichita Falls, TX |
| cessary | KAUZ KAUZ-2 KETA KOPX KJTL KSWO | 22 6.2 13 50 15 11 | N N-M E I I N | Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX |
| ecessary | KAUZ KAUZ-2 KETA KOPX KJTL KSWO KJBO | 22 6.2 13 50 15 11 | N N-M E I I N I-M | Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX Wichita Falls, TX Wichita Falls, TX |
| ecessary | KAUZ KAUZ-2 KETA KOPX KJTL KSWO KJBO KFDX-HD | 22 6.2 13 50 15 11 | N N-M E i i N i-M N-M | Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK Wichita Falls, TX |
| ecessary | KAUZ KAUZ-2 KETA KOPX KJTL KSWO KJBO KFDX-HD KFOR-HD KAUZ-HD | 22 6.2 13 50 15 11 | N N-M E I I N N I-M N-M N-M N-M | Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK Wichita Falls, TX |
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| as Necessary | KAUZ KAUZ-2 KETA KOPX KJTL KSWO KJBO KFDX-HD KFOR-HD KAUZ-HD KETA-HD KJTL-HD | 22 6.2 13 50 15 11 | N N-M E I I N N-M N-M N-M N-M N-M N-M N-M N-M N-M N | Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX |
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| Accounting P | | | | | | | FORM | I SA1-2E. PAGE 4. |
|--|--|---|--|--|--|--|--|-----------------------------------|
| LEGAL NAME OF Pioneer Tele | | | | | | | | SYSTEM ID# |
| FIONEER TEIE | phone Cod | operati | ve, mc. | | | | | 62458 |
| | t every radio s | station ca | arried on a separate and discr nerally receivable by your cab | | | | | н |
| receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G | it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing sive the station | y the sys be recei at the Cc I sign of e the static ion's sig g a chech n's locati | I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the pyright 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 th | It the system's he system's FM ante this point, see pa sed by the cable s he station is licens | adend, and (2 enna, during co 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 |
| Mexican or Can | adian stations | s, if any, | the community with which the | e station is identifi | ed). | | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| Accounting Perio | | | | | | | FOR | M SA1-2E. PAGE 5. |
|--------------------------|--|----------------------|-------------------|---|-------------------|------------------|---------------|---------------------------|
| News | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | | SYSTEM ID# |
| Name | Pioneer Telephone Co | operative | e, Inc. | | | | | 62458 |
| | SUBSTITUTE CARRIAGI | E: SPECIA | | NT AND PROGRAM LO | G | | | |
| I | In General: In space I, identi substitute basis during the a | | | | | | | |
| Substitute | explanation of the programm | ing that mus | st be included in | this log, see page (v) of the | e general instr | uctions in the | e paper SA1 | -2 form. |
| Carriage: | 1. SPECIAL STATEMEN | | NING SUBS | TITUTE CARRIAGE | | | | |
| Special Statement and | During the accounting per | iod, did you | r cable system | carry, on a substitute basi | s, any nonnet | twork televis | ion progran | n |
| Program Log | broadcast by a distant sta | tion? | | | | | YES | × NO |
| | Note: If your answer is "No | " leave the | rest of this pac | e blank. If your answer is ' | Yes " vou mi | ist complete | the program | |
| | log in block 2. | , leave the | reat of this pag | | res, you me | | the program | |
| | 2. LOG OF SUBSTITUTE | | MS | | | | | |
| | In General: List each subst | | | te line. Use abbreviations | wherever pos | sible, if their | meaning is | 6 |
| | clear. If you need more spa | | | | | | - | |
| | column 1: Give the title period, was broadcast by a | | | ision program ("substitute | | | | |
| | 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 Lov | /e Lucy" or | |
| | "NBA Basketball: 76ers vs. | | depet live onto | r "Vaa " Othanwiga optar "N | lo." | | | |
| | | | | r "Yes." Otherwise enter "N Isting the substitute progra | | | | |
| | Column 4: Give the broa | adcast static | on's location (th | ne community to which the | station is lice | | FCC or, in | |
| | the case of Mexican or Can | | | | | | with the mea | ath |
| | first. Example: for May 7 give | | when your sys | tem carried the substitute | brogram. Use | numerais, v | with the mor | nm |
| | | | e substitute pro | gram was carried by your o | cable system. | List the time | es accurate | ly |
| | 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. sh | ould be | |
| | stated as "6:00–6:30 p.m." | er "R" if the | listed program | was substituted for progra | mming that v | our system v | was require | h |
| | to delete under FCC rules a | | | | | | | |
| | was substituted for program | nming that y | our system wa | s permitted to delete unde | r FCC rules a | nd regulatio | ns in | |
| | | | | | | | | |
| | effect on October 19, 1976. | | | | | | | |
| | | | | 1 | | | | 7 REASON FOR |
| | s | | E PROGRAM | 1 | CARRI | AGE OCCL | | 7. REASON FOR DELETION |
| | | UBSTITUT | | 4. STATION'S LOCATION | | AGE OCCL 6. T | JRRED | |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCU 6. T | JRRED IMES | |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCU 6. T | JRRED IMES | |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCU 6. T | JRRED IMES | |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCU 6. T | JRRED IMES | |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCU 6. T | JRRED IMES | |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCU 6. T | JRRED IMES | |
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| | s | UBSTITUT 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCU 6. T | JRRED IMES | |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCU 6. T | JRRED IMES | |
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| | s | UBSTITUT 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCU 6. T | JRRED IMES | |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCU 6. T | JRRED IMES | |

| Accounting Period: | 2019/1 FOF | RM SA1-2E. PAGE 6. |
|------------------------------------|---|--------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| Name | Pioneer Telephone Cooperative, Inc. | 62458 |
| 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 tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission server (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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. | /ice |
| 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 \$263,800 • 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 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-mo accounting period is \$52.00 Line 1. Royalty fee for accounting period | 'n |
| | 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 | |
| | 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 \$ 390,616.28 | |
| | 2. Base amount under statutory formula | |
| | 3. Subtract line 2 from line 1 | |
| | 4. Multiply line 3 by .01 | 6 |
| | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.0 | 00 |
| | 6. Interest charge. Enter the amount from line 4, space Q, page 8 | 00 |
| | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ | 2,587.16 |
| | 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) \$ 2,587.1 | 16 |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) | <u>)0 </u> |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | 2,607.16 |
| | EFT Trace # or TRANSACTION ID # 12345678 | |
| | Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyr See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more inform | |

| Accounting Period: | 2019/1 | | FORM SA1-2E. PAGE 7 |
|------------------------------------|---|---|------------------------|
| Name | | F OWNER OF CABLE SYSTEM: phone Cooperative, Inc. | SYSTEM ID# 62458 |
| M Channels | to its subscrib 1. Enter the to system carri 2. Enter the to | You must give (1) the number of channels on which the cable system carried television broadc ers, and (2) the cable system's total number of activated channels during the accounting period tal number of channels on which the cable ed television broadcast stations | 15 |
| | and nonbroa | dcast services | 257 |
| N Individual to Be Contacted | | TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whon t about this statement of account.) | n |
| for Further Information | Name | Debbie Parks | Telephone 405-375-0758 |
| | Address | PO Box 539 (Number, street, rural route, apartment, or suite number) Kingfisher, OK 73750 | |
| | Email | (City, town, state, zip) daparks@ptci.com Fax (optional) |) |
| O Certification | | N (This statement of account must be certified and signed in accordance with Copyright Office ined, hereby certify that (Check one, <i>but only one</i> , of the boxes.) | regulations) |
| Certification | | ner other than corporation or partnership) I am the owner of the cable system as identified in line | e 1 of space B; or |
| | | ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of in line 1 of space B and that the owner is not a corporation or partnership; or | |
| | I have examir are true, comp | ticer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity ider in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact conta ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] | |
| | | Enter an electronic signature on the line above to certify this statementer signature using an "/s/ signature" (e.g., /s/ John Smith) | nent. |
| | | Typed or printed name: Richard Ruhl | |
| | | Title: General Manager (Title of official position held in corporation or partnership) | |
| | | Date: 07/25/201 | 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 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 fing, a determination that would be made by a court of lav

| unting Period: 2019/1 | | FORM SA1-2E. PAG |
|--|--|---|
| AL NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM |
| neer Telephone Cooperative, Inc. | | 624 |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable a service of providing secondary transmissions of primary broadcast transmitters, the syster scribers and amounts collected from subscribers receiving secondary transmissions purs For more information on when to exclude these amounts, see the note on page (vii) of the gener located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for seemade by actallite agrices to actallite dish suprama? | system for the basic m shall not include sub- uant to section 119." al instructions | P Special Statemer Concerning Gros Receipts Exclusio |
| made by satellite carriers to satellite dish owners? | | |
| YES. Enter the total here and list the satellite carrier(s) below | | |
| | | |
| Name Name Mailing Address Mailing Address | | |
| | | |
| | | |
| | | |
| | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late pay For an explanation of interest assessment, see page (viii) of the general instructions located in the | | Q |
| | | Q |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the | | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment | | Q Interest Assessm |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the | ne paper SA1-2 form. x | Q Interest Assessm |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment | | Q Interest Assessm |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment | xdays | Q Interest Assessm |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment | x | Q Interest Assessm |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Line 1 Enter the amount of late payment or underpayment | xdays | Q Interest Assessm |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment | ne paper SA1-2 form. x x x x days - x 0.00274 - | Q Interest Assessm |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment | xdays x 0.00274 | Q Interest Assessm |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Line 1 Enter the amount of late payment or underpayment | xdays x 0.00274 | Q Interest Assessm |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment | xdays x 0.00274 | Q Interest Assessm |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment | x | Q Interest Assessm |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment | x | Q Interest Assessm |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment | x | Q Interest Assessm |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment | x | Q Interest Assessm |
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