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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8-27-19	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	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
		MILFORD COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 339 1ST AVE NE PO BOX 200
		(Number, street, rural route, apartment, or suite number)
		SIOUX CENTER IA 51250-0200 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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.

Name Ir a d Area	EGAL NAME OF OWNER OF CABLE SYSTEM: MILFORD COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "cor a separate and distinct community or municipal entity (including unincorpora liscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that is the "first community." Please use it as the first community on all future filir lite: Entities and properties such as hotels, apartments, condominiums, or medentified city. CITY OR TOWN MILFORD FOSTORIA FOSTORIA	sted communities within unincorporated areas and including single t you list will serve as a form of system identification hereafter kno ngs.
D Ir day	nstructions: List each separate community served by the cable system. A "cor a separate and distinct community or municipal entity (including unincorpora liscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that is the "first community." Please use it as the first community on all future filir lote: Entities and properties such as hotels, apartments, condominiums, or medentified city. CITY OR TOWN MILFORD	mmunity" is the same as a "community unit" as defined in FCC rule ated communities within unincorporated areas and including single to you list will serve as a form of system identification hereafter known as a
Area Served ic	nstructions: List each separate community served by the cable system. A "cor a separate and distinct community or municipal entity (including unincorpora liscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that is the "first community." Please use it as the first community on all future filir lote: Entities and properties such as hotels, apartments, condominiums, or medentified city. CITY OR TOWN MILFORD	mmunity" is the same as a "community unit" as defined in FCC rule ated communities within unincorporated areas and including single to you list will serve as a form of system identification hereafter known as a
Area Served ic	a separate and distinct community or municipal entity (including unincorpora liscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that is the "first community." Please use it as the first community on all future filir lote: Entities and properties such as hotels, apartments, condominiums, or midentified city. CITY OR TOWN MILFORD	ated communities within unincorporated areas and including single t you list will serve as a form of system identification hereafter knoongs. The properties of the parks should be reported in parentheses below the STATE IA
Served ic	dentified city. CITY OR TOWN MILFORD	STATE IA
Community	MILFORD	IA
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Accounting Period: 2019/1

FORM SA1-2F PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63454

MILFORD COMMUNICATIONS LLC

E

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.

BL	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
Service to first set	636	43.71				
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
		T				

F

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:		Installation: Non-residential			
 Pay cable 		Motel, hotel	50.00	Basic	37.00
 Pay cable—add'l channel 		Commercial	50.00	DBS/HD	17.95
 Fire protection 		Pay cable	50.00		
 Burglar protection 		Pay cable-add'l channel	50.00	Stz/Enc Multiplex	15.95
Installation: Residential		Fire protection		HBO Multiplex	19.95
 First set 	50.00	Burglar protection		Cinemax Multiplex	15.95
 Additional set(s) 		Other services:		SH/MC Multiplex	15.95
 FM radio (if separate rate) 		Reconnect	50.00		
Converter		Disconnect		Digital box	4.95
		Outlet relocation	Labor Cost	DVR box	8.95
		Move to new address	50.00		

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63454

MILFORD COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION

G

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.

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 and 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 multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its 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), "I-M" (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 in the paper SA1-2 form.

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCAU-DT	9	N	SIOUX CITY, IA
KELO-DT	11	N	SIOUX FALLS, SD
KELO-DT2 UTV	11.1	N-M	SIOUX FALLS, SD
KMEG-DT	39	N	SIOUX CITY, IA
KMEG-DT2 DECADES	39.1	N-M	SIOUX CITY, IA
KMEG-DT3 COMET	39.2	N-M	SIOUX CITY, IA
KPTH-DT	49	l	SIOUX CITY, IA
KPTH-DT2 MY NETW	49.1	I-M	SIOUX CITY, IA
KPTH-DT3 CHARGE	49.2	I-M	SIOUX CITY, IA
KSIN-DT	28	E	SIOUX CITY, IA
KSIN-DT2 CREATE	28.1	E-M	SIOUX CITY, IA
KSIN-DT3 WORLD	28.2	E-M	SIOUX CITY, IA
KSIN-DT4 KIDS	28.3	E-M	SIOUX CITY, IA
KTIV-DT	41	N	SIOUX CITY, IA
KTIV-DT2 CW	41.1	N-M	SIOUX CITY, IA
KTIV-DT3 ME TV	41.2	N-M	SIOUX CITY, IA
KUSD-DT	34	E	VERMILLION, SD
KTIV-DT4 COURT	41.3	N-M	SIOUX CITY, IA
KPTH-DT4 STADIUM	49.3	I-M	SIOUX CITY, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MILFORD COMMUNICATIONS LLC

63454

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.

Н

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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

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).

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	d: 2019/1 LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				FOR	SYSTEM ID#
Name	MILFORD COMMUNICA							63454
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substi clear. If you need more space Column 1: Give the title of period, was broadcast by a of under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call s Column 4: Give the broad the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 give	fy every nor counting pering that must reconcted that must reconciliate that	AL STATEMEI Innetwork televis eriod, under spec et be included in ENING SUBST r cable system rest of this pag MS m on a separa add additional r nnetwork televi on and that yo r authorizations vies" or "baske deast live, enter station broadca on's location (th ns, if any, the when your sys	sion program, broadcast be ecific present and former For this log, see page (v) of the program, on a substitute base blank. If your answer is the line. Use abbreviations rows to the tables. It is is program ("substitute ur cable system substitutes. See page (v) of the getball." List specific program of "Yes." Otherwise enter the sting the substitute program to which the community with which the tem carried the substitute gram was carried by you	y a distant station, that your cable system carried CC rules, regulations, or authorizations. For a function general instructions in the paper SA1-2 form. Sis, any nonnetwork television program YES "YES "YES," you must complete the program wherever possible, if their meaning is a program") that, during the accounting ged for the programming of another station neral instructions for further information. In titles, for example, "I Love Lucy" or No." am. The station is licensed by the FCC or, in the station is identified). The program. Use numerals, with the month of cable system. List the times accurately			em carried on a For a further -2 form. NO m S G tion n.
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation	ons in effect du our system wa	ring the accounting perions permitted to delete und	ed; enter the le	tter "P" if the and regulation	e listed progr ons in TUTE	ram
	TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		URRED IMES — TO	7. REASON FOR DELETION
							=	

Accounting Period:	2019/1		FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MILFORD COMMUNICATIONS LLC		S	YSTEM ID# 63454
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of he page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	s secondary transmow to compute this	nission service amount, see	2 727 66
	during the accounting period		\$ 166 (Amount of gro	3,737.66 oss receipts)
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informa	s than \$527,600 ition.	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 th accounting period is \$52.00 Line 1. Royalty fee for accounting period			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 a BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but			
	Base amount under statutory formula	263,800.00	,	
	2. Enter amount of gross receipts from space K	•	-	
	3. Subtract line 2 from line 1	•	-	
	Enter the amount of gross receipts from space K	·	- 163,737.66	
	5. Enter the amount from line 3		100,062.34	
	6. Subtract line 5 from line 4	-		
	7. Multiply line 6 by .005 (enter figure here)	<u> </u>		318.38
	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		\$	318.38
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (I	but less than \$527	,600)	
	Enter the amount of gross receipts from space K	263,800.00	-	
	Base amount under statutory formula \$ Subtract line 2 from line 1	203,000.00	-	
	4. Multiply line 3 by .01		-	
	Novalty due on the first \$263,800 of gross receipts (under statutory formula)		1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	318.38	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	338.38
	EFT Trace # or TRANSACTION ID #	26JP6TJD]	
	Important: Your remittance must be in the form of an electronic payment pa See page I of the general instructions in the paper SA1-2 form and the Excel			

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. Finish 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. Finish the cable system carried television broadcast stations and nonbroadcast stations on which the cable system carried television broadcast stations and nonbroadcast services. Notivibual to the cable system carried television broadcast stations and nonbroadcast services. Notivibual to the cable system carried television broadcast stations and nonbroadcast services. Notivibual to the Contacted for Further information in the cable system and nonbroadcast services. Name	
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. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations. 290 N Individual to be Contacted for Further information Address 339 1ST AVE NE PO BOX 200 (Chy. Demn. state. 2p) Email	SYSTEM ID# 63454
Individual to Be Contacted for Further Information Address CAROL ROZEBOOM Address 339 1ST AVE NE PO BOX 200 (Number, street, rural route, apartment, or suite number) SIOUX CENTER IA 51250-0200 (City, town, state, zip) Email Carolf@mypremieronline.com Fax (optional) 712-722-1113 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (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. • 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.	
Address 339 1ST AVE NE PO BOX 200 (Number, street, rural route, apartment, or suite number) SIOUX CENTER IA 51250-0200 (City, town, state, zip) Email Carolr@mypremieronline.com Fax (optional) 712-722-1113 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (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. • 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.	
Certification Fax (optional) 712-722-1113	
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) - I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (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 X (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. - 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.	
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(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. 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.	
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 (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. 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. 	
 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. 	
are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
X /s/Douglas A. Boone	
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 name: DOUGLAS A. BOONE	
Title: VICE PRESIDENT (Title of official position held in corporation or partnership)	
Date: 8-28-19	

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 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

counting Period: 2019/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ILFORD COMMUNICATIONS LLC	63454
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?	P Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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