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

STATEMEN	F OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	by email to:
for Secondary 7 Cable Systems	Fransmissions by (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instruction in the first tab of th	hs are located	8/28/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A AC	COUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY)	(Y/(Period))	

Α	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.	63749
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3330 State Highway 11B (Number, street, rural route, apartment, or suite number)	
		Nicholville, NY 12965	
		(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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	L	MyEVTV	
		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 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 suffciency 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:	SYSTEM
	Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965	637
	Instructions: List each separate community served by the cable system. A "community" is t	he same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated commun	ities within unincorporated areas and including single
U	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.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home p	parks should be reported in parentheses below the
Area	identified city.	
Served		
	CITY OR TOWN	STATE
-		
First	Johnsburg	New York
Community	Dickinson	New York
	Moira	New York
d Rows as Necessary	Brandon	New York
	Canton	New York
	Nicholville	New York
	Star Lake	New York
	Piercefield	New York
	Wanakena	New York
	Fine	New York
	Lisbon	New York
	Potsdam	New York
	Pierrepont	New York
	Clifton	New York
	Waddington	New York
	Parishville	New York
	Louisville	New York
	Oswegatchie	New York
	Bangor	New York
	Stockholm	New York
	Long Lake	New York
	Clare	New York
	Madrid	New York
	Norfolk	New York
	Malone	New York
	Hopkinton	New York

									1-2E. PAG
Name	LEGAL NAME OF OWNER OF C			NP - L - L - 1		0.05		513	6374
	Slic Network Solutions,	Inc. / 3330 S	6H 11B	, NICHOIVII	ie, NY 12	965			007-
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Fransmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both						e system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							e and the	
	unit in which it is generally billed								
	category, but do not include disc				,				
	Block 1: In the left-hand block								
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted o	nce again unde	er "Servio	e to addition	al set(s)."				
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.	ind fates, in the	nynt-na	IU DIUCK. A I					
		DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE	EGORY OF SER	VICE	NO. OF SUBSCRIBERS	RATE
	Residential:	00000000			0,111			000001100	
	 Service to first set 	1	,394	33.90	Local			1,394	33.9
	 Service to additional set(s) 	1	,259	5.95	Basic			432	65.0
	• FM radio (if separate rate)				Expand	led Basic		622	78.0
	Motel, hotel		10	29.95	Comme			18	29.9
	Commercial								
	Converter								
	Residential	2	2,751	5.95	No Cha	rge First Con	verter		
	Non-residential		18	5.95					
			I						
	SERVICES OTHER THAN SEC						, .		
F	In General: Space F calls for rat not covered in space E, that is, t	•	,		espect to all	i vour cable syste	em s servi	ces that were	
-			iat are n		combinatio	• •	dary trans	mission	
	service for a single fee. There ar	e two exceptior	is: vou d			n with any secon			
Services	service for a single fee. There ar furnished at cost or (2) services			o not need to	o give rate i	n with any secon nformation conce	erning (1)	services	
Other Than	furnished at cost or (2) services amount of the charge and the un	or facilities furni it in which it is u	shed to	o not need to nonsubscribe	o give rate i ers. Rate in	n with any secon nformation conce formation should	erning (1) include b	services oth the	
Other Than Secondary	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	or facilities furni it in which it is u rate column.	shed to usually b	o not need to nonsubscribe illed. If any ra	o give rate i ers. Rate in ates are ch	n with any secon nformation conce formation should arged on a varial	erning (1) include b ble per-pro	services oth the	
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat	or facilities furni it in which it is u rate column e charged by th	shed to usually b e cable	o not need to nonsubscribe illed. If any ra system for ea	o give rate i ers. Rate in ates are ch ach of the a	n with any secon nformation conce formation should arged on a varial applicable service	erning (1) I include b ble per-pro	services oth the ogram basis,	
Other Than Secondary	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	or facilities furni it in which it is u rate column. e charged by th your cable sys	shed to usually b e cable tem furni	o not need to nonsubscribe illed. If any ra system for ea shed or offer	o give rate i ers. Rate in ates are ch ach of the a red during t	n with any secon nformation conce formation should arged on a varial upplicable service he accounting pe	erning (1) I include b ble per-pro es listed. eriod that	services oth the ogram basis, were not	
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that	or facilities furni it in which it is u rate column. e charged by th your cable sys separate charge	shed to usually b te cable tem furni e was ma	o not need to nonsubscribe illed. If any ra system for ea shed or offer ade or establi	o give rate i ers. Rate in ates are ch ach of the a red during t	n with any secon nformation conce formation should arged on a varial upplicable service he accounting pe	erning (1) I include b ble per-pro es listed. eriod that	services oth the ogram basis, were not	
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	or facilities furni it in which it is u rate column. e charged by th your cable sys separate charge	shed to usually b tem furni e was ma e the rate	o not need to nonsubscribe illed. If any ra system for ea shed or offer ade or establi	o give rate i ers. Rate in ates are ch ach of the a red during t	n with any secon nformation conce formation should arged on a varial upplicable service he accounting pe	erning (1) I include b ble per-pro es listed. eriod that	services oth the ogram basis, were not	
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	or facilities furni it in which it is u rate column. e charged by th your cable sys separate charge tion and include BLOC RATE	shed to usually b tem furni e was ma e the rate CATEGO	o not need to nonsubscribe illed. If any ra system for ea shed or offer ade or establi e for each.	o give rate i ers. Rate in ates are ch ach of the a red during t ished. List	n with any secon nformation conce formation should arged on a varial upplicable service he accounting pe	erning (1) include b ble per-pro- es listed. eriod that ces in the	services oth the ogram basis, were not form of a	
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services :	or facilities furni it in which it is u rate column. e charged by th your cable sys separate charge tion and include BLOC RATE	shed to usually b tem furni e was ma e the rate CATEGO	o not need to nonsubscribe illed. If any ra system for ea shed or offer ade or establi e for each.	o give rate i ers. Rate in ates are ch ach of the a red during t ished. List	n with any secon nformation conce formation should arged on a varial applicable service he accounting pe these other servi	erning (1) include b ble per-pro- es listed. eriod that ces in the	services oth the ogram basis, were not form of a BLOCK 2	RATE
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	or facilities furni it in which it is u rate column. e charged by th your cable sys separate charge tion and include BLOC RATE	shed to usually b te cable tem furni e was ma e the rate CATEGO Installat	o not need to nonsubscribe illed. If any ra system for ea shed or offer ade or establi e for each.	o give rate i ers. Rate in ates are ch ach of the a red during t ished. List	n with any secon nformation conce formation should arged on a varial applicable service he accounting pe these other servi	erning (1) include b ble per-pro- es listed. eriod that ces in the	services oth the ogram basis, were not form of a BLOCK 2	E RATE
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services :	or facilities furni it in which it is u rate column. e charged by th your cable sys separate charge tion and include BLOC RATE	shed to usually b e cable tem furnie was ma e the rate K 1 CATEGO Installat • Mote • Com	o not need to nonsubscribe illed. If any ra system for ea shed or offer ade or establi e for each. DRY OF SER ion: Non-res I, hotel mercial	o give rate i ers. Rate in ates are ch ach of the a red during t ished. List	n with any secon nformation conce formation should arged on a varial upplicable service he accounting pe these other servi	erning (1) include b ble per-pro- es listed. eriod that ces in the	services oth the ogram basis, were not form of a BLOCK 2	E RATE
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	or facilities furni it in which it is u rate column. e charged by th your cable sys separate charge tion and include BLOC RATE	shed to usually b e cable tem furnie was ma e the rate K 1 CATEGO Installat • Mote • Com • Pay	o not need to nonsubscribe illed. If any ra system for ea shed or offer ade or establic for each.	o give rate i ers. Rate in ates are ch ach of the a red during t ished. List i <u>RVICE</u> sidential	n with any secon nformation conce formation should arged on a varial applicable service he accounting pe these other servi RATE 149.00	erning (1) include b ble per-pro- es listed. eriod that ces in the	services oth the ogram basis, were not form of a BLOCK 2	E RATE
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip <u>CATEGORY OF SERVICE</u> <u>Continuing Services:</u> • Pay cable • Pay cable • Fire protection • Burglar protection	or facilities furni it in which it is u rate column. e charged by th your cable sys separate charge tion and include BLOC RATE	shed to usually b e cable tem furni- a was ma e the rate K 1 CATEGC Installat • Mote • Com • Pay • Pay	o not need to nonsubscribe illed. If any ra system for ea shed or offer ade or establic of each.	o give rate i ers. Rate in ates are ch ach of the a red during t ished. List i <u>RVICE</u> sidential	n with any secon nformation conce formation should arged on a varial applicable service he accounting pe these other servi RATE 149.00	erning (1) include b ble per-pro- es listed. eriod that ces in the	services oth the ogram basis, were not form of a BLOCK 2	RATE
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip <u>CATEGORY OF SERVICE</u> <u>Continuing Services:</u> • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	or facilities furni it in which it is o rate column. e charged by th your cable sys separate charge tion and include BLOC RATE	shed to usually b e cable tem furni e was ma e the rate K 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire	o not need to nonsubscribe illed. If any ra system for ea shed or offer ade or establi e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l cl protection	o give rate i ers. Rate in ates are ch ach of the a red during t ished. List i <u>RVICE</u> sidential	n with any secon nformation conce formation should arged on a varial applicable service he accounting pe these other servi RATE 149.00	erning (1) include b ble per-pro- es listed. eriod that ces in the	services oth the ogram basis, were not form of a BLOCK 2	RATE
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set	or facilities furni it in which it is u rate column. e charged by th your cable syst separate charge tion and include BLOC RATE 49.00	shed to usually b e cable tem furni e was ma e the rate CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg	o not need to nonsubscribe illed. If any ra system for ea shed or offer ade or establi e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l cl protection lar protection	o give rate i ers. Rate in ates are ch ach of the a red during t ished. List i <u>RVICE</u> sidential	n with any secon nformation conce formation should arged on a varial applicable service he accounting pe these other servi RATE 149.00	erning (1) include b ble per-pro- es listed. eriod that ces in the	services oth the ogram basis, were not form of a BLOCK 2	RATI
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip <u>CATEGORY OF SERVICE</u> <u>Continuing Services:</u> • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	or facilities furni it in which it is u rate column. e charged by th your cable syst separate charge tion and include BLOC RATE 49.00	shed to usually b e cable tem furni e was ma e the rate K 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other se	o not need to nonsubscribe illed. If any ra system for ea shed or offer ade or establi e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l cl protection lar protection ervices:	o give rate i ers. Rate in ates are ch ach of the a red during t ished. List i <u>RVICE</u> sidential	n with any secon nformation conce formation should arged on a varial applicable service he accounting pe these other servi RATE 149.00 149.00	erning (1) include b ble per-pro- es listed. eriod that ces in the	services oth the ogram basis, were not form of a BLOCK 2	
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	or facilities furni it in which it is u rate column. e charged by th your cable syst separate charge tion and include BLOC RATE 49.00	shed to usually b e cable tem furnie was ma e the rate K 1 CATEGO Installat • Mote • Com • Pay • Fire • Burg Other se • Recc	o not need to nonsubscribe illed. If any ra system for ea shed or offer ade or establic for each. DRY OF SER ion: Non-res I, hotel mercial cable-add'l cl protection lar protection ervices: onnect	o give rate i ers. Rate in ates are ch ach of the a red during t ished. List i <u>RVICE</u> sidential	n with any secon nformation conce formation should arged on a varial applicable service he accounting pe these other servi RATE 149.00	erning (1) include b ble per-pro- es listed. eriod that ces in the	services oth the ogram basis, were not form of a BLOCK 2	
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip <u>CATEGORY OF SERVICE</u> <u>Continuing Services:</u> • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	or facilities furni it in which it is u rate column. e charged by th your cable syst separate charge tion and include BLOC RATE 49.00	shed to usually b e cable tem furnie was ma e the rate K 1 CATEGO Installat • Mote • Com • Pay • Fire • Burg Other se • Recc • Disc	o not need to nonsubscribe illed. If any ra system for ea shed or offer ade or establic of each.	o give rate i ers. Rate in ates are ch ach of the a red during t ished. List i <u>RVICE</u> sidential	n with any secon nformation conce formation should arged on a varial applicable service he accounting pe these other servi RATE 149.00 149.00 25.00	erning (1) include b ble per-pro- es listed. eriod that ces in the	services oth the ogram basis, were not form of a BLOCK 2	
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	or facilities furni it in which it is u rate column. e charged by th your cable syst separate charge tion and include BLOC RATE 49.00	shed to usually b e cable tem furnie was ma e the rate K 1 CATEGO Installat • Mote • Com • Pay • Fire • Burg Other se • Recc • Disc	o not need to nonsubscribe illed. If any ra system for ea shed or offer ade or establic for each. DRY OF SER ion: Non-res I, hotel mercial cable-add'l cl protection lar protection ervices: onnect	o give rate i ers. Rate in ates are ch ach of the a red during t ished. List i <u>RVICE</u> sidential	n with any secon nformation conce formation should arged on a varial applicable service he accounting pe these other servi RATE 149.00 149.00	erning (1) include b ble per-pro- es listed. eriod that ces in the	services oth the ogram basis, were not form of a BLOCK 2	

ounting Period:	-			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF			SYSTEM I 637
	Slic Network Solution	ns, Inc. / 3330 SH 11B, Nicholvi	lle, NY 12965	
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these te Column 4: Give the location	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	t (1) stations carried only on a part- ne carriage of certain network progr (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- ne Special Statement and Program d both on a substitute basis and also see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial educat retions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the to 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
	WTEN	10.1	N	Albany, NY
	WVNY	22.1	Ν	Burlington, NY
Rows as Necessary	WWTI	50.1	N	Watertown, NY
	WCAX	3.1	Ν	Burlington, NY
	WRGB	6.1	Ν	Albany, NY
	WWNY	7.1	Ν	Watertown, NY
	WCWN	45.1	N	Schenectady, NY
	WWTI-2	50.2	N-M	Watertown, NY
	WFFF	44.1	N	Plattsburgh, NY
		······································		
	WNYF	7.2	Ν	Watertown, NY
	WNYF WXXA	7.2 23.1	N N	
				Watertown, NY
	WXXA	23.1	N	Watertown, NY Albany, NY
	WXXA WCWN-2	23.1 45.2	N N-M	Watertown, NY Albany, NY Schenectady, NY
	WXXA WCWN-2 WPTZ-2	23.1 45.2 5.2	N N-M I-M	Watertown, NY Albany, NY Schenectady, NY Plattsburgh, NY
	WXXA WCWN-2 WPTZ-2 WNYA	23.1 45.2 5.2 51.1	N N-M I-M I-M	Watertown, NY Albany, NY Schenectady, NY Plattsburgh, NY Albany, NY
	WXXA WCWN-2 WPTZ-2 WNYA WNYT	23.1 45.2 5.2 51.1 13.1	N N-M I-M I-M N	Watertown, NY Albany, NY Schenectady, NY Plattsburgh, NY Albany, NY Albany, NY
	WXXA WCWN-2 WPTZ-2 WNYA WNYT WPTZ	23.1 45.2 5.2 51.1 13.1 5.1	N N-M I-M I-M N N	Watertown, NY Albany, NY Schenectady, NY Plattsburgh, NY Albany, NY Albany, NY Plattsburgh, NY
	WXXA WCWN-2 WPTZ-2 WNYA WNYT WPTZ WXXA-2	23.1 45.2 5.2 51.1 13.1 5.1 23.2	N N-M I-M I-M N N I-M	Watertown, NY Albany, NY Schenectady, NY Plattsburgh, NY Albany, NY
	WXXA WCWN-2 WPTZ-2 WNYA WNYT WPTZ WXXA-2 WCFE	23.1 45.2 5.2 51.1 13.1 5.1 23.2 57.1	N N-M i-M i-M N N i-M E	Watertown, NY Albany, NY Schenectady, NY Plattsburgh, NY Albany, NY Albany, NY Albany, NY Albany, NY Plattsburgh, NY Albany, NY Plattsburgh, NY Plattsburgh, NY Plattsburgh, NY Plattsburgh, NY Plattsburgh, NY
	WXXA WCWN-2 WPTZ-2 WNYA WNYT WPTZ WXXA-2 WCFE WMHT	23.1 45.2 5.2 51.1 13.1 5.1 23.2 57.1 17.1	N N-M I-M I-M N N I-M E E	Watertown, NY Albany, NY Schenectady, NY Plattsburgh, NY Albany, NY Albany, NY Albany, NY Albany, NY Albany, NY Plattsburgh, NY Albany, NY Plattsburgh, NY Albany, NY Plattsburgh, NY Albany, NY Albany, NY Albany, NY
	WXXA WCWN-2 WPTZ-2 WNYA WNYT WPTZ WXXA-2 WCFE WMHT WNPI	23.1 45.2 5.2 51.1 13.1 5.1 23.2 57.1 17.1 18.1	N N-M i-M i-M N N i-M E E E	Watertown, NY Albany, NY Schenectady, NY Plattsburgh, NY Albany, NY Albany, NY Albany, NY Plattsburgh, NY Albany, NY Plattsburgh, NY Albany, NY Plattsburgh, NY Albany, NY Nabany, NY Nabany, NY Norwood, NY

all-band basis whose Special Instruction: eceivable if (1) it is on the basis of moni For detailed information paper SA1-2 form. Column 1: Identif Column 2: State of Column 3: If the r ignal, indicate this to Column 4: Give the Mexican or Canadian	ry radio station of e signals were ge s Concerning A carried by the sy toring, to be rece tion about the C fy the call sign of whether the stati radio station's sign by placing a chec he station's loca	carried on a separate and disc enerally receivable by your ca All-Band FM Carriage: Under vstem whenever it is received a eived at the headend, with the copyright Office regulations on f each station carried.	ble system during Copyright Office at the system's h system's FM and this point, see pa- sed by the cable he station is licer	g the accounti regulations, a eadend, and (tenna, during age (v) of the system as a s nsed by the FC	ing perio an FM si (2) it car certain general separate	od. ignal is generally n be expected, stated intervals. instructions in the.	H Primary Transmitters: Radio
eceivable if (1) it is of on the basis of moni- For detailed information opper SA1-2 form. Column 1: Identif Column 2: State Column 3: If the r signal, indicate this to Column 4: Give the Mexican or Canadian	carried by the sy toring, to be rece tion about the C by the call sign of whether the stati radio station's sign by placing a chec he station's local n stations, if any	Astem whenever it is received a eived at the headend, with the copyright Office regulations on f each station carried. ion is AM or FM. gnal was electronically proces ck mark in the "S/D" column. tion (the community to which the the community with which the	at the system's h system's FM and this point, see p sed by the cable he station is licer e station is identi	eadend, and (tenna, during age (v) of the system as a s nsed by the F0 fied).	(2) it car certain : general separate CC or, ir	n be expected, stated intervals. instructions in the. e and discrete n the case of	Transmitters
CALL SIGN AM I I	1 or FM S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN AM							

Accounting Perio	od: 2019/1					FOI	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Slic Network Solution	s, Inc. / 33	30 SH 11B,	Nicholville, NY 12965			63749
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G		
	In General: In space I, ident	ify every noi	nnetwork televis	ion program, broadcast by	a distant stat	ion, that your cable syst	em carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regul	ations, or authorizations	. For a further
Substitute	explanation of the programm				e general instr	uctions in the paper SA	1-2 form.
Carriage: Special	1. SPECIAL STATEMEN						
Statement and	During the accounting per	-	r cable system	carry, on a substitute bas	is, any nonnel		
Program Log	broadcast by a distant sta	tion?				YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete the progra	im
	log in block 2.						
	2. LOG OF SUBSTITUTI			ka lina. I laa ah kun viatiana i		cible if the in meaning i	-
	In General: List each subst clear. If you need more spa				wnerever pos	sible, if their meaning i	S
	Column 1: Give the title	of every no	nnetwork telev	sion program ("substitute			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categor						
	"NBA Basketball: 76ers vs.	Bulls."					
				"Yes." Otherwise enter "N sting the substitute progra			
	Column 4: Give the broa	adcast static	on's location (th	e community to which the	station is lice	nsed by the FCC or, in	
	the case of Mexican or Car	adian static	ns, if any, the	community with which the	station is iden	tified).	
	first. Example: for May 7 give		when your sys	tem carried the substitute	program. Use	numerals, with the mo	onth
			substitute pro	gram was carried by your	cable system.	List the times accurate	ely
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."	or "P" if tho	listed program	was substituted for progra	amming that y	our system was requir	ed
	to delete under FCC rules a						
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
		2. LIVE?	E PROGRAM			AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM — TO	
						-	
		1				_	
							""
						-	
		1				_	
							""
						_	
1	1	1			11		

Accounting Period:	2019/1 FORM SA1-2E. PAGE	Ξ6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I	
Name	Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965 6374	49
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 (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	
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-mon accounting period is \$52.00 Line 1. Royalty fee for accounting period	
	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 \$ 248,518.03	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K \$ 248,518.03	
	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 \$ 1,166.18	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 263,800.00	
	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) \$ 1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	_
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 1,166.18	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	1
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,186.18]
	EFT Trace # or TRANSACTION ID # 828190300	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7.
Name		FOWNER OF CABLE SYSTEM: Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965	SYSTEM ID# 63749
M Channels	to its subscribe1. Enter the tota system carrier2. Enter the tota on which the other	You must give (1) the number of channels on which the cable system carried television broadcast stations 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	23 305
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Kevin Lynch Telephone 315	5.328.9050
	Address	3330 State Highway 11B (Number, street, rural route, apartment, or suite number)	
		Nicholville, NY 12965 (City, town, state, zip)	
	Email	kevin.lynch@slic.com Fax (optional)	
O Certification		N (This statement of account must be certified and signed in accordance with Copyright Office regulations) ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Own	ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	ir	Int of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system n line 1 of space B and that the owner is not a corporation or partnership; or icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the owner owner of the owner of the owner of the owner o	
	 I have examine are true, complete 	n line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	
		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: Bradley Pattelli	
		Title: CEO (Title of official position held in corporation or partnership)	
		Date: 08/28/2019	

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 telephoin numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lave

Inting Period: 2019/1		
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
Network Solutions, Inc. / 3330 SH 11B, Nicholvil	lle, NY 12965	637
service of providing secondary transmissions of prima scribers and amounts collected from subscribers rece For more information on when to exclude these amounts, see located in the paper SA1-2 form. During the accounting period, did the cable system exclude a	ection 111(d)(1)(A), of the Copyright Act by adding the fol- ne gross amounts paid to the cable system for the basic ary broadcast transmitters, the system shall not include sub- eiving secondary transmissions pursuant to section 119." e the note on page (vii) of the general instructions	P Special Statemer Concerning Gros Receipts Exclusio
made by satellite carriers to satellite dish owners?		
X NO		
YES. Enter the total here and list the satellite carrier(s) be	elow	
Name	Name Mailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments	s submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of t		Q
For an explanation of interest assessment, see page (viii) of t	the general instructions located in the paper SA1-2 form.	Q Interest Assessm
	the general instructions located in the paper SA1-2 form.	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of t	the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of t	the general instructions located in the paper SA1-2 form.	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment.	the general instructions located in the paper SA1-2 form.	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment . Line 2 Multiply line 1 by the interest rate* and enter the sum	the general instructions located in the paper SA1-2 form. x n here x	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment.	the general instructions located in the paper SA1-2 form. x n here x	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter the	the general instructions located in the paper SA1-2 form. x n here x	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment . Line 2 Multiply line 1 by the interest rate* and enter the sum	the general instructions located in the paper SA1-2 form. x n here x	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter th Line 4 Multiply line 3 by 0.00274** and enter here	the general instructions located in the paper SA1-2 form. x n here x	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter the 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 	the general instructions located in the paper SA1-2 form. x	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter the 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 * To view the interest rate chart click on <i>www.copyright.ge</i> 	the general instructions located in the paper SA1-2 form. x	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter the 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 * To view the interest rate chart click on <i>www.copyright.ge</i> contact the Licensing Division at (202) 707-8150 or licentered 	the general instructions located in the paper SA1-2 form. x	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter the 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 * To view the interest rate chart click on <i>www.copyright.go</i> contact the Licensing Division at (202) 707-8150 or licenter ** This is the decimal equivalent of 1/365, which is the interest of list below the owner, address, first community served, ID num 	the general instructions located in the paper SA1-2 form. x	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment . Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter the 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, of * To view the interest rate chart click on <i>www.copyright.ge</i> contact the Licensing Division at (202) 707-8150 or licen ** This is the decimal equivalent of 1/365, which is the inter NOTE: If you are filing this worksheet covering a statement o list below the owner, address, first community served, ID num	the general instructions located in the paper SA1-2 form. x	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter the 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 * To view the interest rate chart click on <i>www.copyright.go</i> contact the Licensing Division at (202) 707-8150 or licenter ** This is the decimal equivalent of 1/365, which is the interest of list below the owner, address, first community served, ID num 	the general instructions located in the paper SA1-2 form. x	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment . Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter the 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 * To view the interest rate chart click on <i>www.copyright.ge</i> contact the Licensing Division at (202) 707-8150 or licen ** This is the decimal equivalent of 1/365, which is the inter NOTE: If you are filing this worksheet covering a statement o list below the owner, address, first community served, ID num Owner Address	the general instructions located in the paper SA1-2 form. x	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment . Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter the 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, o * To view the interest rate chart click on <i>www.copyright.ge</i> contact the Licensing Division at (202) 707-8150 or licen ** This is the decimal equivalent of 1/365, which is the inter NOTE: If you are filing this worksheet covering a statement o list below the owner, address, first community served, ID num Owner Address ID number	the general instructions located in the paper SA1-2 form. x	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of t Line 1 Enter the amount of late payment or underpayment . Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter the 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 * To view the interest rate chart click on <i>www.copyright.ge</i> contact the Licensing Division at (202) 707-8150 or licen ** This is the decimal equivalent of 1/365, which is the inter NOTE: If you are filing this worksheet covering a statement o list below the owner, address, first community served, ID num Owner Address	the general instructions located in the paper SA1-2 form. x	Q Interest Assessm

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