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	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	2-28-20	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING 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.	010609
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Ritter Cable Corporation	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Ritter Communications	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. Box 17040 (Number, street, rural route, apartment, or suite number)	
		Jonesboro, AR 72403 (City, town, state, zip)	
С		<b>CUCTIONS:</b> 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 the system of the system.	
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)	
	I		

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

Name         Ritter Cable Corporation           Image: Cable Corporation is use and sparate community spred by the cable system. A "community" is the same as a "community and "as define "source and sparate community of the cable system. A "community" is the same as a "community of a distinct community of the cable system. A "community is the same as a "community." First set is a the "first community." Heave use is a the first community of the provide the reported in parenthese the detified city.	
D       "a separate and distinct community or multiple entity (including unincorporated community with unincorporated areas and in discrete unincorporated areas.and into a st he "first community." Please use it as the first community on all future filings.         Area       Served         First       CITY OR TOWN         Served       CITY OR TOWN         Served       CITY OR TOWN         Served       Served         OIT OR TOWN       STATE         Mode serve increases.and in the first community of a served in parentheses to interficience in the server on the s	010609
Served  First Community  Not hows as becasary  I and a base of the served of the serve	luding single, ereafter known
First Community       Alpena       AR         Jasper       AR         Notes as Necessary       Everion       AR         Mountain Home       AR         Ast Rows as Necessary       Image: Second Sec	
Community       Jasper       AR         Mestern Grove       AR         Add Rows as Necessary       Mountain Home       AR         Mountain Home       AR         Image: Solution of the solution	
Western Grove       AR         Add Rows as Necessary       Evertion       AR         Mountain Home       AR         Add Rows as Mecessary       AR         Mountain Home       AR         Add Rows as Mecessary       AR         Add Rows as Mecessary       AR         Mountain Home       AR         Add Rows as Mecessary       AR         Add Rows as Mecessary <td></td>	
Everton       AR         Mountain Home       AR         AR       A	
Mountain Home       AR         And	

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM.							1-2E. PAG
Name	Ritter Cable Corporation							C I I	0106
Е	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
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							ng on the	
Service: Sub-	Number of Subscribers: Both						ole system	, broken	
scribers and	down by categories of secondary								
Rates	each category by counting the ne separately for the particular serv							charged	
	<b>Rate:</b> 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					in the count un	der "Servio	e to the	
	first set" and would be counted of					convice that are	different fr	om those	
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.				-	-			
	BLO						BLOCH		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:								
	Service to first set		192	29.95					
	<ul> <li>Service to additional set(s)</li> </ul>		I						
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		Nemiee		e				
-	In General: Space F calls for rat				-	l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, t								
0	service for a single fee. There ar		,		0		υ ( )		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		uouuny	billed. If driy it			abie pei pi	ogram baolo,	
	Block 1: Give the standard rat	الجنيط لممتمته مام	ne cable	avotom for or	ach of the a				
ransmissions:							period that		
ransmissions: Rates	Block 2: List any services that	your cable sys	tem furr	nished or offer				iuiiiuia	
	<b>Block 2:</b> List any services that listed in block 1 and for which a second service of the servic	your cable sys	tem furr e was m	nished or offer ade or establ					
	Block 2: List any services that	your cable sys separate chargotion and includ	tem furr e was m e the ra	nished or offer ade or establ					
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	your cable sys separate charg btion and includ BLOC	tem furr e was m e the ra CK 1	hished or offer hade or establ te for each.	ished. List	these other serv	vices in the	BLOCK 2	
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	your cable sys separate charg otion and includ BLOC RATE	tem furr e was m e the ra CK 1 CATEG	hished or offer hade or establ te for each. ORY OF SER	NICE		vices in the		RA
	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:	your cable sys separate charg otion and includ BLOC RATE	tem furr e was m e the ra CK 1 CATEG Installa	hished or offer lade or establ te for each. ORY OF SER tion: Non-res	NICE	these other serv	vices in the	BLOCK 2	RA
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	your cable sys separate charg otion and includ BLOC RATE	tem furr e was m e the ra CK 1 CATEG Installa • Mot	hished or offer hade or establ te for each. ORY OF SER	NICE	these other serv	vices in the	BLOCK 2	RA
	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	your cable sys separate charg otion and includ BLOC RATE 16.95	tem furr e was m e the ra <u>CK 1</u> <u>CATEG</u> Installa • Mot • Con	hished or offer hade or establ te for each. ORY OF SER tion: Non-res el, hotel	NICE	these other serv	vices in the	BLOCK 2	RA
	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—add'l channel	your cable sys separate charg otion and includ BLOC RATE 16.95	tem furr e was m e the ra CK 1 CATEG Installa • Mot • Con • Pay	nished or offer ade or establ te for each. ORY OF SER tion: Non-res el, hotel nmercial	NICE	these other serv	vices in the	BLOCK 2	RA
	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 • Fire protection	your cable sys separate charg otion and includ BLOC RATE 16.95	tem furr e was m e the ra <u>CK 1</u> <u>CATEG</u> Installa • Mot • Cor • Pay • Pay	nished or offer ade or establ te for each. ORY OF SER tion: Non-res el, hotel nmercial cable	NICE	these other serv	vices in the	BLOCK 2	E RA
	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 • Burglar protection	your cable sys separate charg otion and includ BLOC RATE 16.95	tem furr e was m e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	nished or offer nade or establ te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l c	NICE Sidential	these other serv	vices in the	BLOCK 2	E RA
	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 • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	your cable sys separate charg otion and includ BLOC RATE 16.95 10.00	tem furr e was m e the ra <u>CK 1</u> <u>CATEG</u> Installa • Mot • Cor • Pay • Pay • Fire • Burg	nished or offer nade or establ te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable cable-add'l cl protection	NICE Sidential	these other serv	vices in the	BLOCK 2	E RA
	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 • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	your cable sys separate charg otion and includ BLOC RATE 16.95 10.00	tem furr e was m e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Burg	ORY OF SER tion: Non-res el, hotel cable cable-add'l cl protection glar protectior	NICE Sidential	these other serv	vices in the	BLOCK 2	E RA
	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 • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	your cable sys separate charg otion and includ BLOC RATE 16.95 10.00	tem furr e was m e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Fire • Bur • Other s • Rec	ORY OF SER tion: Non-res el, hotel mmercial cable cable-add'l cl protection glar protectior ervices:	NICE Sidential	RATE	vices in the	BLOCK 2	RA
	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—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	your cable sys separate charg otion and includ BLOC RATE 16.95 10.00	tem furr e was m e the ra CK 1 CATEG Installa • Mot • Con • Pay • Fire • Bur • Con • Pay • Fire • Bur • Con • Con	Nished or offer nade or establ te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protectior cervices: onnect	NICE Sidential	RATE	vices in the	BLOCK 2	RA

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM II
me	Ritter Cable Corporat			01060
	PRIMARY TRANSMITTERS:			
ary itters: sion	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru- Do <i>not</i> list the station her station was carried <i>only</i> or List the station here, and basis. For further informatic <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carrie 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-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	κγτν	3	N	SPRINGFEILD, MO
	KOLR	10	Ν	
			IN	SPRINGFEILD, MO
ecessary	KOZL	27	N I	SPRINGFEILD, MO SPRINGFEILD, MO
cessary			   	
cessary	KOZL	27	N     N	SPRINGFEILD, MO
cessary	KOZL K15CZ	27 15	<u> </u>	SPRINGFEILD, MO SPRINGFEILD, MO
ecessary	KOZL K15CZ KSPR	27 15 33	       	SPRINGFEILD, MO SPRINGFEILD, MO SPRINGFEILD, MO
cessary	KOZL K15CZ KSPR KWBM	27 15 33 31	       	SPRINGFEILD, MO SPRINGFEILD, MO SPRINGFEILD, MO SPRINGFEILD, MO
cessary	KOZL K15CZ KSPR KWBM KOZK	27 15 33 31 21	               	SPRINGFEILD, MO SPRINGFEILD, MO SPRINGFEILD, MO SPRINGFEILD, MO SPRINGFEILD, MO
ecessary	KOZL K15CZ KSPR KWBM KOZK KEMV	27 15 33 31 21 6	               	SPRINGFEILD, MO SPRINGFEILD, MO SPRINGFEILD, MO SPRINGFEILD, MO SPRINGFEILD, MO MOUNTAIN VIEW, AR
cessary	KOZL K15CZ KSPR KWBM KOZK KEMV KTKO	27 15 33 31 21 6 8	               	SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         MOUNTAIN VIEW, AR         HARRISON, AR
cessary	KOZL K15CZ KSPR KWBM KOZK KEMV KTKO K26GS	27 15 33 31 21 6 8 26	               	SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         MOUNTAIN VIEW, AR         HARRISON, AR
ecessary	KOZL K15CZ KSPR KWBM KOZK KEMV KTKO K26GS KTHV	27 15 33 31 21 6 8 26 11	I I N I E E E I I I N	SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         MOUNTAIN VIEW, AR         HARRISON, AR         HARRISON, AR         LITTLE ROCK, AR
lecessary	KOZL K15CZ KSPR KWBM KOZK KEMV KTKO K26GS KTHV	27 15 33 31 21 6 8 26 11	I I N I E E E I I I N	SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         MOUNTAIN VIEW, AR         HARRISON, AR         HARRISON, AR         LITTLE ROCK, AR
Necessary	KOZL K15CZ KSPR KWBM KOZK KEMV KTKO K26GS KTHV	27 15 33 31 21 6 8 26 11	I I N I E E E I I I N	SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         MOUNTAIN VIEW, AR         HARRISON, AR         HARRISON, AR         LITTLE ROCK, AR
Vecessary	KOZL K15CZ KSPR KWBM KOZK KEMV KTKO K26GS KTHV	27 15 33 31 21 6 8 26 11	I I N I E E E I I I N	SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         MOUNTAIN VIEW, AR         HARRISON, AR         HARRISON, AR         LITTLE ROCK, AR
Vecessary	KOZL K15CZ KSPR KWBM KOZK KEMV KTKO K26GS KTHV	27 15 33 31 21 6 8 26 11	I I N I E E E I I I N	SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         MOUNTAIN VIEW, AR         HARRISON, AR         HARRISON, AR         LITTLE ROCK, AR
lecessary	KOZL K15CZ KSPR KWBM KOZK KEMV KTKO K26GS KTHV	27 15 33 31 21 6 8 26 11	I I N I E E E I I I N	SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         MOUNTAIN VIEW, AR         HARRISON, AR         HARRISON, AR         LITTLE ROCK, AR
Necessary	KOZL K15CZ KSPR KWBM KOZK KEMV KTKO K26GS KTHV	27 15 33 31 21 6 8 26 11	I I N I E E E I I I N	SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         MOUNTAIN VIEW, AR         HARRISON, AR         HARRISON, AR         LITTLE ROCK, AR
Necessary	KOZL K15CZ KSPR KWBM KOZK KEMV KTKO K26GS KTHV	27 15 33 31 21 6 8 26 11	I I N I E E E I I I N	SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         MOUNTAIN VIEW, AR         HARRISON, AR         HARRISON, AR         LITTLE ROCK, AR
Necessary	KOZL K15CZ KSPR KWBM KOZK KEMV KTKO K26GS KTHV	27 15 33 31 21 6 8 26 11	I I N I E E E I I I N	SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         MOUNTAIN VIEW, AR         HARRISON, AR         HARRISON, AR         LITTLE ROCK, AR
Necessary	KOZL K15CZ KSPR KWBM KOZK KEMV KTKO K26GS KTHV	27 15 33 31 21 6 8 26 11	I I N I E E E I I I N	SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         SPRINGFEILD, MO         MOUNTAIN VIEW, AR         HARRISON, AR         HARRISON, AR         LITTLE ROCK, AR

EGAL NAME OF			'STEM:					SYSTEM II 0106
	t every radio s	station ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing give the station	y the sys be recein to the Co sign of e the static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Ritter Cable Corporation	on						010609
	SUBSTITUTE CARRIAG				2			
1	In General: In space I, identi					ion that you	ur aabla avata	m corried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special	• During the accounting per	iod, did you	r cable system	carry, on a substitute basis	s, any nonne	work telev	ision progran	n
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram Log	Note: If your answer is "No	' leave the	rest of this nac	e blank. If vour answer is "	Ves " vou mi	ıst complet	-	
	log in block 2.	, leave the			res, you me	ist complet	e the program	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible, if the	ir meaning is	;
	clear. If you need more spa					4		
	period, was broadcast by a			ision program ("substitute p ur cable system substituter				
	under certain FCC rules, re							
	Do not use general categor		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Lo	ove Lucy" or	
	"NBA Basketball: 76ers vs.		lcast live ente	r "Yes." Otherwise enter "N	o."			
				isting the substitute program				
				ne community to which the			e FCC or, in	
	the case of Mexican or Can			community with which the s tem carried the substitute p			with the mor	ath
	first. Example: for May 7 giv		when you sys		nogram. Ose	numerais,		101
	Column 6: State the time	es when the		gram was carried by your o				ly
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	mming that v	our svstem	was require	d
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period;	enter the let	ter "P" if the	e listed progr	
	was substituted for program		our system wa	s permitted to delete under	FCC rules a	nd regulati	ons in	
	effect on October 19, 1976.							
						N SUBST		
	S	UBSTITU	E PROGRAM	1		AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. <sup>-</sup> FROM	TIMES — TO	DEELIION
		163 01 110	CALL SIGN	4. STATION S ECCATION	AND DAT	TROW		
							_	
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Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Ritter Cable Corporation	S	YSTEM ID# 010609
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	<mark>1,949.80</mark>
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 \$2 • 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	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00 Line 1. Royalty fee for accounting period		<u>52.00</u> 0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3	<u> </u>	
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		0.00
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: prporation			SYSTEM ID# 010609
M Channels	to its subscribers 1. Enter the total	s, and (2) the cable system's number of channels on whi	total numl	Is on which the cable system carried television broadcast station per of activated channels during the accounting period. le	ıs 12
	2. Enter the total on which the ca	number of activated channe able system carried televisio	els n broadcas		82
N Individual to Be Contacted		BE CONTACTED IF FURT about this statement of acco		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Caleb Smith		Telepho	ne <u>870-336-2311</u>
	Address	2400 Ritter Drive (Number, street, rural route, apa Jonesboro, AR 724 (City, town, state, zip)		ite number)	
	Email	caleb.smith@	eritter.con	n Fax (optional)	
O Certification	I, the undersigned     (Owne     (Agenting     (Agenting     (Afficial in     )     X     (Official in     )     I have examined	ed, hereby certify that (Check <b>r other than corporation or</b> <b>t of owner other than corpo</b> line 1 of space B and that the <b>er or partner</b> ) I am an officer line 1 of space B. I the statement of account and e, and correct to the best of m	one, <i>but on</i> partnershi ration or pa owner is no (if a corpor	rtified and signed in accordance with Copyright Office regulation <i>ly one</i> , of the boxes.) <b>p)</b> I am the owner of the cable system as identified in line 1 of space <b>artnership)</b> I am the duly authorized agent of the owner of the cable of a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified as o clare under penalty of law that all statements of fact contained here le, information, and belief, and are made in good faith.	e B; or e system as identified wner of the cable system
				/s/ Lexanne Horton electronic signature on the line above to certify this statement. mature using an "/s/ signature" (e.g., /s/ John Smith)	_
		Typed or printe	ed name:	Lexanne Horton	
		Title: (Title o	Contr f official posit	oller ion held in corporation or partnership)	
		Date:		2/25/2020	
				e Convright Office to collect the personally identifying information (PII	

Firvacy 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 telephol 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 telephol 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 lav

L NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PA
er Cable Corporation	010
<b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b> The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-	_
lowing sentence:	P
"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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Special Stateme Concerning Gro
	Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
	_
Name Name	
Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
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