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	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/19/2020	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
	OV THIS STATEMENT. (V)	(VV/(Doriod))	

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/2 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
		Adams CATV, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		19 North Main Street (Number, street, rural route, apartment, or suite number)
		Carbondale, PA 18407 (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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		Windsor System Adams CATV, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	19 North Main Street (Number, street, rural route, apartment, or suite number)
		Carbondale, PA 18407 (City, town, state, zip code)
L		

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 suffciency of the fing, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Adams CATV, Inc.	271
	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated co	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	st will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Town of Afton	NY
Community	Town of Kirkwood	NY
	Village of Windsor	NY
d Rows as Necessary	Town of Windsor	NY
	Town of Colesville	NY
	Town of Sanford	NY
	Village of Deposit	NY
	Town of Deposit	NY

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM I
Name	Adams CATV, Inc.	ABEL OTOTEM.						010	271
Е	SECONDARY TRANSMISSION								
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
ransmission	last day of the accounting period							5	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the n								
Rales	separately for the particular serv							charged	
	Rate: Give the standard rate c	harged for each	categ	ory of service.	nclude bo	th the amount of	the charg		
	unit in which it is generally billed				ny standar	d rate variations	within a p	particular rate	
	category, but do not include disc				ios of soci	ndany transmiss	ion convic	o that cable	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity	should be count	ted as	a subscriber in	each appl	icable category.	Example:	a residential	
	subscriber who pays extra for ca					in the count und	ler "Servio	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a						<i>,</i> ·		
	sufficient.	0.014.4					DI 00	<u> </u>	
	BLU	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	VICE	SUBSCRIBERS	RA
	Residential:								
	Service to first set	1	,887	26.99					
	 Service to additional set(s) 			-					
	• FM radio (if separate rate)			-					
	Motel, hotel								
	Commercial		0	\$10 per set					
	Converter								
	Residential	1	,887						
	Non-residential		0						
	SERVICES OTHER THAN SEC		PIMP		S				
F	In General: Space F calls for rat					l your cable syst	em's servi	ices that were	
F	not covered in space E, that is, t	hose services th	nat are	not offered in a	combinatio	n with any secor	ndary tran	smission	
	service for a single fee. There ar	•			•				
Comilana	furnished at cost or (2) services	or facilities furni) nonsuoschoe				bountine	
Services Other Than	amount of the charge and the un							ogram basis	
Services Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the	it in which it is ι rate column.	usually	billed. If any ra	tes are ch	arged on a varia	ble per-pr	ogram basis,	
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat	hit in which it is ι rate column. te charged by th	usually e cable	billed. If any ra	tes are ch ch of the a	arged on a varia	ble per-pr es listed.	-	
Other Than Secondary	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	hit in which it is u rate column. te charged by th t your cable syst	usually le cable tem fur	billed. If any ra e system for ea nished or offer	tes are ch ch of the a ed during t	arged on a varia opplicable service he accounting p	ble per-pr es listed. eriod that	were not	
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat	hit in which it is u rate column. te charged by th t your cable syst separate charge	usually e cable tem fur e was r	billed. If any ra e system for ea nished or offer nade or establi	tes are ch ch of the a ed during t	arged on a varia opplicable service he accounting p	ble per-pr es listed. eriod that	were not	
Other Than Secondary ransmissions:	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	hit in which it is u rate column. te charged by th t your cable syst separate charge otion and include	usually te cable tem fur e was r e the ra	billed. If any ra e system for ea nished or offer nade or establi	tes are ch ch of the a ed during t	arged on a varia opplicable service he accounting p	ble per-pr es listed. eriod that	were not form of a	
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Other Than Secondary ransmissions:	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	hit in which it is u rate column. te charged by th t your cable syst separate charge ption and include BLOC RATE	usually te cable tem fur was r was r the ra CK 1 CATEC	billed. If any ra e system for ea nished or offer nade or establi ate for each.	tes are ch ch of the a ed during t shed. List	arged on a varia opplicable service he accounting p	ble per-pr es listed. eriod that ices in the	were not form of a BLOCK 2	RA
Other Than Secondary ransmissions:	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	hit in which it is u rate column. te charged by th t your cable syst separate charge ption and include BLOC RATE	usually te cable tem fur e was r e the ra CATEC	billed. If any ra e system for ea nished or offer- nade or establi ate for each. GORY OF SER	tes are ch ch of the a ed during t shed. List	arged on a varia opplicable servic he accounting p these other serv	ble per-pr es listed. eriod that ices in the CATEG	were not form of a BLOCK 2	RA 50
Other Than Secondary ransmissions:	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:	hit in which it is u rate column. te charged by th t your cable syst separate charge ption and include BLOC RATE	usually te cable tem fur e was r e the ra <u>CATEC</u> Installa • Mo	billed. If any ra e system for ea nished or offer nade or establi ate for each. GORY OF SER ation: Non-res	tes are ch ch of the a ed during t shed. List	arged on a varia opplicable service he accounting p these other serv	ble per-pr es listed. eriod that ices in the CATEG	were not form of a BLOCK 2 ORY OF SERVICE	
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Other Than Secondary ransmissions:	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—add'l channel	hit in which it is u rate column. te charged by th t your cable syst separate charge ption and include BLOC RATE	usually e cable tem fur e was r e the ra CATEC Installa • Mo • Col • Pay	billed. If any ra e system for ea nished or offer- nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial	tes are ch ch of the a ed during t shed. List VICE idential	arged on a varia applicable service he accounting p these other serv RATE 40.00	ble per-pr es listed. eriod that ices in the CATEGO Expano HBO/M	were not form of a BLOCK 2 ORY OF SERVICE ded Basic ax	50 20 16
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	LECAL NAME OF OWNER OF			SYSTEM ID#
ne	LEGAL NAME OF OWNER OF Adams CATV, Inc.	- CABLE SYSTEM:		27177
	PRIMARY TRANSMITTERS:			
ary hitters: ision	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do not list the station here station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on 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 to Column 4: Give the locatio	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carrier 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-ti he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent station, in the paper SA1-2 form. the community to which the station in	me basis under ims [sections ions carried on a postitute program log)—if the o on some other ons. PN, etc. Identify each rt multistream the air in its community 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
	WBNG	12	N	Binghamton, NY
	WBNG WICZ	12 40	N I	Binghamton, NY Binghamton, NY
isary	WBNG WICZ WBGH-CA	12 40 20	N I N	Binghamton, NY
ssary	WICZ	40		
ssary	WICZ WBGH-CA	40 20	I N	Binghamton, NY Binghamton, NY Binghamton, NY
essary	WICZ WBGH-CA WIVT	40 20 34	I N	Binghamton, NY Binghamton, NY
ssary	WICZ WBGH-CA WIVT WBPN-LP	40 20 34 10	I N N I	Binghamton, NY Binghamton, NY Binghamton, NY Binghamton, NY Scranton, PA
isary	WICZ WBGH-CA WIVT WBPN-LP WVIA	40 20 34 10 44	I N N I	Binghamton, NY Binghamton, NY Binghamton, NY Binghamton, NY
essary	WICZ WBGH-CA WIVT WBPN-LP WVIA WBXI-CA	40 20 34 10 44 38	I N N I E I	Binghamton, NYBinghamton, NYBinghamton, NYBinghamton, NYScranton, PABinghamton, NY
cessary	WICZ WBGH-CA WIVT WBPN-LP WVIA WBXI-CA	40 20 34 10 44 38	I N N I E I	Binghamton, NYBinghamton, NYBinghamton, NYBinghamton, NYScranton, PABinghamton, NY
cessary	WICZ WBGH-CA WIVT WBPN-LP WVIA WBXI-CA	40 20 34 10 44 38	I N N I E I	Binghamton, NYBinghamton, NYBinghamton, NYBinghamton, NYScranton, PABinghamton, NY
ecessary	WICZ WBGH-CA WIVT WBPN-LP WVIA WBXI-CA	40 20 34 10 44 38	I N N I E I	Binghamton, NYBinghamton, NYBinghamton, NYBinghamton, NYScranton, PABinghamton, NY
cessary	WICZ WBGH-CA WIVT WBPN-LP WVIA WBXI-CA	40 20 34 10 44 38	I N N I E I	Binghamton, NYBinghamton, NYBinghamton, NYBinghamton, NYScranton, PABinghamton, NY
lecessary	WICZ WBGH-CA WIVT WBPN-LP WVIA WBXI-CA	40 20 34 10 44 38	I N N I E I	Binghamton, NYBinghamton, NYBinghamton, NYBinghamton, NYScranton, PABinghamton, NY
lecessary	WICZ WBGH-CA WIVT WBPN-LP WVIA WBXI-CA	40 20 34 10 44 38	I N N I E I	Binghamton, NYBinghamton, NYBinghamton, NYBinghamton, NYScranton, PABinghamton, NY
lecessary	WICZ WBGH-CA WIVT WBPN-LP WVIA WBXI-CA	40 20 34 10 44 38	I N N I E I	Binghamton, NYBinghamton, NYBinghamton, NYBinghamton, NYScranton, PABinghamton, NY
lecessary	WICZ WBGH-CA WIVT WBPN-LP WVIA WBXI-CA	40 20 34 10 44 38	I N N I E I	Binghamton, NYBinghamton, NYBinghamton, NYBinghamton, NYScranton, PABinghamton, NY
lecessary	WICZ WBGH-CA WIVT WBPN-LP WVIA WBXI-CA	40 20 34 10 44 38	I N N I E I	Binghamton, NYBinghamton, NYBinghamton, NYBinghamton, NYScranton, PABinghamton, NY
Necessary	WICZ WBGH-CA WIVT WBPN-LP WVIA WBXI-CA	40 20 34 10 44 38	I N N I E I	Binghamton, NYBinghamton, NYBinghamton, NYBinghamton, NYScranton, PABinghamton, NY
ecessary	WICZ WBGH-CA WIVT WBPN-LP WVIA WBXI-CA	40 20 34 10 44 38	I N N I E I	Binghamton, NYBinghamton, NYBinghamton, NYBinghamton, NYScranton, PABinghamton, NY
Necessary	WICZ WBGH-CA WIVT WBPN-LP WVIA WBXI-CA	40 20 34 10 44 38	I N N I E I	Binghamton, NYBinghamton, NYBinghamton, NYBinghamton, NYScranton, PABinghamton, NY
Vecessary	WICZ WBGH-CA WIVT WBPN-LP WVIA WBXI-CA	40 20 34 10 44 38	I N N I E I	Binghamton, NYBinghamton, NYBinghamton, NYBinghamton, NYScranton, PABinghamton, NY

Accounting P	eriod: 2019	/2					FORM	/I SA1-2E. PAGE 4
		CABLE SY	/STEM:					SYSTEM ID
Adams CAT	v, inc.							2717
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried b monitoring, to prmation abou rm. Identify the call tate whether if the radio stat this by placing tive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s he station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		0.15				0 (D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
<u>N/A</u>								
	·							

Accounting Perio	d: 2019/2						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Adams CATV, Inc.						27177
					_		
	SUBSTITUTE CARRIAGI	-	-				
I	In General: In space I, identi						
	substitute basis during the a explanation of the programm						
Substitute Carriage:					e general instru		
Special	1. SPECIAL STATEMEN	-					
Statement and	During the accounting per	-	r cable system	carry, on a substitute basi	s, any nonnei		
Program Log	broadcast by a distant sta	tion?					
	Note: If your answer is "No"	', leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	st complete the	program
	log in block 2.						
	2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each subst				wherever pos	sible, if their mea	aning is
	clear. If you need more spa				orogram") that	t during the ease	ounting
	period, was broadcast by a			sion program ("substitute ur cable system substitute			
	under certain FCC rules, re						
	Do not use general categor	ies like "mo					
	"NBA Basketball: 76ers vs.						
				"Yes." Otherwise enter "N			
				sting the substitute progra to community to which the		nsed by the ECC	or in
	the case of Mexican or Can						, or, m
				tem carried the substitute			he month
	first. Example: for May 7 giv						
				gram was carried by your			
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:26	8:30 p.m. should	be
		er "R" if the	listed program	was substituted for progra	mming that ve	our system was	required
	to delete under FCC rules a						
	was substituted for program	ming that y					
	effect on October 19, 1976.						
							-
			E PROGRAM	l		N SUBSTITUTI AGE OCCURR	
		2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то
	N/A						
						—	
						_	
						_	
						_	
						_	
						_	
1						— — —	

Accounting Period:	2019/2			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Adams CATV, Inc.			Ş	8YSTEM ID# 27177
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatio 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 receipting from subscribers for secondary transmission.	ystem's s on of how	econdary trans to compute this	mission servi s amount, see \$ 46	се
Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00				1
	Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add line	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS				
	1. Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 a	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	\$	467,448.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	203,648.00		
	4. Multiply line 3 by .01		\$	2,036.48	
	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	5, and 6 .		\$	3,355.48
	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)		\$	3,355.48	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,375.48
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Adams CATV, Inc.	SYSTEM ID# 27177
M Channels	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. 1. Enter the total number of channels on which the cable system carried television broadcast stations	8 362
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Wendy Hartman Telephone 570	-282-6121
	Address 19 North Main Street (Number, street, rural route, apartment, or suite number) Carbondale, PA 18407 (City, town, state, zip)	
	Email wendy@echoes.net Fax (optional) 570-282-3787	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, 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 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 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. [18 U.S.C., Section 1001(1986)] (X /s/Douglas V.R. Adams 	
	Typed or printed name: Douglas V.R. Adams Title: President (Title of official position held in corporation or partnership) Date: 2/13/20	

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

	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ms CATV, Inc.	271
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 fol- lowing 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 sub- scribers 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	P Special Statemen Concerning Gros Receipts Exclusio
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 Mailing Address Mailing Address	
	n
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	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	Interest Assessme
×	
	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days	-
	-
x x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 -	-
x	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 - Line 4 Multiply line 3 by 0.00274** and enter here -	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x 0.00274 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 \$	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x 0.00274 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 - * - (interest charge) * * 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@loc.gov.	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - x 0.00274 - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - <td>-</td>	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - x 0.00274 - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - <td></td>	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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