This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY								
AMOUNT								
\$ ALLOCATION NUMBER								

Return completed workbook by email to:

### coplicsoa@copyright.gov

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

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
Accounting		Barcode Data Filing Period (optional - see instructions)					
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						
		MICHIGAN CABLE PARTNERS INC.					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		PO BOX 100					
		(Number, street, rural route, apartment, or suite number)					
		MONTAGUE, MI 49437 (City, town, state, zp)					
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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	_	IDENTIFICATION OF CABLE SYSTEM:					
	1	MICOM					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rural route, apartment, or suite number)					
		(City, town, state, zip code)					

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

Accounting Period:	,	FORM SA1-2E. PAGE 1b.					
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	MICHIGAN CABLE PARTNERS INC. 4744						
	Instructions: List each separate community served by the cable system. A "c	community" is the same as a "community unit" as defined in FCC rules:					
D	"a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter known ilings.					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile nome parks snould be reported in parentneses below the					
	CITY OR TOWN	STATE					
First	CITY OF WHITE CLOUD	MI					
Community	VILLAGE OF BALDWIN	MI					
	BIG PRAIRIE TOWNSHIP	MI					
Add Rows as Necessary	CROTON TOWNSHIP	MI					
	HESPERIA VILLAGE	MI					
	***************************************						

Accounting Period: 2019/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA1-2E. PAGE 2.

SYSTEM ID#

4744

### MICHIGAN CABLE PARTNERS INC.

## E

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK	< 2		
CATEGORY OF SERVICE	NO. OF	RATE	CATEGORY OF SERVICE	NO. OF	RATE
Residential:	SUBSCRIBERS	RAIE	CATEGORY OF SERVICE	SUBSCRIBERS	KAIL
<ul> <li>Service to first set</li> </ul>	1,061	25.95	SELECT	708	68.95
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial					
Converter					
<ul> <li>Residential</li> </ul>	962	5.00			
Non-residential					
	[	1		1	

# F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	15.00	Motel, hotel	95.00		
<ul> <li>Pay cable—add'l channel</li> </ul>	-	Commercial	-		
Fire protection	-	• Pay cable	-		
•Burglar protection	-	Pay cable-add'l channel	-		
Installation: Residential		Fire protection	-		
First set	-	Burglar protection	-		
Additional set(s)	35.00	Other services:			
• FM radio (if separate rate)	-	Reconnect	35.00		
Converter	5.00	Disconnect	-		
		Outlet relocation	35.00		
		Move to new address	65.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4744

### MICHIGAN CABLE PARTNERS INC.

G

### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WFQX	5	N	CADILLAC MI
WPBN	7	N	TRAVERSE CITY MI
WOOD	8	N	GRAND RAPIDS MI
WWUP	9	N	SAULT STE MARIE MI
WGVU	12	E	GRAND RAPIDS MI
WZZM	13	N	GRAND RAPIDS MI

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### MICHIGAN CABLE PARTNERS INC.

4744

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	<del> </del>						
	<del> </del>						
	<del> </del>						
	<del> </del>						
	<b></b>						
	<b></b>						
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	T						
						<u> </u>	

nd: 2019/1						FOR	M SA1-2E. PAGE 5.
LEGAL NAME OF OWNER OF						PORI	SYSTEM ID#
SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN	E: SPECIA ify every no. ccounting p ning that mu T CONCER	AL STATEME nnetwork telev. eriod, under sp st be included	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE	a distant sta CC rules, reg he general ins	ulations, or structions ir	authorization the paper S	tem carried on a ns. For a further A1-2 form.
<b>Note:</b> If your answer is "No log in block 2.	", leave the	<u> </u>	age blank. If your answer is	s "Yes," you r	must comp	YES	yram
clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the program ("certain FCC rules, regulations, or authorizations. See page (v) of the general instruction on the general categories like "movies" or "basketball." List specific program titles, for et "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is lice the case of Mexican or Canadian stations, if any, the community with which the station is ide Column 5: Give the month and day when your system carried the substitute program. Us first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6: stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the let.							ing station tion. or  in nonth ately
		·		WHEN SUBSTITUTE			
TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	7. REASON FOR DELETION
	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN  • During the accounting per broadcast by a distant sta  Note: If your answer is "Not log in block 2.  2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	MICHIGAN CABLE PARTNERS  MICHIGAN CABLE PARTNERS  SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every no substitute basis during the accounting pexplanation of the programming that mu  1. SPECIAL STATEMENT CONCER  • During the accounting period, did you broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograclear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant station under certain FCC rules, regulations, on Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast statif the case of Mexican or Canadian statification of the Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when the to the nearest five minutes. Example: stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the to delete under FCC rules and regulation was substituted for programming that effect on October 19, 1976.	MICHIGAN CABLE PARTNERS INC.  SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork televisubstitute basis during the accounting period, under spexplanation of the programming that must be included  1. SPECIAL STATEMENT CONCERNING SUBS • During the accounting period, did your cable systeme broadcast by a distant station?  Note: If your answer is "No", leave the rest of this participate in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork teleperiod, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enticolumn 3: Give the call sign of the station broadce Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute proto the nearest five minutes. Example: a program car stated as "6:00—6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	MICHIGAN CABLE PARTNERS INC.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LO In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of te  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute ba broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitut under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter ' Column 3: Give the call sign of the station broadcasting the substitute program use of Mexican or Canadian stations, if any, the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for program to delete under FCC rules and regulations in effect during the accounting peric was substituted for programming that your system was permitted to delete underfect on October 19, 1976.	BUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant sta substitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general in:  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any noni broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you note in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever perioder. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") to period, was broadcast by a distant station and that your cable system substituted for the punder certain FCC rules, regulations, or authorizations. See page (v) of the general instruct Do not use general categories like "movies" or "basketball." List specific program titles, for a "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 5: Give the month and day when your system carried the substitute program. Ufirst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable syste to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6 stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the was substituted for programming that your system was permitted to delete under FCC rules effect on October 19, 1976.	BUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that ye substitute basis during the accounting period, under specific present and former FCC rules, regulations, or explanation of the programming that must be included in this log, see page (v) of the general instructions in 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  **During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork tele broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if to clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during period, was broadcast by a distant station and that your cable system substituted for the programming under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for fur Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program. Use numera first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried the substitute program. Use numera first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. to 6:28:30 p.m. to 6:20-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system to	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MICHIGAN CABLE PARTNERS INC.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable sys substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizatio explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper S  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television prog broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prog log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program "substitute program") that, during the account period, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informa Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, the case of Mexican or Canadian stations, if any, the community with which the station is locentified).  Column 6: State the times when the substitute program was carried by your cable system. List the times accurt to the nearest f

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MICHIGAN CABLE PARTNERS INC.	Sì	STEM ID# 4744					
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service amount, se	5,197.70					
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 \$263,80  • 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 th accounting period is \$52.00  Line 1. Royalty fee for accounting period	is six-month						
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	Line 2. Interest orange. Lines the amount nonline 4, space Q, page 0		0.00					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	10)						
	1. Base amount under statutory formula							
	2. Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1							
		55,197.70						
		98,602.30						
		66,595.40						
	7. Multiply line 6 by .005 (enter figure here)		332.98					
	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	\$	332.98					
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)						
	Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula							
	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 Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	332.98						
	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	\$	352.98					
	EFT Trace # or TRANSACTION ID # 2693TJS8							
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more							

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER MICHIGAN CABLE PA			SYSTEM ID# 4744
M Channels	to its subscribers, and (2  1. Enter the total numbe system carried television  2. Enter the total numbe on which the cable sys	2) the cable system's total nur er of channels on which the ca on broadcast stations er of activated channels stem carried television broadc	east stations	76
N Individual to	INDIVIDUAL TO BE CO		FORMATION IS NEEDED (Identify an individual to whom	
Be Contacted for Further Information	Name CHR	RISTINE JONES	Telephone 2	31-893-7500
	(Number	or, street, rural route, apartment, or straGUE MI 49437  own, state, zip)  cjones@micomcable.		
O Certification	Owner other  (Agent of owr in line 1 of in	than corporation or partners  mer other than corporation or is space B and that the owner is artner) I am an officer (if a corporation B.	ship) I am the owner of the cable system as identified in line 1 of space B; r partnership) I am the duly authorized agent of the owner of the cable system as corporation or partnership; or poration) or a partner (if a partnership) of the legal entity identified as ownership).	rstem as identified
		correct to the best of my knowle	declare under penalty of law that all statements of fact contained herein edge, information, and belief, and are made in good faith.	
			/s/ Christine Jones an electronic signature on the line above to certify this statement. signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name	E CHRISTINE JONES	
			ICE ADMINISTRATOR sition held in corporation or partnership)	
		Date:	JUNE 2, 2020	

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 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 sufficiency of the fling, a determination that would be made by a court of law.

ounting Period: 2019/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CHIGAN CABLE PARTNERS INC.	4744
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	- - - -
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum herex days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number First community served Accounting period	

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