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> For additional information,
General instructions are located in the first tab of this workbook	2-28-20	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

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.	61833
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		ADVANCED TELEPHONE SYSTEMS, INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		HTC COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		75 MAIN STREET (Number, street, rural route, apartment, or suite number)	
		HICKORY, PA 15340-1118 (City, town, state, zip)	
<u> </u>	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system ι	unless these
С	names	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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	ADVANCED TELEPHONE SYSTEMS, INC	61833
D	Instructions: List each separate community served by the cable system. A "community" "a separate and distinct community or municipal entity (including unincorporated comm discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	nunities within unincorporated areas and including single, will serve as a form of system identification hereafter known
Area Served	identified city.	ne parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	MT PLEASANT TOWNSHIP	PA
Community	CROSS CREEK TOWNSHIP	PA
		PA
Add Rows as Necessary	CHARTIERS TOWNSHIP CECIL TOWNSHIP	PA PA
	HOUSTON BOROUGH	PA PA
	SMITH TOWNSHIP	ΡΑ

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	ADVANCED TELEPHON		S, INC						6183
_	SECONDARY TRANSMISSION	SERVICE: SI	IBSCRIF	SERS AND RA	TES				
E	In General: The information in s		-	-	-	y transmission s	service of th	e cable	
	system, that is, the retransmissic	on of television	and radi	o broadcasts b	y your sy	stem to subscri	bers. Give i	nformation	
Secondary	about other services (including p						hose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla svetam	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular servi								
	Rate: Give the standard rate cl								
	unit in which it is generally billed. category, but do not include disc				y standal		s within a p		
	Block 1: In the left-hand block				es of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide	e to their subsc	ribers. G	ive the number	of subsc	ribers and rate	for each list	ed category	
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system h					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	and rates, in the	e right-ha	and block. A two	o- or thre	e-word descript	ion of the s	ervice is	
	sufficient.	DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODOCIMD			0,111			0020011122110	
	Service to first set		822	20.00					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES					
F	In General: Space F calls for rat	•	,		•				
	not covered in space E, that is, the								
Services	service for a single fee. There are furnished at cost or (2) services of								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-			
ransmissions:	Block 1: Give the standard rate							vara nat	
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV	/ICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-resi	dential				
	Pay cable		• Mote	el, hotel			EXPAN	DED BASIC	58.9
	 Pay cable—add'l channel 		• Con	nmercial			TIER		20.9
	Fire protection		• Pay	cable			CINEM	4X	11.6
	•Burglar protection		• Pay	cable-add'l cha	annel		SHOW	IME	19.5
	Installation: Residential		• Fire	protection			STARZ		19.5
	• First set		• Burg	glar protection			HBO		22.5
	 Additional set(s) 		Other s	ervices:					
		P					[Т
	• FM radio (if separate rate)		• Rec	onnect					
				onnect connect					
	• FM radio (if separate rate)		• Disc						

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	ADVANCED TELEPH	ONE SYSTEMS, INC		61
	PRIMARY TRANSMITTERS:	TELEVISION		
G smitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eact educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- ictions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections rations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDKA	25	N	PITTSBURGH, PA
	WTAE	27	N	PITTSBURGH, PA
as Necessary	WPXI	23	N	PITTSBURGH, PA
	WQED	4	E	PITTSBURGH, PA
1		11	Ν	
	WPCW	11	14	MONROEVILLE, PA
	WPCW WPCB	28	N	TURTLE CREEK, PA
	WPCB	28	N	TURTLE CREEK, PA
	WPCB	28	N	TURTLE CREEK, PA
	WPGH	20	N	PITTSBURGH, PA
	WPCB	28	N	TURTLE CREEK, PA
	WPGH	20	N	PITTSBURGH, PA
	WPNT	21	N	PITTSBURGH, PA
	WPCB	28	N	TURTLE CREEK, PA
	WPGH	20	N	PITTSBURGH, PA
	WPNT	21	N	PITTSBURGH, PA
	WPCB	28	N	TURTLE CREEK, PA
	WPGH	20	N	PITTSBURGH, PA
	WPNT	21	N	PITTSBURGH, PA
	WPCB	28	N	TURTLE CREEK, PA
	WPGH	20	N	PITTSBURGH, PA
	WPNT	21	N	PITTSBURGH, PA
	WPCB	28	N	TURTLE CREEK, PA
	WPGH	20	N	PITTSBURGH, PA
	WPNT	21	N	PITTSBURGH, PA
	WPCB	28	N	TURTLE CREEK, PA
	WPGH	20	N	PITTSBURGH, PA
	WPNT	21	N	PITTSBURGH, PA
	WPCB	28	N	TURTLE CREEK, PA
	WPGH	20	N	PITTSBURGH, PA
	WPNT	21	N	PITTSBURGH, PA
	WPCB	28	N	TURTLE CREEK, PA
	WPGH	20	N	PITTSBURGH, PA
	WPNT	21	N	PITTSBURGH, PA
	WPCB	28	N	TURTLE CREEK, PA
	WPGH	20	N	PITTSBURGH, PA
	WPNT	21	N	PITTSBURGH, PA
	WPCB	28	N	TURTLE CREEK, PA
	WPGH	20	N	PITTSBURGH, PA
	WPNT	21	N	PITTSBURGH, PA
	WPCB	28	N	TURTLE CREEK, PA
	WPGH	20	N	PITTSBURGH, PA
	WPNT	21	N	PITTSBURGH, PA
	WPCB	28	N	TURTLE CREEK, PA
	WPGH	20	N	PITTSBURGH, PA
	WPNT	21	N	PITTSBURGH, PA
	WPCB	28	N	TURTLE CREEK, PA
	WPGH	20	N	PITTSBURGH, PA
	WPNT	21	N	PITTSBURGH, PA

Accounting P	eriod: 2019	/2					FORM	/I SA1-2E. PAGE 4
								SYSTEM ID
ADVANCED	TELEPHO	NE SYS	STEMS, INC					6183
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of a 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 about m. dentify the call tate whether a 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 the whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. In is AM or FM. In al was electronically process of wark in the "S/D" column. In the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, 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, tated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		1		1	r			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2019/2						FORM SA1-2E	E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYST	EM ID#
Name	ADVANCED TELEPHO	NE SYST	EMS, INC					61833
					_			
	SUBSTITUTE CARRIAGE	-	-					
	In General: In space I, identi							
	substitute basis during the ac explanation of the programm							ther
Substitute Carriage:					e general instru		iper 3A1-2 Ionn.	
Special	1. SPECIAL STATEMENT	-						
Statement and	During the accounting period	-	r cable system	carry, on a substitute basi	s, any nonnet			
Program Log	broadcast by a distant stat	lion?)
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	st complete the	e program	
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their me	eaning is	
	clear. If you need more spa			rows to the tables. ision program ("substitute	orogram") tha	t during the ac	counting	
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love L	₋ucy" or	
	"NBA Basketball: 76ers vs.			""	l			
				r "Yes." Otherwise enter "N Isting the substitute progra				
				ie community to which the		nsed by the FC	C or, in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day		tem carried the substitute			the month	
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your				
	stated as "6:00–6:30 p.m."	Example. a	i program came	eu by a system nom 0.01.	15 p.m. to 0.20	b.50 p.m. shoui		
		er "R" if the	listed program	was substituted for progra	mming that ye	our system was	required	
	to delete under FCC rules a							
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations i	n	
	effect on October 19, 1976.							
					WHF	N SUBSTITU	ſF	
	s	UBSTITUT	E PROGRAM	1		AGE OCCUR		SON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIME	S DELI	ETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
						_		
						_		
1								

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ADVANCED TELEPHONE SYSTEMS, INC	SY	/STEM ID# 61833
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 transm (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	7,780.00 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$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	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	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 lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. 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		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		

Nome	Accounting Period:	2019/2				FORM SA1-2E. PAGE 7
M Instructions: You must give (1) the unities of character on which the case system carried television toxicates stations: 1 characteristic 1 characteristic 1 characteristic 1 characteristic 2 characteristic 1 characteristic 2 characteristic 1 characteristic 3 characteristic 3 characteristic 2 characteristic 3 characteristic 3 characteristic<	Name					SYSTEM ID# 61833
Individual to Be Contacted for Further Information Name CAROL ENGEL Telephone 724-356-2010 Address 75 MAIN STREET (Universe, Weat, trail took, aperformat, or user humber) HickKOPY, PA 15340-1118 (Cry. tom: total, aperformat, or user humber) Email CAROL ENGEL Fax (optional) Controlled (Cry. tom: total, aperformat, or user humber) Fax (optional) Controlled (Cry. tom: total, aperformat, or user humber) Fax (optional) Controlled (Cry. tom: total, aperformat, or user humber) Fax (optional) Controlled (Cry. tom: total, aperformat, or user humber) Fax (optional) Controlled (Cry. tom: total, aperformation or partnership) in the owner of the cable system as identified in line 1 of space B and that the owner in an other comportation or partnership) i an the owner of the cable system as identified in line 1 of space B and that the owner in an optionership) i an the outer of the cable system as identified in line 1 of space B and that the owner in an optioner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • Officer or partner] i am an officer (if a corporation or partnership) of an the dup aution/space in and space B. • Officer or partner] i am an officer (if a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • Officer or partner] i am an officer (if a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B.		Instructions: You to its subscribers, a 1. Enter the total n system carried te 2. Enter the total n on which the cab	and (2) the cable system's tota umber of channels on which the devision broadcast stations umber of activated channels le system carried television br	the cabl	ber of activated channels during the accounting period.	9
Information Address 75 MAIN STREET (Number, street, full role, spatrement, or suite number) HCKORY, PA 15340-1118 (City, bown, same, zity) Fax (optional) Email CAROL@HKY-COM Fax (optional) Continuent of account must be certified and signed in accordance with Copyright Office regulations) • 1, the undersigned, hereby certify that (Check one, but only one, of the bases.) O • 1, the undersigned, hereby certify that (Check one, but only one, of the bases.) O • 1, the undersigned, hereby certify that (Check one, but only one, of the bases.) • 1, the undersigned, hereby certify that (Check one, but only one, of the base.) • 1, the undersigned, hereby certify that (Check one pathership) 1 am the owner of the cable system as identified in line 1 of space B; or • 1, force or partery 1) am an officer (f a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • 1 have examined the statement of account and hereby declare under penalty of taw that all statements of fact contained herein are true, complexing the baset of my knowledge, information, and belief, and are made in good faith. (18 U.S.C., Section 1001(1980)) K /s/brian Jeffers Typed or printer! If a corporation or pathereship) Typed or printer hance: If we der printed name: IRASULEFERS Title: TREASURER Text	Individual to Be Contacted	we can contact abo	out this statement of account.			704 050 0040
Number street, our route quadrative, or suble number; HICKORY, PA. 15340-1118 (Cr): Vort. State: and (Cr): Vort. State: and CAROL@HKY.COM Fax (optional) Centrification Centrification Centrification Image: Control of the concert of account must be certified and signed in accordance with Copyright Office regulations) Image: Control of the concert of account must be certified and signed in accordance with Copyright Office regulations) Image: Concert of the concert of the concert of the cable system as identified in line 1 of space B; or Image: Concert of the concert of the concert of the cable system as identified in line 1 of space B; or Image: Concert of the concert is not a corporation or partnership) are the cable system as identified in line 1 of space B; or Image: Concert of the concert is not a corporation or partnership) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. Image: Accord of the concert is not a corporation or a partner (if a contrained for statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complexe, and corect to the best of my knowledge, information, and belief, and are made in good faith. IBUS.C., Section 1001(1986) Extern a electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)					reiepnon	e <u>/24-356-2010</u>
O CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) O I. the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Image: Comparison of the than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or Image: Comparison of the than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or Image: Comparison of the than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or Image: Comparison of the than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or Image: Comparison of the than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or Image: Comparison of the than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; Image: Comparison of the than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; Image: Comparison of the than corporation or partnership) I am the duly authorized agent of the contained herein are true, complete, and correct to the base I of my knowledge, information, and belief, and are made in good faith. IB U.S.C., Section 1001(1986) Image: Comparison of my knowledge, informatic, eig., [A] John Smith)		(Number, street, rural route, apartme		ite number)	
O Is the undersigned, hereby certify that (Check one, but only one, of the boxes.) O (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or Image: Imag		Email	CAROL@HKY.C	OM	Fax (optional)	
Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: BRIAN JEFFERS Title: TREASURER (Title of official position held in corporation or partnership)	-	 I, the undersigned, (Owner of the information of the informatio	hereby certify that (Check one other than corporation or part of owner other than corporation e 1 of space B and that the own or partner) I am an officer (if a e 1 of space B. he statement of account and he and correct to the best of my kn	e, but on tnershi on or pa ner is no a corpora	<i>ly one</i> , of the boxes.) p) I am the owner of the cable system as identified in line 1 of space artnership) I am the duly authorized agent of the owner of the cable so ot a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified as ow relare under penalty of law that all statements of fact contained herein	B; or system as identified ner of the cable system
Title: TREASURER (Title of official position held in corporation or partnership)				Enter an	electronic signature on the line above to certify this statement.	-
(Title of official position held in corporation or partnership)			Typed or printed n	name:	BRIAN JEFFERS	
Date: 2/28/2020						
			Date:		2/28/2020	

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 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 fing, a determination that would be made by a court of lay

unting Period: 2019/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ANCED TELEPHONE SYSTEMS, INC	618
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 Statemer 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 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
X	
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 days Line 3 Multiply line 2 by the number of days late and enter the sum here -	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 -	_
Line 3 Multiply line 2 by the number of days late and enter the sum here x days - 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 \$ -	
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 days - 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 - k - k - k 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	
Line 3 Multiply line 2 by the number of days late and enter the sum here - k - - k 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 - * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please * To view the Licensing Division at (202) 707-8150 or licensing@copyright.gov. For further assistance please	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.