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

STATEME	NT		FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	 <u>coplicsoa@copyright.gov</u>
Cable System General instruct in the first tab of	ctions	are located	2/24/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	DUNTING PERIOD COVERED B	Y THIS STATEMENT: (YY	YY/(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 of the subsidiary, not that of the parent co		iary of another corporation, give the full cor	rporate title
Owner		List any other name or names under which			
		If there were different owners during the a single statement of account and royalty fee		e last day of the accounting period should s ng period.	62579
		Check here if this is the system's first filing.	If not, enter the system's ID number as	ssigned by the Licensing Division.	02375
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		Wabash Independent Networks, Inc			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		P.O. Box 299 (Number, street, rural route, apartment, or suite nu	mber)		
		City, town, state, zip)			
С		RUCTIONS: In line 1, give any busine s already appear in space B. In line 2			
System	1	IDENTIFICATION OF CABLE SYSTEM:			

MAILING ADDRESS OF CABLE SYSTEM:

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Wabash Independent Networks, Inc	625
D	Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Flora	IL I
Community	Louisville	IL
	Browns	IL
	Mt Erie	IL
dd Rows as Necessary		
	Cisne	L.
	Xenia	IL
	Bone Gap	IL IL
	Noble	IL
	Salem	IL
	Odin	
	Kinmundy	IL
	Bible Grove	IL
	Geff	IL
	luka	IL IL
	Sandoval	IL
	Alma	IL
	West Salem	IL

	1							FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						SYS	
	Wabash Independent N	etworks, In	С						6257
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIE	ERS AND R	ATES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period							ing on the	
Service: Sub-	Number of Subscribers: Bot						•		
scribers and	down by categories of secondar			•		•			
Rates	each category by counting the n separately for the particular service	•		0,0				charged	
	Rate: Give the standard rate of	harged for eac	h catego	ry of service.	nclude bo	oth the amount o	of the charg		
	unit in which it is generally billed				ny standa	rd rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondarv transmis	ssion servi	ce that cable	
	systems most commonly provide	•		-		•			
	that applies to your system. Not			•		•			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t						<i>,</i> .		
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	nd block. A tv	vo- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRID	LKS	INAIL	CAT		VICL	SUBSCRIBERS	10411
	Service to first set		3,362	16.98					
	Service to additional set(s)		2,629	5.49					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		8	118.86					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				9				
-	In General: Space F calls for ra					Il your cable sys	stem's serv	rices that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There al furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.				-			
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro not	
Rales	listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip		•						
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installat	ion: Non-res	dential				
	• Pay cable		 Mote 	l, hotel					
	Pay cable—add'l channel		• Com	mercial					
	Fire protection		• Pay	cable					
	•Burglar protection		-	cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	150.00	-	lar protection					
	Additional set(s)		Other se			20.00			
	 FM radio (if separate rate) 		 Reco 	INECI		30.00			
	Convertor		Diac	nnect					
	• Converter			onnect		15.00			
	• Converter		• Outle	onnect et relocation e to new addre	266	15.00 30.00			

accounting Period: 2	2019/2			FORM SA1-2E. P/	
Name	LEGAL NAME OF OWNER OF			SYSTEM	
-	Wabash Independent			62	2579
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WH Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations: in space G—but do list it in space I (th a substitute basis. Ilso in space I, if the station was carried in concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	(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 all see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educa- tictions in the paper SA1-2 form. the community to which the station	E-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each boort 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	
	κτνι	2	N	ST LOUIS, MO	
	ωτωο	2	N	TERRE HAUTE, IN	
Rows as Necessary	KMOV	4	N	ST LOUIS, MO	
	KSDK	5	N	ST LOUIS, MO	
	WSIU	8	E	CARBONDALE, IL	
	WTHI	10	N	TERRE HAUTE, IN	
	WFIE	14	Ν	EVANSVILLE, IN	
	WEHT	25	N	EVANSVILLE, IN	
	WAWV	38	Ν	TERRE HAUTE, IN	
	WEVV	44	Ν	EVANSVILLE, IN	
	KDNL	30	Ν	ST LOUIS, MO	
	WSIL	3	Ν	CARTERVILLE, IL	
	KPLR	11	I	ST LOUIS, MO	
	WPSD	6	Ν	PADUCAH, KY	
	KFVS	12	Ν	CAPE GIRARDEU, MO	
	WTVW	7	I	EVANSVILLE, IN	
					Ï

LEGAL NAME O Wabash Ind							1	SYSTEM I 625
	t every radio s	station ca	arried on a separate and discronnerally receivable by your cab					Н
receivable if (1 on the basis of For detailed inf paper SA1-2 fo Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Give the station	y the sys be rece it the Co l sign of the static ion's sig g a chec n's locati	II-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright 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 ed by the cable s he station is licens	adend, and (2 enna, during ce ge (v) of the ge system as a se sed by the FC0) it can ertain st eneral in parate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		3/D		UALL SIGN		3/0	LOCATION OF STATION	
WNOI WJBD	FM FM		FLORA, IL SALEM, IL					

Accounting Perio	od: 2019/2						FORM SA1-2E. PAG	3E 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM	ID#
Name	Wabash Independent	Networks	, Inc				625	579
	SUBSTITUTE CARRIAG				G			
I I		-	-			tion that your cal	he system corried a	n -
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				5			
Special	During the accounting per	-			eie anv non	network televisio	n program	
Statement and		-	al cable system	in carry, on a substitute ba	1313, arry 110111			
Program Log	broadcast by a distant sta	tion?				L Y	YES NO	
	Note: If your answer is "No	", leave the	rest of this pa	ige blank. If your answer is	s "Yes," you ı	must complete th	ne program	
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if their m	neaning is	
	clear. If you need more spa							
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				•		
				er "Yes." Otherwise enter				
				asting the substitute prog			00	
	the case of Mexican or Car			the community to which the community with which the			CC or, in	
				stem carried the substitute			the month	
	first. Example: for May 7 gi		, ,		15	,		
				ogram was carried by you				
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m. shou	uld be	
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	n was substituted for prog	ramming that	t vour evetem wa	as required	
	to delete under FCC rules							
	was substituted for program							
	effect on October 19, 1976					C C		
	3					AGE OCCURRI 6. TIMES		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM —	то	
						_		
					·			
						_		
						_		
						_		
						-		

Accounting Period:	2019/2			FORM	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM ID#
Mullio	Wabash Independent Networks, Inc				62579
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	e system's ation of how	secondary trans v to compute thi	smission servi s amount, se	
_	COPYRIGHT ROYALTY FEE				
L 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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more 	0 but less t	than \$527,600	\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-month	
	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 I	ines 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,	100)	
	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
	o. Interest charge. Enter the amount nom line 4, space Q, page o				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	. \$	347,105.00	-	
	2. Base amount under statutory formula	\$	263,800.00	-	
	3. Subtract line 2 from line 1	\$	83,305.00	_	
	4. Multiply line 3 by .01		\$	833.05	-
	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		\$	2,152.05
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	2,152.05	
Total Remittance 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			\$	2,172.05
	EFT Trace # or TRANSACTION ID #			Ι	
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Wabash Independent Networks, Inc	SYSTEM ID# 62579
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast 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 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services .	15
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 Cheryl Gaither T	elephone 6185/665-3311
	Address P.O. Box 299, 210 S Church St (Number, street, rural route, apartment, or suite number) Louisville, IL 62858 (City, town, state, zip) Email cherylg@wabash.net Fax (optional)	
O Certification	 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of 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 iden 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 contarare 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/Barry Adair 	the cable system as identified tified as owner of the cable system ined herein
	Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Barry Adair Title: EVP/ General Manager (Title of official position held in corporation or partnership) 2/24/2020	

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: 2019/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
bash Independent Networks, Inc	625
 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? NO 	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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