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						
7 011 001 1110111						
DATE RECEIVED	AMOUNT					
	\$					
03/31/2020	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting	20192 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							
	Ayersville Telephone Company							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	27932 Watson Rd.							
	(Number, street, rural route, apartment, or suite number) Defiance, Ohio 43512							
	(City, town, state, zip)							
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these ames 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:							
	Ayersville Telephone Company							
	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.

ccounting Period		FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Ayersville Telephone Company	62821
	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 h	st will serve as a form of system identification hereafter know
Area	identified city.	one parks should be reported in parentheses below the
Served	lidentified city.	
	CITY OR TOWN	STATE
First	Ayersville	Ohio
Community		
•		
dd Rows as Necessary		
du nows as Necessary		
	0.0000	

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name Ayersville Telephone Company

1 €WI ID# 62821

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.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	100	71.97	Basic Plus	126	84.97
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential	103	4.95	HD Converter	64	8.95
Non-residential			HD PVR	92	10.95

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		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		 Fire protection 			
• First set	69.95	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address	28.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62821

Ayersville Telephone Company PRIMARY TRANSMITTERS: TELEVISION

G

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
WTOL	11	N	Toledo, OH
WTOL-ME	11.2	N-M	Toledo, OH
WTOL-GRIT	11.3	N-M	Toledo, OH
WTVG	13	N	Toledo, OH
WTVG-CW	13.2	N-M	Toledo, OH
WTVG-Me	13.3	N-M	Toledo, OH
WNWO	24	N	Toledo, OH
WNWO-Stadium	24.2	N-M	Toledo, OH
WNWO-Comet	24.3	N-M	Toledo, OH
WNHO	26	l	Defiance, OH
WBGU	27	E	Bowling Green, OH
WBGU-Kids	27.2	E-M	Bowling Green, OH
WBGU-Create	27.3	E-M	Bowling Green, OH
WGTE	30	E	Toledo, OH
WGTE-Kids	30.2	E-M	Toledo, OH
WGTE-Create	30.3	E-M	Toledo, OH
WLIO	35	N	Lima, OH
WUPW	36	N	Toledo, OH
WUPW-Bounce	36.2	N-M	Toledo, OH
WUPW-Court	36.3	N-M	Toledo, OH
WLMB	40	<u>l</u>	Toledo, OH
WTLW	44	<u>l</u>	Lima, OH
WTLW-DT2	44.2	I-M	Lima, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Ayersville Telephone Company

62821

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
	 						
	 						
	 						
	 						
							
							
							
	T						
	T						
						l	
	T						
	T						
						<u> </u>	

Assouration Davis	.d. 2010/2						FORM CALCE DACE 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FORM SA1-2E. PAGE 5. SYSTEM ID#
Name	Ayersville Telephone						62821
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG 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 stat 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	ify every no accounting paining that mu T CONCERTION, did you tion? ", leave the E PROGRA titute prograte, please of every no	nnetwork televineriod, under spet be included RNING SUBS ur cable system e rest of this paramon a separadd additional	ision program, broadcast by pecific present and former F in this log, see page (v) of the TITUTE CARRIAGE on carry, on a substitute basege blank. If your answer is ate line. Use abbreviations I rows to the tables.	a distant sta CC rules, reg ne general ins sis, any nonr s "Yes," you r	ulations, or authorized in the processible, if their nate, during the a	orizations. For a further paper SA1-2 form. on program YES
	Column 3: Give the call Column 4: Give the broat 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 prograr effect on October 19, 1976	ries like "mo Bulls." m was broa sign of the adcast stati nadian stati hith and day ve "5/7." es when the Example:	dcast live, ent station broadd on's location (' ons, if any, the when your sy e substitute pr a program car elisted prograr ions in effect of your system w	er "Yes." Otherwise enter "casting the substitute prograthe community to which the community with which the stem carried the substitute ogram was carried by your ried by a system from 6:01 m was substituted for program the accounting period as permitted to delete und	No." am. e station is lie e station is id program. Use cable syste :15 p.m. to 6 ramming that d; enter the ler FCC rules	censed by the Fentified). se numerals, wim. List the times can be carried by the first the times can be carried by the first the lies and regulations.	CC or, in th the month s accurately uld be as required sted program s in
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCURR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES	TO DELETION

2019/2				A1-2E. PAGE
LEGAL NAME OF OWNER OF CABLE SYSTEM: Ayersville Telephone Company			S	YSTEM II 6282
all amounts (gross receipts) paid to your cable system by subso (as identified in space E) during the accounting period. For a fu page (vii) of the general instructions located in the paper SA1-2 Gross receipts from subscribers for secondary transmissio during the accounting period.	cribers for the system's inther explanation of how 2 form. on service(s)	secondary trans w to compute thi	smission service s amount, see	4,669.00
IMPORTANT: You must complete a statement in space P conc	erning gross receipts.		(Amount of gr	oss receipts)
 Use block 2 if the amount of gross receipts in space K is more t Use block 3 if the amount of gross receipts in space K is more t 	than \$137,100 but less than \$263,800 but less	than \$527,600	\$263,800	
BLOCK 1: GROSS RECE	EIPTS OF \$137,100 O	R LESS		
Instructions: As a cable system with gross receipts of \$137,100 or accounting period is \$52.00	r less, the royalty fee tha	it you must pay fo	or this six-mon	
Line 1 Royalty fee for accounting period				
				0.00
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING F	PERIOD Add lines 1 and	d 2		
BLOCK 2: GROSS RECEIPTS OF \$26	33,800 OR LESS (but	more than \$137	7,100)	
Base amount under statutory formula	\$	263,800.0	0_	
2. Enter amount of gross receipts from space K	\$	154,669.0	0_	
3. Subtract line 2 from line 1	\$	109,131.0	0_	
4. Enter the amount of gross receipts from space K		\$	154,669.00	
5. Enter the amount from line 3		\$	109,131.00	
6. Subtract line 5 from line 4		\$	45,538.00	
7. Multiply line 6 by .005 (enter figure here)			\$	227.69
8. Interest charge. Enter the amount from line 4, space Q, page 8	3			0.00
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIO	OD. Add lines 7 and 8 .		. \$	227.69
BLOCK 3: GROSS RECEIPTS OF MOR	RE THAN \$263,800 (b	ut less than \$52	27,600)	
Enter the amount of gross receipts from space K				
			<u> </u>	
·				
			_	
•			1,319.00	
EII ING EEE AND TOTAL BEA	AITTANCE DUE			
FIEINGT EE AND TOTAL KEIN	WITTANCE DOL			
1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or	⁻ 3, above)	\$	227.69	
	1 1 6 3	\$	20.00	
2. Filing Fee (See the instructions for more information on filing fe	ee calculations)	· · · · <u> </u>	20.00	
Filing Fee (See the instructions for more information on filing fee TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add line	·		\$	247.69
	GROSS RECEIPTS Instructions: The figure you give in this space determines the all amounts (gross receipts) paid to your cable system by subs (as identified in space E) during the accounting period. For a fu page (vii) of the general instructions located in the paper SA1-Z Gross receipts from subscribers for secondary transmissic during the accounting period. IMPORTANT: You must complete a statement in space P conc 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, Use block 3 if the amount of gross receipts in space K is more Use block 3 if the amount of gross receipts in space K is more See page (vii) of the general instructions located in the paper SA1-2 BLOCK 1: GROSS RECEINSTRUCTION OF SECONDARY (STORT) AND OF SECONDARY (STORT) A	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ar all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of hovage (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. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less V use block 2 if the amount of gross receipts in space K is more than \$263,800 but less V use block 2 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informate accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 an BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but 1. Base amount under statutory formula \$ 2. Enter amount of gross receipts from space K 5. Enter the amount fine 1. 8. A. Enter the amount 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 and 8. BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula 8. 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 and 8. BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b 1. Enter the amount of gr	LIEGAL NAME OF OWNER OF CABLE SYSTEM: Ayersville Telephone Company GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay, 8 all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space 2) 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. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Value block 1 file the amount of gross receipts in space K is \$137,100 or less Value block 2 file amount of gross receipts in space K is more than \$137,100 but less than or equal to the value block 3 if the amount of gross receipts in space K is more than \$238,800 but less than \$527,600 See page (vii) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that you must pay for accounting period is \$52,00 See page (vii) of the general instructions located in the paper SA1-2 form for more information. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100 or less, the royalty fee that you must pay for accounting period is \$52,00 See page (vii) of the general instructions located in the paper SA1-2 form for more information. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100 or less, the royalty fee that you must pay for accounting period is \$2,000.00 See page 8. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. See the second of the gross receipts from space K. Senter the amount of gross receipts from space K. Senter the amount of gross receipts from space K. BLOCK 3: GROSS RECEIPTS OF MO	LEGAL NAME OF OWNER OF CABLE SYSTEM Ayersville Telephone Company GROSS RECEIPTS instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service or the property of the property

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Ayersville Telephone Company	SYSTEM ID# 62821
M	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.	
	Enter the total number of channels on which the cable system carried television broadcast stations	23
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	287
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 Phillip D. Maag Telephone 419-395	-2222
	Address 27932 Watson Rd. (Number, street, rural route, apartment, or suite number) Defiance, Ohio 43512	
	(City, town, state, zip) Email pmaag@ayersvilletelco.com Fax (optional) 419-395-2585	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, 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 as in line 1 of space B and that the owner is not a corporation or partnership; or	dentified
	(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 cin line 1 of space B.	cable system
	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/ Phillip D. Maag	
	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: Phillip D. Maag	111111111111111111111111111111111111111
	Title: Secretary-Treasurer (Title of official position held in corporation or partnership)	
	Date: 3/31/2020	

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. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ersville Telephone Company	62821
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	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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 www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.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	

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.