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							
DATE RECEIVED AMOUNT							
01/17/2020	\$ 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	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
A		20192 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Craigville Telephone Company, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 2351 N. Main St.
		(Number, street, rural route, apartment, or suite number)
		Craigville, IN 46731 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
	· ·	AdamsWells Internet Telecom TV
		MAILING ADDRESS OF CABLE SYSTEM: 2351 N. Main St.
	2	(Number, street, rural route, apartment, or suite number)
		Craigville, IN 46731 (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.

	LEGAL MANE OF CHANGE OF CARLE OVICEM	CVCTEM								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM								
	Craigville Telephone Company, Inc.	631								
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the									
Served	identified city.									
-	CITY OR TOWN	STATE IN								
First Community	Bluffton	IR								
Community										
d Rows as Necessary										
	0.000.00.0000									

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Craigville Telephone Company, Inc.

63198

Ε

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 SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	770	19.95	Basic Digital	717	74.95	
 Service to additional set(s) 	1,165	3.95	Expanded Digital	173	86.90	
 FM radio (if separate rate) 						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						

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		DVR Service	7.95
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	49.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect			
• Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63198

Craigville Telephone Company, 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
WANE	15.1	N	FORT WAYNE, IN
WANE	15.3	N-M	FORT WAYNE, IN
WPTA	21.1	N	FORT WAYNE, IN
WPTA	21.2	N	FORT WAYNE, IN
WPTA	21.3	N-M	FORT WAYNE, IN
WISE	33.1	N	FORT WAYNE, IN
WISE	33.2	N-M	FORT WAYNE, IN
WISE	33.3	N-M	FORT WAYNE, IN
WISE	33.4	N-M	FORT WAYNE, IN
WISE	33.5	N-M	FORT WAYNE, IN
WISE	33.6	N-M	FORT WAYNE, IN
WFWA	39.1	E	FORT WAYNE, IN
WFWA	39.2	E-M	FORT WAYNE, IN
WFWA	39.3	E-M	FORT WAYNE, IN
WFWA	39.4	E-M	FORT WAYNE, IN
WFFT	55.1	N	FORT WAYNE, IN
WFFT	55.2	N-M	FORT WAYNE, IN
WFFT	55.3	N-M	FORT WAYNE, IN
WINM	38.1	I	FORT WAYNE, IN
WINM	38.3	I-M	FORT WAYNE, IN

Accounting Period:	2019/2			FORM SA1-2E. PAGE 3.							
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#							
Name	Craigville Telephone (Company, Inc.		63198							
	PRIMARY TRANSMITTERS:	TELEVISION									
G	carried by your cable systen	n during the accounting period, except	g translator stations and low power tele t (1) stations carried only on a part-tin the carriage of certain network program	ne basis under							
Primary		C rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections .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									
Transmitters:		ubstitute program basis, as explained in the next paragraph. ubstitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program									
Television			carried by your cable system on a subs	stitute program							
			the Special Statement and Program Lo	og)—if the							
	List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channe of license. For example, With Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these teres to Column 4: Give the location.	Iso in space I, if the station was carried no concerning substitute basis stations is call sign. Do not report origination with a station according to its over-the form. I number the FCC assigned to the tell RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instruction of each station. For U.S. stations, list	ed both on a substitute basis and also on the program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a rest of the formation of the program of the community to which the station is the community with which the station is	ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	*										

Accounting	ng Perio	od: 2019/2
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FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Craigville Telephone Company, Inc.

63198

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
	 	 					
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Accounting Perio		CADLE EVE	FORM SA1-2E. PAGE						
Name								SYSTEM ID# 63198	
Substitute Carriage: Special Statement and Program Log									
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation	ons in effect du our system wa	ring the accounting periors s permitted to delete und	d; enter the let	tter "P" if the and regulation	listed progr ons in TUTE	ram	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		TIMES TO	7. REASON FOR DELETION	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Craigville Telephone Company, Inc.	S	YSTEM II 6319							
			001							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tra (as identified in space E) during the accounting period. For a further explanation of how to compute t 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.	nsmission servio	ce							
	IMPORTANT: You must complete a statement in space P concerning gross 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 the 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 accounting period is \$52.00	or this six-month								
	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 \$13	7,100)								
	1. Base amount under statutory formula	<u>) </u>								
	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)									
	Enter the amount of gross receipts from space K									
	2. Base amount under statutory formula	<u> </u>								
	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 otal Remittance	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							

Accounting Period:	2019/2									FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER O Craigville Telephone C									SYSTEM ID# 63198
M Channels	2. Enter the total number of activated channels on which the cable system carried television broadcast stations.								20 133	
N Individual to Be Contacted										
for Further Information	Name Lee V	onGunten						Telephone	(260) 565-313	1
	l	N. Main St street, rural route, apartmer	ent, or suite	te number)						
		ville, IN 46731 n, state, zip)								
	Email	lee@adamswells.	.com				Fax (optional)	2605653535		
0	CERTIFICATION (This stat	ement of account must	st be cert	tified and siç	gned in accorda	ance with C	Copyright Office r	regulations)		
O Certification	• I, the undersigned, hereby	certify that (Check one,	e, but only	y one, of the	boxes.)					
	(Owner other th	an corporation or partr	tnership) I am the ov	wner of the cabl	e system as	identified in line	1 of space B;	or	
		r other than corporation pace B and that the owne					nt of the owner of	f the cable sys	stem as identified	
	X (Officer or part in line 1 of s	ner) I am an officer (if a o	a corporat	ition) or a pa	rtner (if a partne	ership) of the	e legal entity iden	tified as owne	er of the cable syste	em
	I have examined the state are true, complete, and cor [18 U.S.C., Section 1001(1)]	rect to the best of my kno						ained herein		
		F -	X	/s/ Lee \	/onGunten					
				_	nature on the lii an "/s/ signature		certify this statem John Smith)	nent.		
		Typed or printed na	name:	Lee Vor	nGunten					
					President oration or partners	ship)				
		Date:					January 17, 2	2020		

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ccounting Period: 2019/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
raigville Telephone Company, Inc.	63198
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 su scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Concerning Gross
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.	Receipts Exclusion
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?	3
X NO	
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 underpaymen For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	t. Q
r of all explanation of interest assessment, see page (viii) of the general instructions located in the paper SAT-2 form.	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* 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 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 pleas contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ie e
** 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, pleas list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	e
Owner	
Address	
ID number First community served	
Accounting period	

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