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

Return completed workbook

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	by email to:	
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
General instru	ems (Short Form) actions are located of this workbook	2/13/2020	\$ ALLOCATION NUMBER		
A	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY) Period 1 = January 1 - June 30	YY/(Period)) Period 2 = July 1 - December 31	J	
Accounting Period		Barcode Data Filing Period (optional -	see instructions)		
B Owner	of the subsidiary, not that of the parent co List any other name or names under which	proration. In the owner conducts the business of the accounting period, only the owner on the e payment covering the entire accountir	e last day of the accounting period should sung period.		
	LEGAL NAME OF OWNER/MAILING	ANY			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)			
	M2X COMMUNICATIONS				
	MAILING ADDRESS OF OWNER OF PO BOX 26	CABLE SYSTEM			
	(Number, street, rural route, apartment, or suite nu MCCLURE, OH 43534 (City, town, state, zip)	umber)			
С	INSTRUCTIONS: In line 1, give any busin				
	names already appear in space B. In line 2	2, give the mailing address of the	system, if different from the address	given in space B.	
System	1				
	MAILING ADDRESS OF CABLE SYSTEM	:			
	2 (Number, street, rural route, apartment, or suite no	umber)			
	(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#
Name	THE MCCLURE TELEPHONE COMPANY	63334
	Instructions: List each separate community served by the cable system. A "co	mmunity" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorpora	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future fili	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or m	obile home parks should be reported in parentheses below the
Served	identified city.	
001104		
	CITY OR TOWN	STATE
First	MCCLURE	ОН
Community	GRAND RAPIDS	ОН
d Rows as Necessary		
a nows as necessary		

	<u> </u>						FORM SA1-		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:					SYS	TEM ID	
	THE MCCLURE TELEPI	HONE COM	PANY					6333	
-	SECONDARY TRANSMISSION	I SERVICE: SU	BSCRIBERS	AND RATES					
E	In General: The information in s								
Cocondom	system, that is, the retransmission								
Secondary Transmission	about other services (including particular to a service of the accounting period					inose existi	ng on the		
Service: Sub-	Number of Subscribers: Both	`	,	,	,	ble system,	broken		
scribers and	down by categories of secondar	y transmission	service. In ge	neral, you can co	ompute the number	er of subscr	ibers in		
Rates	each category by counting the n	•					charged		
	separately for the particular server Rate: Give the standard rate of						e and the		
	unit in which it is generally billed	-				-			
	category, but do not include disc	· · ·	,			•			
	Block 1: In the left-hand block	•		•					
	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	-		•					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		ngnt-nand b						
	BLC			BLOCK					
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS RA	TE CA	TEGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:								
	Service to first set		307 9	30.00					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSION	S: RATES					
F	In General: Space F calls for ra	•	,		• •				
Г	not covered in space E, that is, t								
Services	service for a single fee. There and furnished at cost or (2) services	•		•		• • • •			
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the				-		-		
ransmissions: Rates	Block 1: Give the standard rate						woro not		
Rales	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								
	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.								
	brief (two- or three-word) descrip								
	brief (two- or three-word) descri		CK 1				BLOCK 2		
	brief (two- or three-word) descrip CATEGORY OF SERVICE	BLOC		OF SERVICE	RATE	CATEGO	BLOCK 2 RY OF SERVICE	RATE	
		BLOC RATE	CATEGORY				RY OF SERVICE		
	CATEGORY OF SERVICE	BLOC RATE	CATEGORY	OF SERVICE Non-residential					
	CATEGORY OF SERVICE Continuing Services:	BLOC RATE	CATEGORY	OF SERVICE Non-residential el		PREMIL ADULT	RY OF SERVICE IMS (HBO,ETC PREMIUM (MO	16.9	
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOC RATE 40.00	CATEGORY Installation: • Motel, ho	OF SERVICE Non-residential el ial		PREMIL ADULT PAY-PE	RY OF SERVICE IMS (HBO,ETC PREMIUM (MC R-VIEW (PP)	16.9 14.9	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOC RATE 40.00	CATEGORY Installation: • Motel, ho • Commerc • Pay cable	OF SERVICE Non-residential el ial		PREMIL ADULT PAY-PE DVR SE	RY OF SERVICE IMS (HBO,ETC PREMIUM (MC R-VIEW (PP) RVICE (MONT	16.9 14.9 5.0	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOC RATE 40.00	CATEGORY Installation: • Motel, ho • Commerc • Pay cable	OF SERVICE Non-residential el ial -add'l channel		PREMIL ADULT PAY-PE DVR SE	RY OF SERVICE IMS (HBO,ETC PREMIUM (MC R-VIEW (PP)	16.9 14.9 5.0	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLOC RATE 40.00	CATEGORY Installation: • Motel, ho • Commerc • Pay cable • Pay cable	OF SERVICE Non-residential el ial -add'l channel ction		PREMIL ADULT PAY-PE DVR SE	RY OF SERVICE IMS (HBO,ETC PREMIUM (MC R-VIEW (PP) RVICE (MONT		
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOO RATE 40.00 30.00 - - 50.00	CATEGORY Installation: • Motel, ho • Commerc • Pay cable • Pay cable • Fire prote	OF SERVICE Non-residential el ial -add'I channel ction otection		PREMIL ADULT PAY-PE DVR SE	RY OF SERVICE IMS (HBO,ETC PREMIUM (MC R-VIEW (PP) RVICE (MONT	16.9 14.9 5.0	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOO RATE 40.00 30.00 - - 50.00	CATEGORY Installation: • Motel, ho • Commerce • Pay cable • Pay cable • Fire prote • Burglar p	OF SERVICE Non-residential el ial -add'I channel ction otection es:		PREMIL ADULT PAY-PE DVR SE	RY OF SERVICE IMS (HBO,ETC PREMIUM (MC R-VIEW (PP) RVICE (MONT	16.9 14.9 5.0	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOO RATE 40.00 30.00 - - 50.00	CATEGORY Installation: • Motel, ho • Commerce • Pay cable • Pay cable • Fire prote • Burglar pr Other servic	OF SERVICE Non-residential el ial -add'I channel ction otection es: t		PREMIL ADULT PAY-PE DVR SE	RY OF SERVICE IMS (HBO,ETC PREMIUM (MC R-VIEW (PP) RVICE (MONT	16.9 14.9 5.0	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOC RATE 40.00 30.00 - - 50.00 15.00 -	CATEGORY Installation: • Motel, ho • Commerce • Pay cable • Pay cable • Fire prote • Burglar pr Other servic • Reconnee	OF SERVICE Non-residential el ial -add'I channel ction otection es: ct		PREMIL ADULT PAY-PE DVR SE	RY OF SERVICE IMS (HBO,ETC PREMIUM (MC R-VIEW (PP) RVICE (MONT	16.9 14.9 5.0	

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE					
	THE MCCLURE TELE								
	PRIMARY TRANSMITTERS:								
G	carried by your cable syste FCC rules and regulations	entify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the	(1) stations carried only on a part e carriage of certain network prog	-time basis under rams [sections					
Primary Insmitters:		e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain st	ations carried on a					
elevision	Substitute Basis Stations	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:							
		ules, regulations, or authorizations: re in space G—but do list it in space I (the	e Special Statement and Program	n Log)—if the					
	station was carried <i>only</i> 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. <i>Do not</i> 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.	0						
		el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.	vision station for broadcasting ove	r the air in its community					
	Column 3: Indicate in each	h case whether the station is a network s	, , ,						
		ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), or							
	For the meaning of these to	erms, see page (iv) of the general instruc	ctions in the paper SA1-2 form.	,					
		on of each station. For U.S. stations, list t adian stations, if any, give the name of th	•	-					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	cw	5	N-M	TOLEDO					
	WTOL-JUSTICE	10	N-M	TOLEDO					
ows as Necessary	WTOL	11	Ν	TOLEDO					
	WTVG	13	N	TOLEDO					
	WTVG-WEATHER	16	N-M	TOLEDO					
	WTVG-METV	17	N-M	TOLEDO					
	WTVG-METV WDFM-LP	17 19	N-M I	DEFIANCE					
			N-M I N-M						
	WDFM-LP	19	<u> </u>	DEFIANCE					
	WDFM-LP WNWO-TBD	19 21	l N-M	DEFIANCE TOLEDO					
	WDFM-LP WNWO-TBD WNWO	19 21 24	I N-M N	DEFIANCE TOLEDO TOLEDO					
	WDFM-LP WNWO-TBD WNWO WNWO-STADIUM	19 21 24 22	I N-M N N-M	DEFIANCE TOLEDO TOLEDO TOLEDO					
	WDFM-LP WNWO-TBD WNWO WNWO-STADIUM WBGU-ENCORE	19 21 24 22 25	I N-M N N-M E-M	DEFIANCE TOLEDO TOLEDO TOLEDO BOWLING GREEN					
	WDFM-LP WNWO-TBD WNWO WNWO-STADIUM WBGU-ENCORE WBGU-CREATE	19 21 24 22 25 26	I N-M N N-M E-M E-M	DEFIANCE TOLEDO TOLEDO TOLEDO BOWLING GREEN BOWLING GREEN					
	WDFM-LP WNWO-TBD WNWO WNWO-STADIUM WBGU-ENCORE WBGU-CREATE WBGU	19 21 24 22 25 26 27	I N-M N N-M E-M E-M E-M	DEFIANCE TOLEDO TOLEDO TOLEDO BOWLING GREEN BOWLING GREEN BOWLING GREEN					
	WDFM-LP WNWO-TBD WNWO WNWO-STADIUM WBGU-ENCORE WBGU-CREATE WBGU WGTE	19 21 24 22 25 26 27 30	I N-M N N-M E-M E-M E E E	DEFIANCE TOLEDO TOLEDO TOLEDO BOWLING GREEN BOWLING GREEN BOWLING GREEN TOLEDO					
	WDFM-LP WNWO-TBD WNWO WNWO-STADIUM WBGU-ENCORE WBGU-CREATE WBGU WGTE WGTE-FAMILY	19 21 24 22 25 26 27 30 32	I N-M N N-M E-M E-M E E E E	DEFIANCE TOLEDO TOLEDO TOLEDO BOWLING GREEN BOWLING GREEN BOWLING GREEN TOLEDO TOLEDO					
	WDFM-LP WNWO-TBD WNWO WNWO-STADIUM WBGU-ENCORE WBGU-CREATE WBGU WGTE WGTE-FAMILY WGTE-CREATE	19 21 24 22 25 26 27 30 32 33	I N-M N N-M E-M E-M E E E E E E	DEFIANCE TOLEDO TOLEDO BOWLING GREEN BOWLING GREEN BOWLING GREEN TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO					
	WDFM-LP WNWO-TBD WNWO WNWO-STADIUM WBGU-ENCORE WBGU-CREATE WBGU WGTE WGTE-FAMILY WGTE-FAMILY WGTE-CREATE WUPW WUPW-BOUNCE	19 21 24 22 25 26 27 30 32 33 36 38	I N-M N N-M E-M E-M E E E E E E E N N N-M	DEFIANCE TOLEDO TOLEDO BOWLING GREEN BOWLING GREEN TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO					
	WDFM-LP WNWO-TBD WNWO WNWO-STADIUM WBGU-ENCORE WBGU-CREATE WBGU WGTE WGTE-FAMILY WGTE-FAMILY WGTE-CREATE WUPW WUPW-BOUNCE WUPW-ESCAPE	19 21 24 22 25 26 27 30 32 33 36 38 39	I N-M N N-M E-M E-M E E E E E E E N N N-M	DEFIANCE TOLEDO TOLEDO BOWLING GREEN BOWLING GREEN BOWLING GREEN TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO					
	WDFM-LP WNWO-TBD WNWO WNWO-STADIUM WBGU-ENCORE WBGU-CREATE WBGU WGTE WGTE-FAMILY WGTE-FAMILY WGTE-CREATE WUPW WUPW-BOUNCE	19 21 24 22 25 26 27 30 32 33 36 38	I N-M N N-M E-M E-M E E E E E E E N N N-M	DEFIANCE TOLEDO TOLEDO BOWLING GREEN BOWLING GREEN TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO					
	WDFM-LP WNWO-TBD WNWO WNWO-STADIUM WBGU-ENCORE WBGU-CREATE WBGU WGTE WGTE-FAMILY WGTE-FAMILY WGTE-CREATE WUPW WUPW-BOUNCE WUPW-ESCAPE	19 21 24 22 25 26 27 30 32 33 36 38 39	I N-M N N-M E-M E-M E E E E E E E N N N-M	DEFIANCE TOLEDO TOLEDO BOWLING GREEN BOWLING GREEN BOWLING GREEN TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO					
	WDFM-LP WNWO-TBD WNWO WNWO-STADIUM WBGU-ENCORE WBGU-CREATE WBGU WGTE WGTE-FAMILY WGTE-FAMILY WGTE-CREATE WUPW WUPW-BOUNCE WUPW-ESCAPE	19 21 24 22 25 26 27 30 32 33 36 38 39	I N-M N N-M E-M E-M E E E E E E E N N N-M	DEFIANCE TOLEDO TOLEDO BOWLING GREEN BOWLING GREEN BOWLING GREEN TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO TOLEDO					

counting Period:	2019/2			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	THE MCCLURE TELE	PHONE COMPANY		6333			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable system	n during the accounting period, except	translator stations and low power tele of (1) stations carried only on a part-tim the carriage of certain network program	ne basis under			
Primary			61(e)(2) and (4))]; and (2) certain static				
Transmitters:	1 0 /	explained in the next paragraph.					
Television	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 						
	• 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. <i>Do not</i> 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						
		0	evision station for broadcasting over th	ie 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 Canad	lian stations, if any, give the name of t	the community with which the station is	s identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

			YSTEM: COMPANY					SYSTEM 633
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved 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 his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i eparate	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	
ONEE OFOIT	7 401 01 1 101	0/B		ON LEE OIGHT		C/D		

Name THE MCCLURE TELEPHONE COMPANY I SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carriage: Substitute carriage: Substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE	EM ID# 63334
Substitute Substitute Carriage: Substitute Substitute Substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE	63334
In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carries <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE	
In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carries <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE	
Substitute substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form Carriage: Substitute Statement Concerning Substitute Carriage: Substitute Substitute basis during that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE	
Substitute explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form Carriage: Special 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE	
Carriage: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE	
Special State of A Level of A Lev	
Statement and • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program	
Program Log broadcast by a distant station?)
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program	
log in block 2.	
2. LOG OF SUBSTITUTE PROGRAMS	
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is	
clear. If you need more space, please add additional rows to the tables.	
Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting	
period, was broadcast by a distant station and that your cable system substituted for the programming of another station	
under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or	
"NBA Basketball: 76ers vs. Bulls."	
Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."	
Column 3: Give the call sign of the station broadcasting the substitute program.	
Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in	
the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month	
first. Example: for May 7 give "5/7."	
Column 6: State the times when the substitute program was carried by your cable system. List the times accurately	
to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be	
stated as "6:00–6:30 p.m."	
Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i>	
to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in	
effect on October 19, 1976.	
WHEN SUBSTITUTE	
	SON FOR
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY FROM TO	TION
Image: series of the series	
Image: second	

Accounting Period:	2019/2 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID
Hame	THE MCCLURE TELEPHONE COMPANY 6333
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts form subscribers for secondary transmission service(s) during the accounting period. 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 \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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 this six-month 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 and 2 \$ 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more 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
	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
	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)
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 # 26NH1A2Q
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: TELEPHONE COMPANY	,			SYSTEM ID# 63334
M Channels	 to its subscribers, 1. Enter the total is system carried to 2. Enter the total is on which the call 	u must give (1) the number of , and (2) the cable system's to number of channels on which television broadcast stations . number of activated channels ble system carried television ast services	otal number of activated char the cable 	nels during the ac	counting period.	20 241
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour		DED (Identify an inc	dividual to whom	
for Further Information	Name	ELAINA R. WOLFOR	D		Telephone	419-748-8029
	Address	311 S. EAST ST., PO (Number, street, rural route, apartr MCCLURE, OH 4353 (City, town, state, zip)	nent, or suite number)			
	Email	EWOLFORD@	MYM2X.COM		Fax (optional) 419-748-8000)
O Certification	I, the undersigne (Owner (Agent	This statement of account mund, hereby certify that (Check or other than corporation or p of owner other than corporation or p of owner other than corpora ne 1 of space B and that the o er or partner) I am an officer (ne 1 of space B. the statement of account and e, and correct to the best of my n 1001(1986)]	ne, <i>but only one</i> , of the boxes artnership) I am the owner of ition or partnership) I am the wner is not a corporation or pa if a corporation) or a partner (i hereby declare under penalty	.) f the cable system a e duly authorized ag artnership; or f a partnership) of th of law that all state	as identified in line 1 of space l lent of the owner of the cable s he legal entity identified as ow ments of fact contained herein	system as identified ner of the cable system
		Typed or printed	X /s/ Lance Mille Enter an electronic signature of Enter signature using an "/s/ s name: Lance Miller	on the line above to	•	
		Title: (Title of of	President ficial position held in corporation or	partnership)		
		Date:			2/13/2020	
-	-					

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.

unting Period: 2019/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
MCCLURE TELEPHONE COMPANY	633
 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 Stateme Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheat for these revealty payments submitted as a result of a late payment or undernayment	
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 Assessm
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 Assessm
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