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
2/27/2020	\$
	ALLOCATION NUMBER

Return completed workbook by email to:

#### coplicsoa@copyright.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
		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
		HTC Communications Co.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. Box 149 (Number, street, rural roule, apartment, or suite number)
		Waterloo, IL 62298 (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 is 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	Harries	IDENTIFICATION OF CABLE SYSTEM:
0,000	1	HTCCOMM
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	HTC Communications Co.	633
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	
<b>D</b>	"a separate and distinct community or municipal entity (including unincorporated con	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	
	as the "first community." Please use it as the first community on all future filings.	
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Area Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	Waterloo	IL
Community	Prairie Du Rocher	IL
	Columbia	iL
l Danie as Nassassas	Valmeyer	iL
l Rows as Necessary	Red Bud	IL
	Dupo Dupo	IL IL
	Maeystown	IL 
	Ruma	IL 
	East Carondelet	<u>IL</u>
	Fults	L
	Renault	L

Accounting Period: 2019/2

FORM SA1-2E PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**HTC Communications Co.** 

SYSTEM ID# 63345

## 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.

BL	OCK 1		BLOCK 2							
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE					
Residential:	SUBSCRIBERS	NATE	CATEGORT OF SERVICE	SUBSCRIBERS	NATE					
Service to first set	9,002	29.95								
Service to additional set(s)										
• FM radio (if separate rate)										
Motel, hotel	1,422	17.95								
Commercial	495	45.00								
Converter										
Residential										
Non-residential										
	1				l					

## 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 1								
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE				
Continuing Services:		Installation: Non-residential		НВО	20				
Pay cable		Motel, hotel		Showtime	18.00				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	-	Cinemax	16.00				
Fire protection		• Pay cable		Starz!	12.00				
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		HD Basic	10.00				
Installation: Residential		Fire protection		Variety Tier	15.00				
First set	-	Burglar protection		Entertainment Tier	10.00				
<ul> <li>Additional set(s)</li> </ul>	-	Other services:		Sports Tier	10.00				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	-	HD Tier	5.00				
<ul> <li>Converter</li> </ul>		Disconnect		DVR Fee	10.00				
		Outlet relocation	49.00						
		<ul> <li>Move to new address</li> </ul>	-						

**.019/2** FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63345

# HTC Communications Co.

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 ε 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTVI-FOX	2	N	St. Louis, MO
KMOV-CBS	4	N	St. Louis, MO
KSDK-NBC	5	N	St. Louis, MO
KETC-PBS	9		St. Louis, MO
KPLR-CW	11	l	St. Louis, MO
KETC-KIDZ	14	I-M	St. Louis, MO
KETC-WORLD	15	I-M	St. Louis, MO
KETC-CREATE	16	I-M	St. Louis, MO
KTVI-AntennaTV	17	N-M	St. Louis, MO
KMOV-COZI TV	18	N-M	St. Louis, MO
KPLR-CourtTV	19	I-M	St. Louis, MO
KPLR-CometTV	20	I-M	St. Louis, MO
KTVI-Escape TV	21	N-M	St. Louis, MO
KNLC-MeTV	24	l	St. Louis, MO
KNLC-NLEC	25	I-M	St. Louis, MO
KNLC-Heroes	26	I-M	St. Louis, MO
KNLC-Movies	27	I-M	St. Louis, MO
KNLC-Decades	28	I-M	St. Louis, MO
KNLC-Start TV	29	I-M	St. Louis, MO
KDNL-ABC	30	N	St. Louis, MO
KDNL-TBD	31	N-M	St. Louis, MO

019/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63345

# HTC Communications Co.

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 ε 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KDNL-ChargeTV	32	N-M	St. Louis, MO
KMOV - LAFF	33	N-M	St. Louis, MO
KMOV-MyNetworkTV	34	N-M	St. Louis, MO
KSDK-Justice	35	N-M	St. Louis, MO
KSDK-BounceTV	36	N-M	St. Louis, MO
KDNL-Stadium	37	I-M	St. Louis, MO
KSDK-Quest	38	N-M	St. Louis, MO
WRBU	46	<u> </u>	St. Louis, MO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

HTC Communications Co.

63345

### 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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	<b>_</b>	<b></b>					
		<del> </del>					
	<del> </del>	<del> </del>					
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	<b>_</b>	ļ					
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Accounting Perio	d: 2019/2							FORM S	A1-2E. PAGE 5.
	LEGAL NAME OF OWNER O	CABLE SYS	TEM:					S	YSTEM ID#
Name	HTC Communication	s Co.							63345
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAC In General: In space I, ider substitute basis during the explanation of the program  1. SPECIAL STATEMEN During the accounting pe broadcast by a distant st Note: If your answer is "N log in block 2.  2. LOG OF SUBSTITUT In General: List each sub- clear. If you need more sp Column 1: Give the title period, was broadcast by sunder certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra	EE: SPECIAL STEEL SPECIAL STEEL SPECIAL STEEL SPECIAL STEEL SPECIAL STEEL SPECIAL SPEC	rnnetwork televiseriod, under spect be included in RNING SUBST reable system rest of this page AMS am on a separa add additional innetwork televion and that your authorizations vies" or "basked deast live, ente	sion program, broadcast by ecific present and former FC this log, see page (v) of the FITUTE CARRIAGE carry, on a substitute bas le blank. If your answer is te line. Use abbreviations rows to the tables. Ision program ("substitute ur cable system substitute ur cable system substitutes. See page (v) of the general table." List specific program "Yes." Otherwise enter "Nes."	a distant state CC rules, regule e general instructions, any nonne "Yes," you mu wherever posprogram") that d for the progeral instruction titles, for ex No."	ations, or a uctions in the twork televust completestible, if the at, during the tramming one for furth.	ision progression	system cons. For SA1-2 for	carried on a r a further orm.
	Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m."	padcast station nadian station than day ive "5/7." nes when the Example: atter "R" if the	on's location (the ons, if any, the owner your system of the program carries and program carries that the program carries the program carries that the program carries the program carries that the program carries the program carries that the program carries the program carries the program carries that the program carries that the program carries that the program carries the program ca	tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra	station is lice station is ider program. Use cable system 15 p.m. to 6:2 amming that y	ntified).	with the mes accu should be n was <i>req</i>	month rately	
	to delete under FCC rules was substituted for progra effect on October 19, 1976	mming that y							
	was substituted for progra effect on October 19, 1976	mming that y	our system wa	s permitted to delete unde	WHE CARR	IN SUBST	ons in TTUTE CURRED		REASON FOR DELETION
	was substituted for progra effect on October 19, 1976	mming that y	our system wa	s permitted to delete unde	r FCC rules a	IN SUBST	ons in	7.	REASON FOR
	was substituted for progra effect on October 19, 1976	mming that y S. SUBSTITUT 2. LIVE?	TE PROGRAM  3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST	TITUTE CURRED TIMES	7.	REASON FOR
	was substituted for progra effect on October 19, 1976	mming that y S. SUBSTITUT 2. LIVE?	TE PROGRAM  3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST	TITUTE CURRED TIMES	7.	REASON FOR
	was substituted for progra effect on October 19, 1976	mming that y S. SUBSTITUT 2. LIVE?	TE PROGRAM  3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST	TITUTE CURRED TIMES	7.	REASON FOR
	was substituted for progra effect on October 19, 1976	mming that y S. SUBSTITUT 2. LIVE?	TE PROGRAM  3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST	TITUTE CURRED TIMES	7.	REASON FOR
	was substituted for progra effect on October 19, 1976	mming that y S. SUBSTITUT 2. LIVE?	TE PROGRAM  3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST	TITUTE CURRED TIMES	7.	REASON FOR
	was substituted for progra effect on October 19, 1976	mming that y S. SUBSTITUT 2. LIVE?	TE PROGRAM  3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST	TITUTE CURRED TIMES	7.	REASON FOR
	was substituted for progra effect on October 19, 1976	mming that y S. SUBSTITUT 2. LIVE?	TE PROGRAM  3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST	TITUTE CURRED TIMES	7.	REASON FOR
	was substituted for progra effect on October 19, 1976	mming that y S. SUBSTITUT 2. LIVE?	TE PROGRAM  3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST	TITUTE CURRED TIMES	7.	REASON FOR
	was substituted for progra effect on October 19, 1976	mming that y S. SUBSTITUT 2. LIVE?	TE PROGRAM  3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST	TITUTE CURRED TIMES	7.	REASON FOR
	was substituted for progra effect on October 19, 1976	mming that y S. SUBSTITUT 2. LIVE?	TE PROGRAM  3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST	TITUTE CURRED TIMES	7.	REASON FOR
	was substituted for progra effect on October 19, 1976	mming that y S. SUBSTITUT 2. LIVE?	TE PROGRAM  3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST	TITUTE CURRED TIMES	7.	REASON FOR
	was substituted for progra effect on October 19, 1976	mming that y S. SUBSTITUT 2. LIVE?	TE PROGRAM  3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST	TITUTE CURRED TIMES	7.	REASON FOR
	was substituted for progra effect on October 19, 1976	mming that y S. SUBSTITUT 2. LIVE?	TE PROGRAM  3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST	TITUTE CURRED TIMES	7.	REASON FOR
	was substituted for progra effect on October 19, 1976	mming that y S. SUBSTITUT 2. LIVE?	TE PROGRAM  3. STATION'S	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST	TITUTE CURRED TIMES	7.	REASON FOR

Accounting Period:	2019/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: HTC Communications Co.	SYSTEM ID# 63345
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ission service
	<b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.	
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 \$200.00 but less than \$200.00 but less than \$527,600.  • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.  See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800
	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  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 lines 1 and 2	
		00)
	1. Base amount under statutory formula	
	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	
		•
	3. Subtract line 2 from line 1	. 500.40
	4. Multiply line 3 by .01	536.10
	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	\$ 1,855.10
	FILING FEE AND TOTAL REMITTANCE DUE	
Eiling Foo and		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,855.10
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	\$ 1,875.10
	EFT Trace # or TRANSACTION ID #	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n	

Accounting Period:	2019/2																					FOR	И SA1-2	2E. P/	AGE 7
Name	HTC Communications																						SY		M ID#
M Channels	CHANNELS Instructions: You must g to its subscribers, and (2)  1. Enter the total number of system carried television  2. Enter the total number of on which the cable syste and nonbroadcast service	the cable system's total of channels on which the broadcast stations of activated channels of carried television broads	tal numb	nber ble	e	of activ	vated	d cha	nnels (	durino	g the	acco	ounti	ing p	erio		ations					99			
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORM	RMA	ATION	N IS	NEE	DED (I	denti	fy an i	indiv	/idua	al to	whoi	m									
for Further Information	Name Craig	A. Hern														Tele	phone	61	8-93	9-61	112				
		Main St.; PO Bo street, rural route, apartme				umber)																			
		loo, IL 62298 n, state, zip)																							
	Email	chern@htc.net											Fax	(opt	tiona	l) <u>618</u> -	939-33	199							
0	CERTIFICATION (This state	ement of account must	st be cer	ertifi	rtified	ed and	sign	ed in	accor	danc	e with	n Cop	pyrig	ght C	Office	regula	ations)	)							
O Certification	• I, the undersigned, hereby	certify that (Check one,	e, but only	nly o	ly one	ne, of t	he bo	oxes.	)																
	(Owner other th	an corporation or part	rtnership	nip) l	<b>p)</b> I a	am the	own	er of	the ca	ble sy	ystem	as ic	denti	ified i	in line	e 1 of s	space l	B; or							
		other than corporatio										igent	of th	he ov	vner	of the	cable s	systen	n as i	dentifi	ied				
	(Officer or parti	<b>ner)</b> I am an officer (if a pace B.	a corpora	oratio	ation	n) or a	partr	ner (if	a parti	nersh	ip) of	the le	egal	entit	ty ide	ntified	as ow	ner of	f the c	able s	system	1			
	I have examined the stater are true, complete, and corn [18 U.S.C., Section 1001(19)]	ect to the best of my kn														tained	herein								
		-	X	. /	/s	s/ Cra	aig A	<b>4</b> . Н	ern									_							
			Enter an o				-									ment.									
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		Title: (Title of office	Vice P																						
		Date:											Feb	oruar	y 27,	, 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 the 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 telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in 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

counting Period: 2019/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
TC Communications Co.	63345
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."	P Special Statement 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?	
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
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	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-</u> ys
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@copyright.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	

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