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 \$ 03/06/2020 ALLOCATION NUMBER						
\$	FOR COPYRIGHT OFFICE USE ONLY					
	DATE RECEIVED	AMOUNT				
	03/06/2020					

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 CHANGE WALLING ADDRESS OF CARLE OVERTIME
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		RALLS TECHNOLOGIES LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 184 (Number, street, rural route, apartment, or suite number)
		NEW LONDON, MO 63459 (City, town, state, zip)
		(City, town, state, 2ip)
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.
Custom	1	IDENTIFICATION OF CABLE SYSTEM:
System	1	IDENTIFICATION OF CABLE SYSTEM:
		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.

Accounting Period:	2019/2	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name		
	RALLS TECHNOLOGIES LLC Instructions: List each separate community served by the cable system. A "com	63378
_	"a separate and distinct community or municipal entity (including unincorporate	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	
	as the "first community." Please use it as the first community on all future filing	
	Note: Entities and properties such as hotels, apartments, condominiums, or mol	
Area	identified city.	blic floring parks should be reported in parentileses below the
Served	actioned only.	
	CITY OR TOWN	STATE
First	City of New London	MO
Community	Village Of Rennsselar	MO
•	Unincorporated Ralls Co	MO
Add Rows as Necessary	Unincorporated SE Marion Co	MO
Add Rows as Necessary	Unincorporated NW Pike Co	MO
	Unincorporated E Monroe Co	MO
		MO
	Unincorporated NE Audrain Co Hannibal	
	Vandalia	MO
		MO
	City of Perry	MO

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63378

RALLS TECHNOLOGIES LLC

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	DCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	1,624	\$25					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter	1,624	\$3-\$5					
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 1					BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	\$7-\$17	Motel, hotel			Expanded Basic	\$63
 Pay cable—add'l channel 		Commercial			Expanded Basic Lite	\$58
 Fire protection 		• Pay cable			Digital Basic	\$75
Burglar protection		 Pay cable-add'l channel 			Digital Basic Lite	\$69
Installation: Residential		Fire protection			Sports Plus	\$5
• First set	\$100	 Burglar protection 			Sports Tier	\$4
 Additional set(s) 		Other services:		,	Variety Tier	\$4
• FM radio (if separate rate)	\$30	Reconnect		ľ	Outdoor Tier	\$3
Converter		Disconnect		Ü	PPV(Event Only per R	\$4-60
		Outlet relocation		ĺ	Commerical Exp Basi	\$103
		 Move to new address 				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63378

RALLS TECHNOLOGIES LLC

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
KHQA	7	N	QUINCY, IL
WGEM	10	N	QUINCY, IL
WTJR	32	l	QUINCY, IL
WQEC	34	E	QUINCY, IL
KHQA-2	7.2	N-M	QUINCY, IL
COMET	7.3	N-M	QUINCY, IL
WGEM-2	10.2	I-M	QUINCY, IL
WGEM-3	10.3	N-M	QUINCY, IL
WQEC-2	34.2	E-M	QUINCY, IL
WQEC-3	34.3	E-M	QUINCY, IL
METV	10.4	N-M	QUINCY, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

RALLS TECHNOLOGIES LLC

63378

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).

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CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
		 					
		 					
		 					
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Assouration Donie	.d. 2010/2						ODM CA4 OF DAGE 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TFM·			F	SYSTEM ID#
Name	RALLS TECHNOLOGI						63378
Substitute Carriage: Special Statement and Program Log	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broothe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	ify every noncecounting pring that mu T CONCEF riod, did you tion? ", leave the E PROGRA titute progra ace, please of every no distant statigulations, of ies like "mo Bulls." m was broa sign of the addcast statin addant statin thand day ve "5/7." es when the Example: a	eriod, under specific program care under specific program	ision program, broadcast by becific present and former F in this log, see page (v) of the stem carry, on a substitute based by the substitute of the stem carry, on a substitute based by the substitute of the stem carry, on a substitute of the stem carried the substitute program of the substitute program of the substitute of the substitut	a distant star CC rules, reg he general instant star star star star star star star sta	ulations, or authorize tructions in the paper network television processible, if their means that, during the according for further informations f	system carried on a ations. For a further er SA1-2 form. Program S
	was substituted for prograr effect on October 19, 1976	nming that					
						N SUBSTITUTE	7
	<u> </u>		E PROGRAM	1		AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM — T	0

Accounting Period:	2019/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: RALLS TECHNOLOGIES LLC	SYSTEM ID# 63378
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transn (as identified in space E) 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.	nission service
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 \$ 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.	263,801
	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 th accounting period is \$52.00	is six-month
	Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	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 \$527,6	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	703.56
	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	\$ 2,022.84
	-	,
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2,022.84
Total Remittance Due		· · · · · · · · · · · · · · · · · · ·
	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 2,042.84
	EFT Trace # or TRANSACTION ID # 2602HG2M	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	: 2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: RALLS TECHNOLOGIES LLC	SYSTEM ID# 63378
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	11
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	243
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 Rachel D. Johnston Telephone 573-985-3	3600
	Address 17594 Highway 19 , PO BOX 184 (Number, street, rural route, apartment, or suite number) New London, MO 63459 (City, town, state, zip)	
	Email r.johnston@rallstech.com Fax (optional) 573-985-3600	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
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	
	X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as ide in line 1 of space B and that the owner is not a corporation or partnership; or	entified
	(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 cal in line 1 of space B.	ble 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/ Bob L. Winsel	
	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: /s/ Bob L. Winsel	
	Title: Chief Operating Officer (Title of official position held in corporation or partnership)	
	Date: 3/5/2020	

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ounting Period: 20	019/2					FORM SA1-2E. PAGE 8
GAL NAME OF OWNE	ER OF CA	BLE SYSTEM:				SYSTEM ID#
LLS TECHNOL	OGIES	LLC				63378
The Satellite Hor lowing sentence: "In determ service of	me Viewe : mining the f providing	NT CONCERNING GROSS RE or Act of 1988 amended Title 17, section total number of subscribers and the g g secondary transmissions of primary nts collected from subscribers receiving	on 111(d)(1)(A), of the or gross amounts paid to the broadcast transmitters,	Copyright Act by he cable system the system shal	for the basic I not include sub-	Special Statement Concerning Gross
For more information		when to exclude these amounts, see the 2 form.	ne note on page (vii) of	the general instr	uctions	Receipts Exclusion
made by satellite		iod, did the cable system exclude any to satellite dish owners?	amounts of gross rece	ipts for secondai	y transmissions	
X NO						
YES. Enter t	the total h	ere and list the satellite carrier(s) belo	ow	\$		
Name Mailing Address			Name Mailing Address			
INTEREST AS	SSESSI	MENT				
•		orksheet for those royalty payments s rest assessment, see page (viii) of the			• •	Q
Line 1 Enter the	e amount	of late payment or underpayment		\$	2,042.56	Interest Assessment
				x	1%	
Line 2 Multiply I	line 1 by t	the interest rate* and enter the sum he	ere		20.43	
				x	5 days	
Line 3 Multiply I	line 2 by t	the number of days late and enter the	sum here		102.13	
					x 0.00274	
	-	0.00274** and enter here 6) block 1, line 2, or block 2 line 8, or b	plock 3 line 6	\$	0.28	
spass	_, (page)	o, 2.000 · , 2, 0. 2.000 2 0, 0		(int	erest charge)	
		rate chart click on www.copyright.gov/ g Division at (202) 707-8150 or licensi	-	odf. For further a	ssistance please	
** This is the	decimal e	equivalent of 1/365, which is the intere	est assessment for one	day late.		
•	Ū	s worksheet covering a statement of a ess, first community served, ID number	•	., .	• •	
Owner	Ralls Tec	chnologies LLC				
"	PO BOX					
"	New Lond	don, MO 63459	63378			
ID number First community	served		City of New Lond	lon		
Accounting perio			2019/2			

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