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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/13/20	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
			1

Α	АССС	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	х	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
		Holston Electric Cooperative
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		HolstonConnect, LLC
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 1200 W. Main Street
		(Number, street, rural route, apartment, or suite number) Rogersville, TN 37857 ((City, town, state, zip)
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s 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:
		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.

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	Holston Electric Cooperative	0
D Area Served	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	nity" is the same as a "community unit" as defined in FCC rules: ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Corroa		
	CITY OR TOWN	STATE
First	Rogersville	TN
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	BI E SYSTEM					FORM SA1	TEM I
Name	Holston Electric Cooper						010	
		alive						
Е	SECONDARY TRANSMISSION							
<b>–</b>	In General: The information in s							
Secondary	system, that is, the retransmission about other services (including p							
Transmission	last day of the accounting period						.9	
Service: Sub-	Number of Subscribers: Both							
scribers and Rates	down by categories of secondary each category by counting the nu							
Rales	separately for the particular servi						chargeu	
	Rate: Give the standard rate c						e and the	
	unit in which it is generally billed.				dard rate variation	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				econdary transmis	sion servic	a that cable	
	systems most commonly provide							
	that applies to your system. Note							
	categories, that person or entity							
	subscriber who pays extra for ca first set" and would be counted o					der "Servic	e to the	
	Block 2: If your cable system I					different fr	om those	
	printed in block 1 (for example, ti							
	with the number of subscribers a	nd rates, in the	e right-hand l	lock. A two- or th	nree-word descripti	on of the se	ervice is	
	sufficient.	DCK 1				BLOCK	2	
		NO. OF				DLOOK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS F	ATE CA	ATEGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:		07					
	Service to first set		97	39.95				
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel Commercial		2	50.05				
	Converter		<u>۲</u>	59.95				
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSION	S: RATES				
F	In General: Space F calls for rat	•	,	•				
•	not covered in space E, that is, the							
Services	service for a single fee. There ar furnished at cost or (2) services (							
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the			с , с.,				
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that						vere not	
Nates	listed in block 1 and for which a s	• •						
	brief (two- or three-word) descrip	tion and includ	le the rate fo	each.				
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE		OF SERVICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:		Installation	Non-residentia	I			
	• Pay cable		• Motel, h	otel				
	Pay cable—add'l channel		Comme					
	Eta a succession de la del la del succession de la		<ul> <li>Pay cab</li> </ul>	e				
	<ul> <li>Fire protection</li> </ul>		<ul> <li>Pay cab</li> </ul>	e-add'l channel				
	Burglar protection		-					
			Fire prot					
	•Burglar protection		• Burglar	protection				
	•Burglar protection Installation: Residential	2.99	• Burglar Other servi	protection ces:				
	<ul> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	2.99	• Burglar Other servi • Reconne	protection c <b>es:</b> ect	15.00			
	•Burglar protection Installation: Residential • First set • Additional set(s)	2.99	• Burglar Other servi • Reconne • Disconn	protection c <b>es:</b> ect ect	15.00			
	<ul> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	2.99	• Burglar Other servi • Reconne	protection c <b>es:</b> ect ect	15.00			

				OVOTEMU
Name	LEGAL NAME OF OWNER OF			SYSTEM II
	Holston Electric Coop PRIMARY TRANSMITTERS:			
G rimary smitters: evision	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an Substitute Basis Stations	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca	t (1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta	time basis under ams [sections ations carried on a
	Do not list the station here station was carried only on List the station here, and a basis. For further informatic	also in space I, if the station was carried on concerning substitute basis stations,	d both on a substitute basis and also see page (v) of the general instruct	o on some other tions.
	multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channed	n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C.	e-air designation. For example, repo	ort multistream
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the locatio	a case whether the station is a network s ring the letter "N" (for network), "N-M" ( "E" (for noncommercial educational), o erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	(for network multicast), "I" (for indep or "E-M" (for noncommercial educati actions in the paper SA1-2 form. the community to which the station	endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAPK	43	Ν	TRI-CITIES
	WATE	6	Ν	KNOXVILLE
s as Necessary	WBIR	10	N	KNOXVILLE
s as Necessary	WBIR WBIR.2	10 44	N N-M	KNOXVILLE KNOXVILLE
as Necessary				
as Necessary	WBIR.2	44	N-M	KNOXVILLE
as Necessary	WBIR.2 WCYB.2	44 4	N-M N-M	KNOXVILLE TRI-CITIES
as Necessary	WBIR.2 WCYB.2 WCYB	44 4 5	N-M N-M N	KNOXVILLE TRI-CITIES TRI-CITIES
as Necessary	WBIR.2 WCYB.2 WCYB WEMT	44 4 5 13	N-M N-M N N	KNOXVILLE TRI-CITIES TRI-CITIES TRI-CITIES
as Necessary	WBIR.2 WCYB.2 WCYB WEMT WETP	44 4 5 13 2	N-M N-M N N E	KNOXVILLE TRI-CITIES TRI-CITIES TRI-CITIES TRI-CITIES
s as Necessary	WBIR.2 WCYB.2 WCYB WEMT WETP WETP.2	44 4 5 13 2 49	N-M N-M N E E-M	KNOXVILLE         TRI-CITIES         TRI-CITIES         TRI-CITIES         TRI-CITIES         TRI-CITIES         TRI-CITIES
s as Necessary	WBIR.2 WCYB.2 WCYB WEMT WETP WETP.2 WETP.3	44 4 5 13 2 49 41	N-M N-M N N E E-M E-M	KNOXVILLE         TRI-CITIES         TRI-CITIES         TRI-CITIES         TRI-CITIES         TRI-CITIES         TRI-CITIES         TRI-CITIES         TRI-CITIES         TRI-CITIES
as Necessary	WBIR.2 WCYB.2 WCYB WEMT WETP WETP.2 WETP.3 WJHL	44 4 5 13 2 49 41 11	N-M N-M N N E E E-M E-M N	KNOXVILLE         TRI-CITIES
s as Necessary	WBIR.2 WCYB.2 WCYB WEMT WETP WETP.2 WETP.3 WJHL WJHL.2	44 4 5 13 2 49 41 11 32	N-M N-M N N E E E-M E-M N N-M	KNOXVILLE         TRI-CITIES
s as Necessary	WBIR.2 WCYB.2 WCYB WEMT WETP WETP.2 WETP.3 WJHL WJHL.2 WKNX	44 4 5 13 2 49 41 11 32 7	N-M N-M N N E E E-M E-M N N-M N	KNOXVILLE         TRI-CITIES         KNOXVILLE
is as Necessary	WBIR.2 WCYB.2 WCYB WEMT WETP WETP.2 WETP.3 WJHL WJHL.2 WKNX WKOP	44 4 5 13 2 49 41 11 32 7 30	N-M N-M N N E E E-M E-M N N N-M N N E	KNOXVILLE         TRI-CITIES         KNOXVILLE         KNOXVILLE
is as Necessary	WBIR.2 WCYB.2 WCYB WEMT WETP WETP.2 WETP.3 WJHL WJHL.2 WKNX WKOP	44 4 5 13 2 49 41 11 32 7 30 47	N-M N-M N-M N N E E-M E-M N N-M N N-M N E E E E M	KNOXVILLE         TRI-CITIES         KNOXVILLE         KNOXVILLE         KNOXVILLE
is as Necessary	WBIR.2 WCYB.2 WCYB WEMT WETP WETP.2 WETP.3 WJHL WJHL.2 WKNX WKOP WKOP.2 WKOP.3	44 4 5 13 2 49 41 11 32 7 30 47 48	N-M N-M N-M N N E E-M E-M N N-M N E E E-M E-M	KNOXVILLE         TRI-CITIES         KNOXVILLE         KNOXVILLE         KNOXVILLE         KNOXVILLE
vs as Necessary	WBIR.2 WCYB.2 WCYB WEMT WETP WETP.2 WETP.3 WJHL WJHL.2 WKNX WKOP WKOP.2 WKOP.3 WKPT	44 4 5 13 2 49 41 11 32 7 30 47 48 9	N-M N-M N-M N N E E-M E-M N N-M N N-M N N N N N N N N N N N N N	KNOXVILLE         TRI-CITIES         KNOXVILLE         KNOXVILLE         KNOXVILLE         KNOXVILLE         TRI-CITIES
ws as Necessary	WBIR.2 WCYB.2 WCYB WEMT WETP WETP.2 WETP.3 WJHL WJHL.2 WKNX WKOP WKOP.2 WKOP.3 WKPT WKPT.2	44 4 5 13 2 49 41 11 32 7 30 47 48 9 29	N-M N-M N N N E E-M E-M N N-M E E E-M E-M E-M N N-M	KNOXVILLE         TRI-CITIES         KNOXVILLE         KNOXVILLE         KNOXVILLE         TRI-CITIES         TRI-CITIES
ws as Necessary	WBIR.2 WCYB.2 WCYB WEMT WETP WETP.2 WETP.3 WJHL WJHL.2 WKNX WKOP WKOP.2 WKOP.3 WKPT WKPT.2 WPXK	44 4 5 13 2 49 41 11 32 7 30 47 48 9 29 12	N-M N-M N-M N N E E-M E-M N N-M N N N N N N N N N N N N N	KNOXVILLE         TRI-CITIES         KNOXVILLE         KNOXVILLE         KNOXVILLE         TRI-CITIES         TRI-CITIES         KNOXVILLE         KNOXVILLE         KNOXVILLE         KNOXVILLE         KNOXVILLE         KNOXVILLE
ws as Necessary	WBIR.2 WCYB.2 WCYB WEMT WETP WETP.2 WETP.3 WJHL WJHL.2 WKNX WKOP WKOP.2 WKOP.3 WKPT WKPT.2 WPXK WTNZ	44 4 5 13 2 49 41 11 32 7 30 47 48 9 29 12 14	N-M N-M N-M N N N E E-M E-M N N N-M N E E-M E-M N N N N N N N N N N N N N	KNOXVILLE         TRI-CITIES         KNOXVILLE         KNOXVILLE         KNOXVILLE         TRI-CITIES         TRI-CITIES         KNOXVILLE         KNOXVILLE

Holston Elec	OWNER OF C		/STEM:					SYSTEM
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of a for detailed info aper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation abour m. dentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein at the Co l sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under ( stem whenever it is received a ved at the headend, with the pyright Office regulations on 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	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ærtain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					·····			

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Holston Electric Coop	erative						0
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	3			
I I	In General: In space I, identi	-	-			on that you	r cahle svste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	• During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work televis	sion program	n
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	Neter If your energy is "Ne?			a blank. Kurun anaunania (			-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the program	n
	log in block 2.		MO					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. I lse abbreviations i	wherever nos	sihle if thei	r meanina is	
	clear. If you need more spa				wherever pos		i meaning is	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							٦.
	"NBA Basketball: 76ers vs.		vies of baske	ibali. Lisi specilic program		ampie, i Lo	ve Lucy O	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	5 p.m. to 6:2	8:30 p.m. sł	nould be	
		er "R" if the	listed program	was substituted for progra	mming that v	our svstem	was require	d
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ons in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	s	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM	IMES — TO	DELETION
		Tes of No	CALL SIGN	4. STATION S LOCATION	AND DAT	FROIVI ·	_ 10	
							_	
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							_	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	Holston Electric Cooperative		0
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E         all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans         (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.	mission servic s amount, see	e 9,971.00
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 • 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 \$A1-2 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	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 \$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		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)	
	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)	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name		OF OWNER OF CABLE SYSTEM: ctric Cooperative	SYSTEM ID#
<b>M</b> Channels	<ul> <li>to its subscrib</li> <li>1. Enter the to system carr</li> <li>2. Enter the to on which the</li> </ul>	: You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.  otal number of channels on which the cable ied television broadcast stations	12 48
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Terri K Firestein Telephone 301-	-788-6889
	Address	10806 Garrison Hollow Rd         (Number, street, rural route, apartment, or suite number)         Clear Spring, MD 21722         (City, town, state, zip)	
	Email	tfireccg@myactv.net Fax (optional)	
O Certification	I, the undersi     (Ov     X     (Ag     (O     I have exami are true, comp	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations) igned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) wher other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or gent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the inline 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein olete, and correct to the best of my knowledge, information, and belief, and are made in good faith. X /s/ Terri K. Firestein	
		Image: Sr. Director & Consultant         Title:       Sr. Director & Consultant         Title of official position held in corporation or partnership)	
		Date: February 10, 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 telephol 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 t 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
ton Electric Cooperative	
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statemer 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 worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessm
	Q Interest Assessm
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