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 COPYRIG	HT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	
General instru	ms (Short Form) ctions are located of this workbook	8/18/2020	\$ ALLOCATION NUMBER	Coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31	
Accounting Period			· · · · · · · · · · · · · · · · · · ·	
B Owner	of the subsidiary, not that of the parent c List any other name or names under whic	orporation. In the owner conducts the business of t accounting period, only the owner on t ee payment covering the entire account	he last day of the accounting period should sting period.	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	C & W CABLE INC			
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF PO BOX 490 (Number, street, rural route, apartment, or suite r ANNVILLE, KY 40402-0490 (City, town, state, zip)	number)		
С	INSTRUCTIONS: In line 1, give any busin			
System	names already appear in space B. In line IDENTIFICATION OF CABLE SYSTEM:	2, give the mailing address of th	e system, it different from the address	s given in space B.
	1			
	MAILING ADDRESS OF CABLE SYSTEM	Л:		
	2 (Number, street, rural route, apartment, or suite r			
	(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	C & W CABLE INC	1049
D	"a separate and distinct community or municipal entity (including uninc discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first communi as the "first community." Please use it as the first community on all futu	
Area	Note: Entities and properties such as hotels, apartments, condominiums identified city.	s, or mobile nome parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First	PEOPLES	KY
Community	BOND	κΥ
	ANNVILLE	
Add Rows as Necessary	GREENMOUNT	KY

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						SYS	TEM I	
Name	C & W CABLE INC				104					
E Secondary	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p	pace E should on of television	l cover all and radi	categories of o broadcasts b	seconda y your sy	/stem to subscri	bers. Give	information		
Transmission Service: Sub- scribers and Rates	last day of the accounting period Number of Subscribers: Both down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate c	I (June 30 or D n blocks in spa y transmission umber of billing ice at the rate harged for eac	December Ice E call service. gs in that indicated ch catego	31, as the cas for the number In general, you category (the —not the num ry of service. In	e may be of subse can con number of ber of se nclude be	e). cribers to the ca pute the numbe of persons or org ts receiving serve oth the amount of	ble system or of subsc ganizations vice). of the char	n, broken pribers in s charged ge 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	counts allowed in space E, the to their subsc e: Where an ir should be cou	for advar le form lis cribers. G ndividual nted as a	nce payment. its the categori ive the number or organization subscriber in o	es of sec of subso is receiv each app	condary transmis cribers and rate ring service that licable category	ssion servi for each li falls unde . Example	ce that cable sted category r different : a residential		
	subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	once again unc has rate categ iers of services and rates, in th	ler "Servi ories for s s that incl	ce to additiona secondary tran ude one or mo	l set(s)." smission re secon	service that are dary transmission	e different tons), list the tons of tons of the tons of tons o	from those nem, together service is		
	BLC	DCK 1 NO. OF					BLOC	K 2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	Residential: • Service to first set		96	18.00						
	Service to additional set(s)FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC In General: Space F calls for rate					ll vour cable sv	stem's ser	vices that were		
F Services Other Than Secondary ransmissions: Rates	not covered in space F cans lot rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	hose services re two exceptic or facilities furn hit in which it is rate column. te charged by f t your cable sy separate charge btion and inclue	that are r ons: you c nished to a usually t the cable stem furn ge was m de the rat	not offered in c lo not need to nonsubscriber billed. If any rat system for eac ished or offere ade or establis	ombination give rate s. Rate in es are ch ch of the d during	on with any seco information con nformation shou narged on a vari applicable servi the accounting	ondary tran cerning (1 ld include able per-p ces listed. period that	nsmission) services both the rogram basis, t were not e form of a		
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counting Period: 2	2020/1			FORM SA1-2E. PAGE 3.				
Name	LEGAL NAME OF OWNER OF	SYSTEM ID# 1049						
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, <i>except</i> (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 <i>not</i> 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 <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. 							
	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				
	WTVQ	36	N	LEXINGTON, KY				
	WKYT	27	N	LEXINGTON, KY				
ws as Necessary	WKLE	46	E	LEXINGTON, KY				
	WLEX	18	Ν	LEXINGTON, KY				
	WDKY	56	I	DANVILLE, KY				
	WYMT	57	N	HAZARD, KY				
	WLJC	65	I	BEATTYVILLE, KY				

LEGAL NAME OF		JABLE 5	YSTEM:					SYSTEM ID 104
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
receivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recein the Co sign of o the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received at ived 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	2) it can ertain st eneral ii eparate a	be expected, ated intervals. hstructions 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	

	od: 2020/1							FORM	I SA1-2E. PAGE 5.
Manaa	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						SYSTEM ID#
Name	C & W CABLE INC								1049
					~				
1	SUBSTITUTE CARRIAG	-	-						
I I	In General: In space I, ident substitute basis during the a								
Substitute	explanation of the program								
Carriage:	1. SPECIAL STATEMEN				<u></u>				
Special	During the accounting pe	-			sis anv noni	network te	levisio	n progr	am
Statement and	• • • •			n ourly, on a substitute ba	olo, any nom	letwork to			
Program Log	broadcast by a distant sta							YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you ı	must comp	olete th	he prog	ram
	log in block 2.								
	2. LOG OF SUBSTITUT								
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if i	their m	neaning	j is
				vision program ("substitute	e program") t	hat during	the a	accounti	ina
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love	e Lucy" (or
	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter '	'No "				
				casting the substitute progr					
				the community to which th		censed by	the F	CC or, i	in
	the case of Mexican or Car								
			when your sy	stem carried the substitute	e program. U	se numera	ıls, wit	th the m	nonth
	first. Example: for May 7 gi		o cubstituto pr	ogram was carried by you	r cable svete	m liettho	times		atoly
	to the nearest five minutes								atery
	stated as "6:00–6:30 p.m."	. <u>_</u>	a program can						
				m was substituted for prog					
	to delete under FCC rules								ogram
	was substituted for prograr effect on October 19, 1976		your system w	as permitted to delete und	ler FCC rules	s and regu	ations	s in	
		-							
					WHE	N SUBST	ITUTE	E	
	S	UBSTITUT	E PROGRAM			AGE OCO	CURR	ED	7. REASON FOR
	S	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	7. REASON FOR DELETION
		1			CARRI	AGE OCO	CURR	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURR TIMES	ED	

Accounting Period:	2020/1 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM
Hame	C & W CABLE INC 104
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 from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. \$ 10,368.00
_	COPYRIGHT ROYALTY FEE
L 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 \$ 263,800.00
	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
	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)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00
	EFT Trace # or TRANSACTION ID # 26PNJVA8
	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:	2020/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: INC	SYSTEM ID# 1049
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the ca	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period.	8 28
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	VEOLA R WILLIAMS Telephone (606)) 364-5357
	Address	PO BOX 490 (Number, street, rural route, apartment, or suite number) ANNVILLE, KY 40402-0490 (City, town, state, zip)	
	Email	vbwilliams@prtcnet.org Fax (optional) (606) 364-2138	
O Certification	I, the undersign (Owne (Agen in X (Offic in I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ht of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)]	
		X /s/ Veola R Williams 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: Veola R Williams Title: Vice-President (Title of official position held in corporation or partnership)	
		Date: 08-18-2020	

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.

bunting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
	104
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.	P Special Statement Concerning Gross 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? X NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x davs	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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