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> For additional information,
General instructions are located in the first tab of this workbook	9/1/20	\$ ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	/YY/(Period))	_

Α	ACCO	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.	4039
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		FBN Indiana, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		NITCO	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		301 N Washington St P O Box 461 (Number, street, rural route, apartment, or suite number)	
		(Number, street, rural route, apartment, or suite number) Hebron In 46341	
		(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 u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Rensselaer System MAILING ADDRESS OF CABLE SYSTEM:	
	2	575 W Parks Dr (Number, street, rural route, apartment, or sulte number)	
		Rensselaer, In. 47978 (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:	FORM SA1-2E. PAGE SYSTEM I
Name		
	FBN Indiana, Inc.	403
	Instructions: List each separate community served by the cable system. A "com	
D	separate and distinct community or municipal entity (including unincorporated	
_	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v	will serve as a form of system identification hereafter known as the "i
	community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	bile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Rensselaer	IN
Community	Jasper County	IN
connunty	Jasper County	
l Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM I
Name	FBN Indiana, Inc.								40
E Secondary	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p	pace E should on of television pay cable) in sp	cover al and rad bace F, n	I categories of sec io broadcasts by y ot here. All the fac	condar our sy cts you	stem to subscr state must be	ibers. Give	information	
Transmission Service: Sub- scribers and Rates	last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the n separately for the particular serv Rate: Give the standard rate c 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	n blocks in spa y transmission umber of billing ice at the rate harged for eac . (Example: "\$ counts allowed in space E, th a to their subsc e: Where an ir	ce E call service. gs in that indicated ch catego 20/mth"). for adva e form lis cribers. G adividual	for the number of In general, you ca t category (the num d—not the number ory of service. Inclu . Summarize any s nce payment. sts the categories Sive the number of or organization is	subsc an com mber c of set ude bc standa of sec subsc receiv	ribers to the ca pute the numb of persons or orgonic ts receiving servite the amount of rd rate variation ondary transmise pribers and rate ing service that	er of subsc ganizations vice). of the charg as within a ssion servi for each lis falls unde	rribers in s charged ge and the particular rate ce that cable sted category r different	
	subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	ble service to once again unc has rate categ iers of services and rates, in th	additiona ler "Serv ories for s that inc	al sets would be in ice to additional se secondary transm lude one or more	cludeo et(s)." ission secon	d in the count un service that are dary transmissi	nder "Servi e different t ons), list th tion of the s	ice to the from those nem, together service is	
	BLC	DCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RA1
	Residential: • Service to first set		631	35.95					
	Service to additional set(s)     FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for 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) descript	te (not subscril hose services re two exceptic or facilities furn it in which it is rate column. te charged by t sour cable sy separate charge	ber) infor that are ons: you nished to usually the cable stem furn ge was m de the ra	mation with respendent offered in com do not need to give nonsubscribers. I billed. If any rates system for each on hished or offered of hade or establishe	bination e rate Rate ir are ch of the st luring	on with any sec information cor nformation shou narged on a var applicable servi the accounting	ondary trar icerning (1 ild include iable per-p ces listed. period that	nsmission ) services both the rogram basis, t were not	
	CATEGORY OF SERVICE	RATE	-	ORY OF SERVIC	E	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:			tion: Non-resider	ntial				
	Pay cable     Add'l channel	59.95 02.05		el, hotel				ble Add'l Ch	10. 19
	Pay cable—add'l channel     Fire protection	92.95	_	nmercial cable				ble Add'l Ch ble Add'l Ch	18. 9.
	•Burglar protection		-	cable-add'l chann	el		. ay ca		
	Installation: Residential		-	protection					
	• First set	99.00	• Burg	glar protection					
	<ul> <li>Additional set(s)</li> </ul>		Other s	ervices:					
	• FM radio (if separate rate)			onnect		25.00			
	Converter	4.00		onnect					
			<ul> <li>Outl</li> </ul>	et relocation					
				e to new address		99.00			

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE
Name	FBN Indiana, Inc.			
	PRIMARY TRANSMITTERS:	: TELEVISION		
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, <b>Substitute Basis Station</b> basis under specific FCC f • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in eace educational station, by ent (for independent multicast For the meaning of these <b>Column 4:</b> Give the locati	d also in space I, if the station was carried tion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-a	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st ried by your cable system on a su e Special Statement and Program both on a substitute basis and al- see page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep ision station for broadcasting over tation, an independent station, or or network multicast), "I" (for independent tions in the paper SA1-2 form, he community to which the station	t-time basis under grams [sections tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBBM	2.1	N	Chicago IL
	WMAQ	5.1	N	Chicago IL
Rows as Necessary	WLS	7.1	N	Chicago IL
	WGN	9.1	l	Chicago IL
	wttw	11.1	E	Chicago IL
	WNDU	16.1	l	South Bend IN
	WLFI	40.4		
		18.1	<b>I</b>	LaFayette IN
	WCIU	18.1 26.1	   	LaFayette IN Chicago IL
			I I I	
	WCIU	26.1		Chicago IL
	WCIU WCPX	26.1 38.1		Chicago IL Chicago IL
	WCIU WCPX WSNS	26.1 38.1 44.1		Chicago IL Chicago IL Chicago IL
	WCIU WCPX WSNS WPWR	26.1 38.1 44.1 50.1	•	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL
	WCIU WCPX WSNS WPWR WYIN	26.1 38.1 44.1 50.1 56.1	•	Chicago IL Chicago IL Chicago IL Chicago IL Gary IN
	WCIU WCPX WSNS WPWR WYIN WJYS	26.1 38.1 44.1 50.1 56.1 62.1	E	Chicago IL Chicago IL Chicago IL Chicago IL Gary IN Chicago IL
	WCIU WCPX WSNS WPWR WYIN WJYS WBBM-2.2	26.1 38.1 44.1 50.1 56.1 62.1 2.2	E I N-M	Chicago IL Chicago IL Chicago IL Chicago IL Gary IN Chicago IL Chicago IL
	WCIU WCPX WSNS WPWR WYIN WJYS WBBM-2.2 WMAQ-5.2	26.1 38.1 44.1 50.1 56.1 62.1 2.2 5.2	E I N-M N-M	Chicago IL Chicago IL Chicago IL Chicago IL Gary IN Chicago IL Chicago IL Chicago IL Chicago IL
	WCIU WCPX WSNS WPWR WYIN WJYS WBBM-2.2 WMAQ-5.2 WLS-7.2	26.1 38.1 44.1 50.1 56.1 62.1 2.2 5.2 7.2	E I N-M N-M N-M	Chicago IL Chicago IL Chicago IL Chicago IL Gary IN Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL
	WCIU WCPX WSNS WPWR WYIN WJYS WBBM-2.2 WMAQ-5.2 WLS-7.2 WGN-9.2	26.1 38.1 44.1 50.1 56.1 62.1 2.2 5.2 7.2 9.2	E I N-M N-M N-M I-M	Chicago IL Chicago IL Chicago IL Chicago IL Gary IN Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL
	WCIU WCPX WSNS WPWR WYIN WJYS WBBM-2.2 WMAQ-5.2 WLS-7.2 WGN-9.2 WGN-9.3	26.1 38.1 44.1 50.1 56.1 62.1 2.2 5.2 7.2 9.2 9.3	E I N-M N-M N-M I-M I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Gary IN Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL
	WCIU WCPX WSNS WPWR WYIN WJYS WBBM-2.2 WMAQ-5.2 WLS-7.2 WGN-9.3 WTTW-11.2	26.1 38.1 44.1 50.1 56.1 62.1 2.2 5.2 7.2 9.3 11.2	E I N-M N-M N-M I-M I-M E-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Gary IN Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL
	WCIU WCPX WSNS WPWR WYIN WJYS WBBM-2.2 WMAQ-5.2 WLS-7.2 WGN-9.2 WGN-9.3 WTTW-11.2 WTTW-11.3	26.1 38.1 44.1 50.1 56.1 62.1 2.2 5.2 7.2 9.2 9.3 11.2 11.3	E I N-M N-M N-M I-M I-M E-M E-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Gary IN Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL

•				FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
	FBN Indiana, Inc.			4039
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b>	ntify every television station (including n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th (2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations:	t (1) stations carried only on a part-time ne carriage of certain network program 1(e)(2) and (4))]; and (2) certain station	ne basis under ns [sections ons carried on a
	• Do <i>not</i> list the station here station was carried <i>only</i> on a	in space G—but do list it in space I (th		
	basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe	n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the he form. I number the FCC assigned to the tele	see page (v) of the general instructio orogram services such as HBO, ESP1 e-air designation. For example, repor	ns. N, etc. Identify each t 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 location	RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" ( "E" (for noncommercial educational), o rms, see page (iv) of the general instru n of each station. For U.S. stations, list	(for network multicast), "I" (for independent or "E-M" (for noncommercial education actions in the paper SA1-2 form. the community to which the station is	ndent), "I-M" nal multicast). s licensed by the
		lian stations, if any, give the name of th	·	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WCIU-26.2	26.2	I-M	Chicago IL
	WCIU-26.3	26.3	I-M	Chicago IL
ows as Necessary	WCIU-26.3 WCIU-26.4	26.3 26.4	I-M	
ows as Necessary				Chicago IL
ows as Necessary	WCIU-26.4	26.4	I-M	Chicago IL Chicago IL
vs as Necessary	WCIU-26.4 WCIU-26.5	26.4 26.5	I-M I-M	Chicago IL Chicago IL Chicago IL
vs as Necessary	WCIU-26.4 WCIU-26.5 WJYS-62.2	26.4 26.5 62.2	I-M I-M I-M	Chicago IL Chicago IL Chicago IL Chicago IL
vs as Necessary	WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3	26.4 26.5 62.2 62.3	I-M I-M I-M I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL
vs as Necessary	WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4	26.4 26.5 62.2 62.3 62.4	I-M I-M I-M I-M I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL
ws as Necessary	WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2	26.4 26.5 62.2 62.3 62.4 38.2	I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL
ws as Necessary	WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.3	26.4 26.5 62.2 62.3 62.4 38.2 38.3	I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL
ows as Necessary	WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.3 WCPX-38.4	26.4 26.5 62.2 62.3 62.4 38.2 38.3 38.4	I-M I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL
ows as Necessary	WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.3 WCPX-38.4 WFLD-32-1	26.4 26.5 62.2 62.3 62.4 38.2 38.3 38.4 32.1	I-M I-M I-M I-M I-M I-M I-M I-M I-M N	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL
tows as Necessary	WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.3 WCPX-38.4 WFLD-32-1 WYIN-56.2	26.4         26.5         62.2         62.3         62.4         38.2         38.3         38.4         32.1         56.2	I-M I-M I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL
Rows as Necessary	WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.3 WCPX-38.4 WFLD-32-1 WYIN-56.2	26.4         26.5         62.2         62.3         62.4         38.2         38.3         38.4         32.1         56.2	I-M I-M I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL
Rows as Necessary	WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.3 WCPX-38.4 WFLD-32-1 WYIN-56.2	26.4         26.5         62.2         62.3         62.4         38.2         38.3         38.4         32.1         56.2	I-M I-M I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL
Rows as Necessary	WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.3 WCPX-38.4 WFLD-32-1 WYIN-56.2	26.4         26.5         62.2         62.3         62.4         38.2         38.3         38.4         32.1         56.2	I-M I-M I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL
Rows as Necessary	WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.3 WCPX-38.4 WFLD-32-1 WYIN-56.2	26.4         26.5         62.2         62.3         62.4         38.2         38.3         38.4         32.1         56.2	I-M I-M I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL
Rows as Necessary	WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.3 WCPX-38.4 WFLD-32-1 WYIN-56.2	26.4         26.5         62.2         62.3         62.4         38.2         38.3         38.4         32.1         56.2	I-M I-M I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL
Rows as Necessary	WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.3 WCPX-38.4 WFLD-32-1 WYIN-56.2	26.4         26.5         62.2         62.3         62.4         38.2         38.3         38.4         32.1         56.2	I-M I-M I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL
Rows as Necessary	WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.3 WCPX-38.4 WFLD-32-1 WYIN-56.2	26.4         26.5         62.2         62.3         62.4         38.2         38.3         38.4         32.1         56.2	I-M I-M I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL
Rows as Necessary	WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.3 WCPX-38.4 WFLD-32-1 WYIN-56.2	26.4         26.5         62.2         62.3         62.4         38.2         38.3         38.4         32.1         56.2	I-M I-M I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL

EGAL NAME OF		CABLE S	YSTEM:					SYSTEM I 40
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processes 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 par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0				5,0		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	FBN Indiana, Inc.							4039
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM I O	G			
	In General: In space I, ident				-	tion that vo	ur cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	-		root of this pr	ao blonk. If your onower i	- "Voo " vouu	⊐ must somnl	-	
	Note: If your answer is "No	, leave the	e rest of this pa	ige blank. If your answer is	s res, you	must compi	ete the prot	Jram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if th	neir meanin	n is
	clear. If you need more spa				s wherever p	0001010, 11 11		910
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			erban. List specific progra		example, i	LOVE LUCY	01
	_		dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
				the community to which th			he FCC or,	in
	the case of Mexican or Car Column 5: Give the more			stem carried the substitute			s with the r	nonth
	first. Example: for May 7 gi		when your sy		s program. O		3, with the f	nontin
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accur	ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m	. should be	-
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for prog	remains a the	t vour ovete		vire d
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		, ,			Ū		
	s	UBSTITUT	E PROGRAM	1		N SUBSTI AGE OCC		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
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Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FBN Indiana, Inc.	S	YSTEM ID# 4039
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (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.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	5 <mark>,106.70</mark>
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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • 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.	63,800	
	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 t accounting period is \$52.00	his six-mon	
	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 \$137,1	00)	
	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 Due	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 informati		nts!

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OI	F OWNER OF CABLE SYSTEM: , <b>Inc.</b>	SYSTEM ID# 4039
M Channels	<ol> <li>to its subscribe</li> <li>1. Enter the to system carrie</li> <li>2. Enter the to on which the</li> </ol>	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. otal number of channels on which the cable ed television broadcast stations	36 131
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	Eric Galbreath Telephone 2	219-866-7101
	Address	P O Box 319 (Number, street, rural route, apartment, or suite number) Rensselaer, In. 47978 (City, town, state, zip)	
	Email	egalbreath@nitco.com Fax (optional) 219-866-5785	
O Certification	I, the undersig     (Ow     (Age     X     (Of     I have examinare true, comp	(This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Iner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein elete, and correct to the best of my knowledge, information, and belief, and are made in good faith. (ction 1001(1986)]	ystem as identified
		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: Eric Galbreath Title: VP of Rensselaer Operations (Title of official position held in corporation or partnership)	
		Date: 8/18/2020	

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.

unting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Indiana, Inc.	403
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."         For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.         During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?         NO         YES. Enter the total here and list the satellite carrier(s) below.       \$	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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