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	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable Systems (Short Form)		\$	For additional information,
General instructions are located in the first tab of this workbook	08/31/20	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Counting Period Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 J20201 Barcode Data Filing Period (optional - see instructions) Accounting Period Instructions: B Over Set 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 parter corporation. Ust 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. Image: Setting Division. Check here if this is the system's first filing. If not, enter the system's 10 number assigned by the Licensing Division. Image: Setting Division. LEGAL NAME OF OWNER (OF CABLE SYSTEM Mashell Telecom, Inc. BUSINESS NAME(c) OF OWNER OF CABLE SYSTEM Mashell Telecom, Inc. BUSINESS NAME(c) OF OWNER OF CABLE SYSTEM Period Setting MALUNG ADORESS OF OWNER OF CABLE SYSTEM Period Setting During: were different or submerses. Period 1 submerses. Exponence Mature ADORESS OF OWNER OF CABLE SYSTEM Period Setting During: were different or submerses. Period 1 submerses. Exponence Period 1 submerses. Dinter: were different or submerses the set of the sy	Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
Accounting Period R Accounting Period R			Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
B 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. Efficiency Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division. Efficiency LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Mashell Telecom, inc. BUSINESS NAME(8) OF OWNER OF CABLE SYSTEM PO Box 833 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 DENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2	-		20201 Barcode Data Filing Period (optional - see instructions)
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Mashell Telecom, Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) Rainier Connect MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 639 (Number, street, rural route, apartment, or suite number) Eatomase Image: System 1 IDENTIFICATION OF CABLE SYSTEM: 2 Number, street, rural route, apartment, or suite number)			
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1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)	С		
MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number)	System	1	IDENTIFICATION OF CABLE SYSTEM:
2 (Number, street, rural route, apartment, or suite number)			
			MAILING ADDRESS OF CABLE SYSTEM:
(City, town, state, zip code)		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 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.

Name LEGAL NATE OF OWNER OF CALLE SYSTEM. SYS Instruction, Inc. Instruction, Inc. Instruction, Inc. Instruction, List cath separate community sived by the cable system, A "community" is the same as a "community util" as defined in the instruction intercepticated areas and including anticepticated community with instruction that you list will save as a form of system dentification hereaf as the "instruction," Preserve at as the first community on all faute filters and properties such as hotels, spartnered, condoninium, or mobile home parks should be reported in parentheces below undertified or type in the instruction of the tree instruction. Area ChrY de Town Statu: First ChrY de Town Statu: First ChrY de Town Statu: Ornham WAA MAA Served ChrY de Town Statu:			FORM SA1-2E. PAGI
Mashell Telecom, Inc. D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in F "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereaf 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 home parks should be reported in parentheses below identified city. First CITY OR TOWN STATE Community Puyallup WA O Graham WA WA Graham WA	Name		SYSTEMI
D "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereaf as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below identified city. First CITY OR TOWN STATE Community Puyallup WA Quarter of the second of th	Humo	Mashell Telecom, Inc.	621
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Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below identified city. First CITY OR TOWN STATE Community Eatonville WA Graham WA Id Rows as Necessary Spanaway WA	Р		
Area 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 home parks should be reported in parentheses below identified city. First CITY OR TOWN State State Puyallup WA Orana Graham WA WA Orana WA	U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	you list will serve as a form of system identification hereafter know
Area Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below identified city. First CITY OR TOWN STATE Community Puyallup WA Id Rows as Necessary Spanaway WA			
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ld Rows as Necessary Spanaway WA	First	Eatonville	WA
d Rows as Necessary Spanaway WA	Community	Puyallup	WA
d Rows as Necessary Spanaway WA			WA
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		lacoma	WA
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Index <tr< td=""><td></td><td></td><td></td></tr<>			

	LEGAL NAME OF OWNER OF C							FORM SA1	
Name	Mashell Telecom, Inc.							010	6212
E	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
	system, that is, the retransmission	•		-		•			
Secondary	about other services (including p						those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hle system	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n	umber of billing	gs in tha	it category (the	number c	of persons or ore	ganizations		
	separately for the particular server Rate: Give the standard rate of							ne and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	ounts allowed	for adva	ance payment.					
	Block 1: In the left-hand block			0					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			0		0			
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t	-		-					
	with the number of subscribers a	and rates, in th	e right-h	and block. A t	vo- or thre	e-word descript	ion of the	service is	
	sufficient.						BLOC	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF		NO. OF SUBSCRIBERS	RAT
	Residential:	SOBSCIUD			UA II		(VIOL	SOBSCINIBLING	
	Service to first set		712	20.99	Hospita	ality		1	42.
	 Service to additional set(s) 								
	• FM radio (if separate rate)								I
	Motel, hotel								
	Commercial		7	75.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra	•	,		-	• •			
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services	or facilities fur	nished to	o nonsubscribe	ers. Rate in	nformation shou	ld include	, both the	
Other Than	amount of the charge and the un		usually	billed. If any ra	ates are ch	narged on a vari	able per-p	rogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		the cable	e system for ea	ach of the	applicable servi	ces listed.		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				ished. List	these other ser	vices in th	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the ra	ate for each.			T		
		BLO	-					BLOCK 2	r
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER ation: Non-res		RATE	CATEG	ORY OF SERVICE	RAT
	Pay cable	14.99-18.99		tel, hotel	iuentiai		Finishe	ed Outlet	5.0
	i uy oubio			nmercial		43.95	Trip Ch		16.0
	• Pay cable—add'l channel	14.99-18.99	-	/ cable			Digital		
	Pay cable—add'l channel Fire protection	14.99-18.99					· · · · · · · · · · · · · · · · · · ·	MUSIC	25.9
		14.99-18.99		/ cable-add'l ch	annel		DVR 10	Music)0 Hours	25.9
	Fire protection	14.99-18.99	• Pay		annel				
	Fire protection Burglar protection	43.95	• Pay • Fire	/ cable-add'l ch			DVR 1	0 Hours	5.0
	Fire protection Burglar protection Installation: Residential		• Pay • Fire • Bur	v cable-add'l ch e protection			DVR 18 DVR 20	00 Hours 50 Hours	5.0 10.0 15.0
	 Fire protection Burglar protection Installation: Residential First set 		• Pay • Fire • Bur Other s	v cable-add'l ch protection glar protection		31.00	DVR 18 DVR 20 Standa	00 Hours 50 Hours 00 Hours	5.0 10.0 15.0 39.0 55.0
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Fire • Bur Other s	v cable-add'l ch protection glar protection services:		31.00	DVR 15 DVR 20 Standa Digital Stream	00 Hours 50 Hours 00 Hours rd CATV pkg. CATV pkg. ing Devices	5.0 10.0 15.0 39.0 55.0 39.9
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Fire • Bur • Bur • Rec • Dis	v cable-add'l ch protection glar protection services: connect		31.00	DVR 15 DVR 20 Standa Digital Stream	00 Hours 50 Hours 00 Hours rd CATV pkg. CATV pkg.	5. 10. 15. 39. 55.

counting Period: 2	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Mashell Telecom, Inc.			62126
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	a during the accounting period, except of effect on June 24, 1981, permitting to (2) and (4), or 76.63 (referring to 76.1 explained in the next paragraph. With respect to any distant stations of es, regulations, or authorizations: in space G—but do list it in space I (if a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-the form. I number the FCC assigned to the tell RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), ms, see page (iv) of the general instr-	translator stations and low power tele of (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	ne basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КОМО	4	N	Seattle, WA
	KING	5	N	Seattle, WA
d Rows as Necessary	KONG	6	l	Everett, WA
	KIRO	7	N	Seattle, WA
	KZJO	8	I	Seattle, WA
	KCTS	9	E	Seattle, WA
	КВТС	10	E	Tacoma, WA
	KSTW	11	Ι	Tacoma, WA
	ктвw	12	Е	Tacoma, WA
	KCPQ	13	N	Tacoma, WA
	TVW	19	E	Olympia, WA
	PCTV	20	E	Tacoma, WA

LEGAL NAME OF								SYSTEM I 621
	t every radio s	station c) arried on a separate and disc nerally receivable by your ca					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 signal, indicate Column 4: G	it is carried b monitoring, to prmation abourn. dentify the cal tate whether the radio stat this by placing Sive the station	y the sys be rece it the Co I sign of the station tion's sig g a chec n's locat	II-Band FM Carriage: Under stem whenever it is received ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. Inal was electronically proces k mark in the "S/D" column. ion (the community to which t	at the system's h system's FM an this point, see p sed by the cable the station is lice	eadend, and (tenna, during age (v) of the system as a s nsed by the F	(2) it car certain : general separate	a be expected, stated intervals. instructions in the. e and discrete	Primary Transmitters Radio
			the community with which th			0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	d: 2020/1						FC	ORM SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Mashell Telecom, Inc.							62126
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G			
	In General: In space I, ident				-	tion that y	our cable i	evetem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	• •		•				
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network te	levision pi	rogram
Statement and Program Log	broadcast by a distant sta		-	-	-		YES	X
r rogram Log	-				«»./ »		-	
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you i	must comp	plete the p	rogram
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subs			ata lina. Lisa abbraviations	whorovor p	osciblo if	thoir moo	aing is
	clear. If you need more spa				s wherever p	ossidie, ii	inen mea	ling is
				vision program ("substitute	e program") t	hat, during	the acco	unting
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ed for the pr	ogrammin	g of anoth	er station
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra	in uties, for e	example,	I Love Lu	cy of
	_		dcast live, ent	er "Yes." Otherwise enter "	'No."			
	Column 3: Give the call	sign of the	station broadd	asting the substitute progr	am.			
				the community to which the			the FCC	or, in
	the case of Mexican or Car			stem carried the substitute			ale with th	e month
	first. Example: for May 7 gi		when your sy		program. O	se numera	ais, with th	
			e substitute pr	ogram was carried by you	cable syste	m. List the	times ac	curately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	6:28:30 p.r	n. should	be
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for prog	comming the	t vour ovet	om 1400 r	awirod
	to delete under FCC rules a			n was substituted for progr				
	was substituted for program							program
	effect on October 19, 1976	•	, ,	I		5		
					1			
						N SUBST		7. REASON FOR
			E PROGRAM		CARRI	AGE OCO	JUKKED	
	1. TITLE OF PROGRAM	Yes or No	3. STATIONS			6	TIMES	DELETION
		103 01 10	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TC	DELETION
		103 01 100	CALL SIGN					DELETION
			CALL SIGN					DELETION
			CALL SIGN					DELETION
			CALL SIGN					DELETION
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Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mashell Telecom, Inc.	SI	/STEM ID# 62126
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	,985.00 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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	his six-mon	
	accounting period is \$52.00 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		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	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		<u> </u>
	FILING FEE AND TOTAL REMITTANCE DUE		
Filian Francis			
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 informati		nts!

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: m, Inc.	SYSTEM ID# 62126
M Channels	 to its subscribers, 1. Enter the total is system carried to 2. Enter the total is on which the call 	u must give (1) the number of channels on which the cable system carried television broadcast statio and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable elevision broadcast stations	ns 15 200
N Individual to Be Contacted for Further		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom bout this statement of account.) Danielle Clausen	one (360) 832-4130
Information	Address	PO Box 639 (Number, street, rural route, apartment, or suite number)	
		Eatonville, WA 98328 (City, town, state, zp)	0.0045
		danielle.clausen@rainierconnect.net Fax (optional) (866) 31	
O Certification	X (Owner (Agent in lin (Office in lin • I have examined	d, hereby certify that (Check one, <i>but only one</i> , of the boxes.) other than corporation or partnership) I am the owner of the cable system as identified in line 1 of sp of owner other than corporation or partnership) I am the duly authorized agent of the owner of the ca he 1 of space B and that the owner is not a corporation or partnership; or or opartner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified a he 1 of space B. the statement of account and hereby declare under penalty of law that all statements of fact contained h , and correct to the best of my knowledge, information, and belief, and are made in good faith. h 1001(1986)]	able system as identified as owner of the cable system
		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: Brian Haynes Title: CEO/President (Title of official position held in corporation or partnership) Date: 8/31/2020	
<u> </u>	<u> </u>		

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.

counting Period: 2020/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ashell Telecom, Inc.	62126
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?	
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. 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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
······	_
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
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x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	

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