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

| STATEME | ENT OF ACCOUNT | FOR COPYRIGH | T OFFICE USE ONLY | Return completed workbook by email to: |
|----------------------|---|--|--|---|
| for Seconda | ry Transmissions by | DATE RECEIVED | AMOUNT | coplicsoa@copyright.gov |
| General instruc | <i>ms (Short Form)</i> ctions are located of this workbook | 8/26/20 | \$ ALLOCATION NUMBER | For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |
| Α | ACCOUNTING PERIOD COVERED | BY THIS STATEMENT: (YY | YY/(Period)) | |
| | 2020/1 | Period 1 = January 1 - June 30 | Period 2 = July 1 - December 31 | |
| | | Barcode Data Filing Period (optional | - see instructions) | |
| Accounting Period | | | | |
| | Instructions: | | | |
| В | Give the full legal name of the owner of th of the subsidiary, not that of the parent co | | iary of another corporation, give the full corpo | orate title |
| Owner | List any other name or names under which | the owner conducts the business of the | e cable system. | |
| | If there were different owners during the a single statement of account and royalty fe | | e last day of the accounting period should sub ng period. | omit a |
| | Check here if this is the system's first filing | . If not, enter the system's ID number a | ssigned by the Licensing Division. | 62458 |
| | | | | |
| | LEGAL NAME OF OWNER/MAILING | ADDRESS OF CABLE SYSTEM | | |
| | Pioneer Telephone Cooperative, Inc | | | |
| | BUSINESS NAME(S) OF OWNER OF | CABLE SYSTEM (IF DIFFERENT) | | |
| | | | | |
| | MAILING ADDRESS OF OWNER OF | CABLE SYSTEM | | |
| | PO Box 539 (Number, street, rural route, apartment, or suite n | umber) | | |
| | Kingfisher, OK 73750 (City, town, state, zip) | | | |

 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 suffciency of the filing, a determination that would be made by a court of law.

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.

С

System

1

IDENTIFICATION OF CABLE SYSTEM:

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
|---------------------|---|---|
| | Pioneer Telephone Cooperative, Inc. | 624 |
| | Instructions: List each separate community served by the cable system. A "communi | ty" is the same as a "community unit" as defined in FCC rule |
| - | "a separate and distinct community or municipal entity (including unincorporated co | |
| D | discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li | |
| | | st will serve as a form of system identification hereafter kind |
| | 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 h | ome parks should be reported in parentheses below the |
| Area | identified city. | |
| Served | | |
| | | |
| | | |
| | CITY OR TOWN | STATE |
| First | Temple | OK |
| | | |
| Community | Chattanooga | ОК |
| | Comanche | OK |
| | Davidson | ОК |
| d Rows as Necessary | | |
| | Frederick | ОК |
| | Grandfield | OK |
| | | ОК |
| | Hastings | |
| | Loco | OK |
| | Manitou | OK |
| | Tipton | ОК |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | 1 | | | | | | | FORM SA1- | |
|---------------------------|---|-----------------|--|--|----------|----------------------|-------------|----------------|------|
| Name | LEGAL NAME OF OWNER OF C | ABLE SYSTEM | : | | | | | SYS | |
| | Pioneer Telephone Coo | perative, In | С. | | | | | | 6245 |
| _ | SECONDARY TRANSMISSION | SERVICE: SU | JBSCR | IBERS AND R | ATES | | | | |
| E | In General: The information in s | | | | | | | | |
| Cocondom | system, that is, the retransmission | | | | | | | | |
| Secondary Transmission | about other services (including plast day of the accounting period | | | | | | lnose exisi | ung on the | |
| Service: Sub- | Number of Subscribers: Both | | | | | , | ble system | ı, broken | |
| scribers and | down by categories of secondar | • | | • | | • | | | |
| Rates | each category by counting the n separately for the particular serv | | - | ••• | | | | charged | |
| | Rate: Give the standard rate of | | | | | | | 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 | • | | 0 | | | | | |
| | that applies to your system. Not | | | | | | | 0, | |
| | categories, that person or entity | | | - | | - | | | |
| | 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 f | rom those | |
| | printed in block 1 (for example, t | - | | • | | | | | |
| | with the number of subscribers a | | | | | • | , | - | |
| | sufficient. | | | | 1 | - | | | |
| | BLC | DCK 1 NO. OF | | | | | BLOCK | K 2 NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIB | | RATE | CATI | EGORY OF SEF | RVICE | SUBSCRIBERS | RAT |
| | Residential: | | | | | | | | |
| | Service to first set | | 12 | 29.95-90.95 | Essent | | | 3 | 86.9 |
| | Service to additional set(s) | | | | Comple | ete | | 549 | 96.9 |
| | • FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | 1 | 96.95 | | | | | |
| | Commercial | | 14 | | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMIS | SIONS: RATE | S | | | | |
| F | In General: Space F calls for ra | • | ' | | • | | | | |
| Г | not covered in space E, that is, t | | | | | | | | |
| Services | service for a single fee. There ar furnished at cost or (2) services | • | | | • | | | , | |
| Other Than | amount of the charge and the ur | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | | | | | | | |
| ransmissions: Rates | Block 1: Give the standard rat Block 2: List any services that | | | | | | | were not | |
| Rates | listed in block 1 and for which a | | | | | | | | |
| | brief (two- or three-word) descrip | tion and includ | , de the r | ate for each. | | | | | |
| | | BLO | CK 1 | | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE | RATE | | GORY OF SER | VICE | RATE | CATEGO | DRY OF SERVICE | RAT |
| | A # 1 A 1 | | Install | ation: Non-res | idential | | | | |
| | Continuing Services: | | • Mo | otel, hotel | | | | | |
| | Pay cable | | | | | | | | |
| | - | | • Co | mmercial | | | | | |
| | • Pay cable | | _ | mmercial y cable | | | | | |
| | • Pay cable • Pay cable—add'l channel | | • Pa | | nannel | | | | |
| | Pay cable Pay cable—add'l channel Fire protection | | • Pa • Pa | y cable | nannel | | | | |
| | Pay cable Pay cable—add'l channel Fire protection Burglar protection | | • Pa • Pa • Fire | y cable y cable-add'l cl | | | | | |
| | Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential | 85.00 | • Pa • Pa • Fire • Bu | y cable y cable-add'l cl e protection | | | | | |
| | Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set | 85.00 | • Pa • Pa • Fire • Bu Other | y cable y cable-add'l cl e protection rglar protection | | 15.00 | | | |
| | Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) | 85.00 | • Pa • Pa • Fire • Bu Other • Re | y cable y cable-add'l cl e protection rglar protection services: | | 15.00 emaining mo | | | |
| | Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) | 85.00 | • Pa • Pa • Firo • Bu Other • Re • Dis | y cable y cable-add'l cl e protection rglar protection services: connect | | | | | |

| ounting Period: 2 | | | | FORM SA1-2E. PA |
|--|---|---|--|---|
| Name | LEGAL NAME OF OWNER OF | F CABLE SYSTEM: | | SYSTEM |
| | Pioneer Telephone Co | ooperative, Inc. | | 62 [,] |
| | PRIMARY TRANSMITTERS: | TELEVISION | | |
| G Primary ransmitters: Television | carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC rules | entify every television station (including tr m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61) is explained in the next paragraph. a: With respect to any distant stations car ules, regulations, or authorizations: | (1) stations carried only on a particle carriage of certain network prog (e)(2) and (4))]; and (2) certain si ried by your cable system on a s | t-time basis under grams [sections tations carried on a substitute program |
| | station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated | also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a | both on a substitute basis and al ee page (v) of the general instru- ogram services such as HBO, ES | lso on some other ctions. SPN, etc. Identify each |
| | of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio | the form. el number the FCC assigned to the televi /RC is channel 4 in Washington, D.C. n case whether the station is a network st ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list th dian stations, if any, give the name of the | tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the statio | r a noncommercial ependent), "I-M" ational multicast). on is licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | | 00 | | |
| | KFDX | 28 | Ν | Wichita Falls, TX |
| | KFDX KFOR | 28 27 | N N | Wichita Falls, TX Oklahoma City, OK |
| Rows as Necessary | | | | |
| Rows as Necessary | KFOR | 27 | N | Oklahoma City, OK |
| Rows as Necessary | KFOR KAUZ | 27 22 | N N | Oklahoma City, OK Wichita Falls, TX |
| Rows as Necessary | KFOR KAUZ KAUZ-2 | 27 22 6.2 | N N N-M | Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX |
| Rows as Necessary | KFOR KAUZ KAUZ-2 KETA | 27 22 6.2 13 | N N N-M E | Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK |
| l Rows as Necessary | KFOR KAUZ KAUZ-2 KETA KOPX | 27 22 6.2 13 50 | N N N-M E | Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK |
| Rows as Necessary | KFOR KAUZ KAUZ-2 KETA KOPX KJTL | 27 22 6.2 13 50 15 | N N N-M E I I | Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK Wichita Falls, TX |
| Rows as Necessary | KFOR KAUZ KAUZ-2 KETA KOPX KJTL KSWO | 27 22 6.2 13 50 15 11 | N N N-M E I I N | Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX |
| Rows as Necessary | KFOR KAUZ KAUZ-2 KETA KOPX KJTL KSWO KJBO | 27 22 6.2 13 50 15 11 | N N N-M E i i i N i-M | Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX Wichita Falls, TX |
| Rows as Necessary | KFOR KAUZ KAUZ-2 KETA KOPX KJTL KSWO KJBO KFDX-HD | 27 22 6.2 13 50 15 11 | N N-M E i i i N i-M N-M | Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX Wichita Falls, TX |
| Rows as Necessary | KFOR KAUZ KAUZ-2 KETA KOPX KJTL KSWO KJBO KFDX-HD KFOR-HD | 27 22 6.2 13 50 15 11 | N N N-M E i i i N N N-M N-M | Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK |
| Rows as Necessary | KFOR KAUZ KAUZ-2 KETA KOPX KJTL KSWO KJBO KFDX-HD KFOR-HD KAUZ-HD | 27 22 6.2 13 50 15 11 | N N-M E 1 1 1 N N 1-M N-M N-M N-M | Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX Wichita Falls, TX Wichita Falls, TX Wichita Falls, TX Wichita Falls, TX |
| Rows as Necessary | KFOR KAUZ KAUZ-2 KETA KOPX KJTL KSWO KJBO KFDX-HD KFOR-HD KAUZ-HD KETA-HD | 27 22 6.2 13 50 15 11 | N N N-M E I I N I-M N-M N-M N-M N-M E-M | Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX |
| I Rows as Necessary | KFOR KAUZ KAUZ-2 KETA KOPX KJTL KSWO KJBO KFDX-HD KFOR-HD KAUZ-HD KETA-HD KJTL-HD | 27 22 6.2 13 50 15 11 | N N-M E i i N N-M N-M N-M N-M N-M N-M N-M | Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX |
| Rows as Necessary | KFOR KAUZ KAUZ-2 KETA KOPX KJTL KSWO KJBO KFDX-HD KFOR-HD KAUZ-HD KETA-HD KJTL-HD | 27 22 6.2 13 50 15 11 | N N-M E i i N N-M N-M N-M N-M N-M N-M N-M | Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX |
| I Rows as Necessary | KFOR KAUZ KAUZ-2 KETA KOPX KJTL KSWO KJBO KFDX-HD KFOR-HD KAUZ-HD KETA-HD KJTL-HD | 27 22 6.2 13 50 15 11 | N N-M E i i N N-M N-M N-M N-M N-M N-M N-M | Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX |
| Rows as Necessary | KFOR KAUZ KAUZ-2 KETA KOPX KJTL KSWO KJBO KFDX-HD KFOR-HD KAUZ-HD KETA-HD KJTL-HD | 27 22 6.2 13 50 15 11 | N N-M E i i N N-M N-M N-M N-M N-M N-M N-M | Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX |
| I Rows as Necessary | KFOR KAUZ KAUZ-2 KETA KOPX KJTL KSWO KJBO KFDX-HD KFOR-HD KAUZ-HD KETA-HD KJTL-HD | 27 22 6.2 13 50 15 11 | N N-M E i i N N-M N-M N-M N-M N-M N-M N-M | Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX |
| Rows as Necessary | KFOR KAUZ KAUZ-2 KETA KOPX KJTL KSWO KJBO KFDX-HD KFOR-HD KAUZ-HD KETA-HD KJTL-HD | 27 22 6.2 13 50 15 11 | N N-M E i i N N-M N-M N-M N-M N-M N-M N-M | Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX |
| I Rows as Necessary | KFOR KAUZ KAUZ-2 KETA KOPX KJTL KSWO KJBO KFDX-HD KFOR-HD KAUZ-HD KETA-HD KJTL-HD | 27 22 6.2 13 50 15 11 | N N-M E i i N N-M N-M N-M N-M N-M N-M N-M | Oklahoma City, OK Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX |

| EGAL NAME OF Pioneer Tele | | | | | | | | SYSTEM 624 |
|--|---|---|--|---|---|---|---|----------------------------------|
| | every radio s | station ca | arried on a separate and discr nerally receivable by your cab | | | | | н |
| eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G | it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station | y the sys be recei at the Co sign of e the statio ion's sign g a check n's locatio | I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (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 this point, see par ed by the cable s le station is licens | adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0 |) it can ertain st eneral ii eparate a | be expected, ated 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 | |
| CALL SIGN | | 3/D | LOCATION OF STATION | CALL SIGN | AWOTIW | 5/D | LOCATION OF STATION | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Accounting Perio | od: 2020/1 | | | | | | FORM | M SA1-2E. PAGE 5. |
|--------------------------|---|-----------------------|---------------------------|---|---------------------|-------------------|--------------|-------------------|
| Nama | LEGAL NAME OF OWNER OF | CABLE SYS | STEM: | | | | | SYSTEM ID# |
| Name | Pioneer Telephone Co | operative | e, Inc. | | | | | 62458 |
| | SUBSTITUTE CARRIAG | E: SPECI | AL STATEME | NT AND PROGRAM LC | G | | | |
| | In General: In space I, ident | ifv everv no | nnetwork telev | ision program, broadcast by | , a distant sta | tion that you | r 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 t | he paper S | A1-2 form. |
| Carriage: | 1. SPECIAL STATEMEN | | RNING SUBS | TITUTE CARRIAGE | | | | |
| Special Statement and | During the accounting per | riod, did you | ur cable syster | m carry, on a substitute ba | isis, any noni | network telev | ision prog | ram |
| Program Log | broadcast by a distant sta | tion? | | | | | YES | XNO |
| | Note: If your answer is "No | " loovo tha | roct of this pr | ao blank. If your answor i | с "Voc " уоц и | | _ | |
| | - | , leave life | rescortins pa | ige blank. If your answer i | s res, your | must comple | te the prog | Jian |
| | log in block 2. 2. LOG OF SUBSTITUTI | | MS | | | | | |
| | In General: List each subs | | | ate line. Use abbreviation | s wherever p | ossible. if the | eir meaning | a is |
| | clear. If you need more spa | | | | | , | | 5 |
| | | | | vision program ("substitute | | | | |
| | period, was broadcast by a under certain FCC rules, re | | | | | | | |
| | Do not use general categor | | | | | | | |
| | "NBA Basketball: 76ers vs. | Bulls." | | | | 1 / | , | |
| | | | | er "Yes." Otherwise enter | | | | |
| | | | | asting the substitute prog the community to which th | | consod by th | e ECC or | in |
| | the case of Mexican or Car | | | | | | 0001, | |
| | Column 5: Give the more | nth and day | | stem carried the substitute | | | , with the n | nonth |
| | first. Example: for May 7 gi | | | | | | | |
| | to the nearest five minutes. | | | ogram was carried by you | | | | ately |
| | stated as "6:00-6:30 p.m." | | a program car | | 1. 10 p.m. to t | .20.00 p.m. | | |
| | Column 7: Enter the lett | | | n was substituted for prog | | | | |
| | to delete under FCC rules | | | | | | | ogram |
| | was substituted for programe ffect on October 19, 1976 | | your system w | as permitted to delete und | ter FCC rules | s and regulat | ions in | |
| | | • | | | | | | |
| | | | | | | N SUBSTIT | | 7. REASON FOR |
| | | 2. LIVE? | | | | AGE OCCU 6. TI | | DELETION |
| | 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | FROM - | | |
| | | | | | | _ | | |
| | | | | | | | | |
| | | | | | | | - | |
| | | | | | | | | |
| | | | | | | _ | | |
| | | | | | | _ | - | |
| | | | | | | | | |
| | | | | | | | - | |
| | | | | | | | - | |
| | | | | | | | | |
| | | | | | | _ | - | |
| | | | | | | | | |
| | | | | | | | - | |
| | | | | | | | - | |
| | | | | | | - | - | |
| | | | | | | _ | - | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | - | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | - | |
| | | | | | | _ | - | |
| | | | | | | | | |

| Accounting Period: | 2020/1 | | | FORM | 6A1-2E. PAGE 6. |
|-------------------------------|--|-----------------------------|------------------------------------|--------------------------------------|-----------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | 5 | SYSTEM ID# |
| Name | Pioneer Telephone Cooperative, Inc. | | | | 62458 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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 | system's stion of how | econdary transi to compute this | mission servi amount, se \$ 34 | |
| | 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in | 0 but less t information | han \$527,60(| \$263,80(| |
| | BLOCK 1: GROSS RECEIPTS OF \$13 | 7,100 OR | ESS | | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00 | y fee that y | ou must pay for t | his six-month | |
| | Line 1. Royalty fee for accounting period | | | | |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | | | | 0.00 |
| | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add li | ines 1 and 2 | 2 | | |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES | SS (but mo | ore 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 \$26 | 3,800 (but | less than \$527, | 600) | |
| | 1. Enter the amount of gross receipts from space K | \$ | 346,640.87 | | |
| | 2. Base amount under statutory formula | \$ | 263,800.00 | | |
| | 3. Subtract line 2 from line 1 | \$ | 82,840.87 | | |
| | 4. Multiply line 3 by .01 | | \$ | 828.41 | |
| | 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 | 4, 5, and 6 . | | \$ | 2,147.41 |
| | FILING FEE AND TOTAL REMITTANCE DU | JE | | | |
| Filing Fee and | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | | . \$ | 2,147.41 | |
| Total Remittance Due | | | | | |
| | 2. Filing Fee (See the instructions for more information on filing fee calculations) | | <u> </u> | 20.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | | | \$ | 2,167.41 |
| | EFT Trace # or TRANSACTION ID # | | | | |
| | Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-2 form and the | | | | |

| Accounting Period: | 2020/1 | FORM SA1-2E. PAGE 7. |
|------------------------------------|--|---|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Pioneer Telephone Cooperative, Inc. | SYSTEM ID# 62458 |
| M Channels | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on values on which the cable system carried television broadcast stations and nonbroadcast services . | 15 268 |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) | |
| for Further Information | Name Debbie Parks Telephone | |
| | Address PO Box 539 (Number, street, rural route, apartment, or suite number) Kingfisher, OK 73750 (City, town, state, zip) Email daparks@ptci.com Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) | |
| O Certification | I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] | system as identified ner of the cable system |
| | Image: Second system of the end of | |

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. PAG |
|---|---|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
| neer Telephone Cooperative, Inc. | 624 |
| 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? X NO YES. Enter the total here and list the satellite carrier(s) below. | P Special Statemen Concerning Gros Receipts Exclusio |
| | _ |
| Name 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 |
| | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. | Q Interest Assessme |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 Assessm |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |

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 th 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.