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 COPYRIGE	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	08/21/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
	DV THIS STATEMENT. AA		1

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(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: 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
В		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. 62618
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CANBY TELEPHONE ASSOCIATION
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 1189 (Number, street, rural route, apartment, or suite number)
		MT ANGEL OR 97362 (City, town, state, zip)
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
		(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CANBY TELEPHONE ASSOCIATION	62618
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fil Note: Entities and properties such as hotels, apartments, condominiums, or r	ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
Served	identified city.	
	CITY OR TOWN	STATE
First	CANBY	OR
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name			NI					010	6261
		JOCIATIO							
Е	SECONDARY TRANSMISSION		-	-	-				
L	In General: The information in sp								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both								
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular servi							charged	
	Rate: Give the standard rate cl							e and the	
	unit in which it is generally billed.				iny standai	rd rate variation	s within a p	articular rate	
	category, but do not include disc				rice of eac	andon (transmis	aion con <i>i</i> io	a that apple	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity s								
	subscriber who pays extra for ca					l in the count un	der "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system h					service that are	different fro	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	nd rates, in the	e right-h	and block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
	sufficient.				1		BLOCK	0	
	BLC	OCK 1 NO. OF	:				BLUCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:				_				
	Service to first set		1,386	45.98		's Choice/ez	video	854	82.6
	Service to additional set(s)		162	5/10 /mth	HD DVI			145	15.0
	• FM radio (if separate rate)				SD DV			77	10.0
	Motel, hotel				WHOLE	E HOME DVF	K	79	17.0
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS		s				
-	In General: Space F calls for rate					l your cable sys	tem's servio	ces that were	
F	not covered in space E, that is, th								
Services	service for a single fee. There are furnished at cost or (2) services of								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		5 ,	
ransmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip				enea. Elec				
		BLO	∩K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	-	ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable		• Mot	tel, hotel			нво		17.0
	Pay cable—add'l channel		• Cor	nmercial			CINEMA	AX	17.0
	Fire protection		• Pay	/ cable			SHOWT	IME/TMC	17.0
	•Burglar protection		• Pay	/ cable-add'l cł	nannel		STARZ/	ENCORE	15.0
	Installation: Residential			e protection			LATINO		7.0
	• First set		• Bur	glar protection					
	 Additional set(s) 	45.00	Other s	services:			PAY PE	RVIEW	Ρ
		[• Red			10.00			I
	 FM radio (if separate rate) 			connect					
	Converter	9.95		connect					
	· · · /	9.95	• Dis			25.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	CANBY TELEPHONE			62618
	PRIMARY TRANSMITTERS:			
G rimary smitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast). For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-ti- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- ne Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station in	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KATU	2	I	PORTLAND OR
	KRCW	3	I	PORTLAND OR
Necessary	KOIN	6	Ν	PORTLAND OR
	KGW	8	Ν	PORTLAND OR
	КОРВ	10	E	PORTLAND OR
	κρτν	12	l	PORTLAND OR
	KPDX	13	I	VANCOUVER WA
	KUNP	16	Ι	LAGRANDE OR
	KPXG	22	l	SALEM OR
	KNMT	24	I	PORTLAND OR

EGAL NAME OF	OWNER OF C	CABLE SY	/STEM:					SYSTEM II
CANBY TEL	EPHONE A	SSOC	ATION					626
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
Special Instruct eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If signal, indicate Column 4: G	ctions Conce it is carried by monitoring, to prmation about rm. dentify the call tate whether it the radio stat this by placing Sive the station	rning AI y the sys be recein at the Co l sign of of the static tion's sign g a chech n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process a mark in the "S/D" column. on (the community to which th	Copyright Office r t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	regulations, ar eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can ertain si general i eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	1	-				0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2020/1						FOF	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CANBY TELEPHONE	ASSOCIA	TION					62618
	SUBSTITUTE CARRIAG				G			
						ion that you	r achla avat	am corried on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	 During the accounting per 	-			is, any nonnet	twork televi	sion prograr	n
Statement and	broadcast by a distant sta	-			, ,	Ī	YES	X NO
Program Log	, , , , , , , , , , , , , , , , , , ,					L	-	
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE			ta lina. I laa abbuu jatiana .				
	In General: List each subst clear. If you need more spa				wnerever pos	sidle, it thei	r meaning is	5
				ision program ("substitute	program") tha	t, during the	e accounting	a
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substitute	d for the prog	ramming of	another sta	ition
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for furthe	er informatio	n.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lo	ove Lucy" or	
	-		dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
				ne community to which the			FCC or, in	
	the case of Mexican or Can			community with which the tem carried the substitute			with the mo	nth
	first. Example: for May 7 giv		when your sys		program. Ose	numerais,		
			e substitute pro	gram was carried by your	cable system.	List the tim	nes accurate	ely
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. s	hould be	
	stated as "6:00–6:30 p.m."	or "R" if the	listed program	was substituted for progra	mming that y	ourevetem	was require	ad
	to delete under FCC rules a							
				rind the accounting period				
	was substituted for program	nming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ons in	
	effect on October 19, 1976.		our system wa		r FCC rules a	nd regulatio	ons in	
			our system wa			-		Γ
	effect on October 19, 1976.			s permitted to delete unde	WHE	N SUBSTI	TUTE	
	effect on October 19, 1976.		rour system wa	s permitted to delete unde	WHE	N SUBSTI	TUTE	7. REASON FOR DELETION
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI	N SUBSTI	TUTE URRED	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	TE PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR

Accounting Period:	2020/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Ivanio	CANBY TELEPHONE ASSOCIATION	62618
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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
_	COPYRIGHT ROYALTY FEE	
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$26 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. 	53,800
	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 th accounting period is \$52.00	nis six-mon
	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 lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)
	1. Enter the amount of gross receipts from space K \$ 414,481.23	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	1,506.81
	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	
		φ 2,025.01
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2,825.81
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 2,845.81
	EFT Trace # or TRANSACTION ID # 26POL2Q8	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo	

Name Educational Concerns of Calls SYSTEM ON Channels M Channels M Channels M Channels Instructions: You must give (1) the number of advances on which the cable system carried television broadcast stations to its subscriptors, and (2) the cable system Stati number of advances during the accounting period. 1. Enter the total number of advances on which the cable system carried television broadcast stations and nonbroadcast services. Image: Call System Ca	counting Period: 202	20/1						FORM SA1-2E. PAGE 7
M Instructions: You must give (1) the number of channels on which the cable system carried television breadcast stations to its subcribures, and (2) the cable system carried television breadcast stations. 1. Enter the total number of activated channels on which the cable system carried television breadcast stations. 2. Enter the total number of activated channels on which the cable system carried television breadcast stations. 3. Enter the total number of activated channels. 0. With the cable system carried television breadcast stations. and nonbreadcast structes. 1. Enter the total number of activated channels. 0. With the cable system carried television breadcast stations. 1. Enter the total number of activated channels. 0. Nume O Extru	Nomo							SYSTEM ID 62618
and nonbroadcast services	M Ir Channels	nstructions: Ye o its subscribers I. Enter the tota system carried 2. Enter the tota	s, and (2) the cable system's I number of channels on wh television broadcast station I number of activated chann	total numl ch the cabl s	mber of able	f activated channels during the accounting period.	ations	10
Individual bits we can contact about this statement of account.) Individual bits Name Diane Ori Telephone 503 845-444 Address PO Box 1189 Nume, spatnent, et sule number) Mit Angel OR 97362. (Gry, town, subst. zp) Email dori@cbsoregon.com Fax (optional) 503 845-4445 O CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1. the undensigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Imited of space B, or Imited of space B and that the owner of the cable system as identified in line 1 of space B; or Imited of space B and that the owner of the cable system as identified in line 1 of space B; or Imited of space B. Imited of space B. Imited of space B. Imited of space B. Imited of space B. Imited of space B. • 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and orreit to be best of my knowledge, information, and belef, and are made in good faith. (18 U.S.C. Section 1001(1986)) The or of an externoric signature on the line above to certify this statement. Enter signature using an "// signature" (e.g., // John Smith) The: President Title: President Titite of an extere complexient ore partner h								198
Information Address PO Box 1189 (Number, street, run route, apartment, or suite number) Mt Angel OR 97362 (City, toom, state, sp) Email dori@cbsoregon.com Fax (optional) 503 845-4445 O CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) O • 1, the undersigned, hereby certify that (Check one partnership) I am the owner of the cable system as identified in line 1 of space B; or • 0, (Agent of owner other than corporation or partnership) I am the duly authorized agent of the cable system as identified in line 1 of space B; or • 1, the undersigned, hereby certify that (Check one partnership) I am the owner of the cable system as identified in line 1 of space B; or • 0, (Owner other than corporation or partnership) I am the duly authorized agent of the cable system as identified in line 1 of space B; or • 1, 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(1980)) • 1 have examined the statement of account and hereby declare under penalty of law that all statement. Enter signature on the line above to certify this statement. Enter signature on the line above to certify this statement. Enter signature on the line above to certify this statement. Enter signature on the line above to certify this statement. Enter signature on the line above to ce	ndividual to				ORMA	ATION IS NEEDED (Identify an individual to whom		
[Aumber, steel, rual index, apartment, of suble number] Mt Angel OR 97362 (City, town, state, zip) Email dori@cbsoregon.com Fax (optional) 503 845-4445 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1. the undersigned, hereby certify that (Check one, but only one, of the boxes.) © Outrification • 1. the undersigned, hereby certify that (Check one, but only one, of the boxes.) © Over other than corporation or partnership) 1 am the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable s in line 1 of space B. • 1. 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 fath. [18 U.S.C., Section 1001(1986)] Typed or printed name: Paul Hauer Typed or printed name: Paul Hauer Title: President (Title of efficie possible in did in corporation re partnership) The line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)		Name	Diane Ori			Tele	phone 5	03 845-4442
Mt Angel OR 97362 (City, town, state, 2p) Email dori@cbsoregon.com Fax (optional) 503 845-4445 OC CertTiFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 1 (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or • (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or • 1 (Officer or partner) I am an officer (if a corporation) or a partnership) of the legal entity identified as owner of the cable sin line 1 of space B. • 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complex, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] • Typed or printed name: Paul Hauer Typed or printed name: Paul Hauer Title: President Title: President		Address		rtment, or su	suite nur	mber)		
Email dor@cbsoregon.com Fax (optional) 503 845.4445 O CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1, 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 B; or • (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or • (Officer or partner) I am an officer (if a corporation) or a partnership) of the legal entity identified as owner of the cable signature on the legal entity identified as owner of the cable signature on the line above to certify this statement. If 8 U.S.C., Section 1001(1986); • Typed or printed name: Paul Hauer Title: President Title: President Title: President			Mt Angel OR 97362					
O Certification Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) O (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or O (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or O (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable sin 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. IB U.S.C., Section 1001(1986) Exter an electronic signature on the line above to certify this statement. Exter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Paul Hauer Title: President Title: President (Title of official position held in corporation or partnership)		Email		on.com		Fax (optional) 503 8	45-4445	
(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable s 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)] Image: A 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)] Image: A statement of account and herein grant are statement. Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Image: A statement of account number of the cable statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Image: A statement of account number of the capital position held in corporation or partnership)	-	ERTIFICATION	(This statement of account	nust be ce	certified	and signed in accordance with Copyright Office regula	tions)	
 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 owner of the cable s 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)] Marce A., Section 1001(1986) 	Certification •				-		pace B [.] or	r
 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 owner of the cable s 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)] Marcine A. (1990) Marcine A. (1990)<td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td>								
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)] $ \begin{array}{c} \hline \hline$		in	line 1 of space B and that the	owner is no	not a c	orporation or partnership; or	-	
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)]				(if a corpor	oration)) or a partner (if a partnership) of the legal entity identified a	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: Paul Hauer Title: President (Title of official position held in corporation or partnership)	а	are true, complet	e, and correct to the best of m				nerein	
Typed or printed name: Paul Hauer Title: President (Title of official position held in corporation or partnership)				X	/s/	/ Paul Hauer		
Title: President (Title of official position held in corporation or partnership)								
(Title of official position held in corporation or partnership)			Typed or print	ed name:	: Pa	aul Hauer		
Date: 8/21/20			Date:			8/21/20		

Firvacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephol numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

unting Period: 2020/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
IBY TELEPHONE ASSOCIATION	626
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Concerning Gros
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.	Receipts Exclusio
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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
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	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	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	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	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	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	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	Interest Assessment
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	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	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	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	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	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	interest Assessme - ays - -
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	interest Assessme - ays - -

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.