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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
8/27/2020	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

## coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

_	
A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
Accounting Period	
	Instructions:
В	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	HTC Communications Co.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	P.O. Box 149 (Number, street, rural route, apartment, or suite number)
	Waterloo, IL 62298
	(City, town, state, 2:p)
С	<b>INSTRUCTIONS:</b> 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.
System	IDENTIFICATION OF CABLE SYSTEM:
	HTCCOMM
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number).
	Z (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 suffciency of the fling, a determination that would be made by a court of law.

HTC Communications Co.  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single 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 kn 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 the identified city.  CITY OR TOWN STATE  Waterloo IL Columbia IL  Columbia IL  TORINGIA  ROSSIANIA  IL  TORINGIA  IL  TORINGIA  TORI		LEGAL NAME OF COMMED OF CAST STORES	FORM SA1-2E. PAG
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single 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 kn 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 the identified city.  CITY OR TOWN STATE  Prairie Du Rocher IL  Columbia IL  Red Bud IL  Dupo IL  Maeystown IL  Ruma IL  East Carondelet IL  Fults IL  LI  LI  LI  LI  LI  LI  LI  LI  LI	Name		SYSTEM
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single 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 kn 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 the identified city.    CITY OR TOWN			
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 kn 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 the identified city.  CITY OR TOWN  STATE  CITY OR TOWN  Prairie Du Rocher  COlumbia  IL  COlumbia  IL  Red Bud  IL  Maeystown  IL  Maeystown  IL  Ruma  IL  Fast Carondelet  Fults  IL			
Area Served  CITY OR TOWN First Waterloo IL Columbia IL Columbia IL Maeystown IL Red Bud IL Dupo IL Red Bud IL First Maeystown IL Ruma IL Fults IL Fults IL Fults IL Fults IL Fults IL Fults IL III Fults III III Fults III III III III III III III III III I	D		
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.    CITY OR TOWN			st will serve as a form of system identification hereafter kno
Area Served identified city.  CITY OR TOWN STATE  First Waterloo IL  Community Prairie Du Rocher IL  Columbia IL  Valmeyer IL  Red Bud IL  Dupo IL  Maeystown IL  Ruma IL  Fast Carondelet IL  Fults IIL			
CITY OR TOWN   STATE	Area		iome parks should be reported in parentneses below the
First Waterloo IL ommunity Prairie Du Rocher IL  Columbia IL  ws as Necessary Valmeyer IL  Red Bud IL  Dupo IL  Maeystown IL  Ruma IL  East Carondelet IL  Fults IL	Served	laentillea city.	
First Waterloo IL ommunity Prairie Du Rocher IL  Columbia IL  ws as Necessary Valmeyer IL  Red Bud IL  Dupo IL  Maeystown IL  Ruma IL  East Carondelet IL  Fults IL			
First Waterloo IL ommunity Prairie Du Rocher IL  Columbia IL  ws as Necessary Valmeyer IL  Red Bud IL  Dupo IL  Maeystown IL  Ruma IL  East Carondelet IL  Fults IL			
ommunity         Prairie Du Rocher         IL           Columbia         IL           ows as Necessary         Valmeyer         IL           Red Bud         IL           Dupo         IL           Maeystown         IL           Ruma         IL           East Carondelet         IL           Fults         IL			
Columbia IL  Walmeyer IL  Red Bud IL  Dupo IL  Maeystown IL  Ruma IL  East Carondelet IL  Fults IL			
Valmeyer         IL           Red Bud         IL           Dupo         IL           Maeystown         IL           Ruma         IL           East Carondelet         IL           Fults         IL	ommunity		<mark></mark>
Red Bud         IL           Dupo         IL           Maeystown         IL           Ruma         IL           East Carondelet         IL           Fults         IL			<mark></mark>
Dupo         IL           Maeystown         IL           Ruma         IL           East Carondelet         IL           Fults         IL	Rows as Necessary		
Maeystown         IL           Ruma         IL           East Carondelet         IL           Fults         IL			<u> </u>
Ruma IL  East Carondelet IL  Fults IL			IL IL
Ruma IL  East Carondelet IL  Fults IL		Maeystown	IL .
Fults			IL IL
Fults	  	East Carondelet	IL
			IL
			111 (1111111111111111111111111111111111

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

HTC Communications Co.

SYSTEM ID# 63345

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCI	₹2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	9,082	29.95			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel	1,872	20.00			
Commercial	508	40.95			
Converter					
Residential					
Non-residential					
		ļ		•	•

# F

#### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential		НВО	20
Pay cable		Motel, hotel		Showtime	18.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	-	Cinemax	16.00
<ul> <li>Fire protection</li> </ul>		• Pay cable		Starz!	12.00
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		HD Basic	10.00
Installation: Residential		Fire protection		Variety Tier	15.00
• First set	-	<ul> <li>Burglar protection</li> </ul>		Entertainment Tier	10.00
<ul> <li>Additional set(s)</li> </ul>	-	Other services:		Sports Tier	10.00
• FM radio (if separate rate)		• Reconnect	-	HD Tier	5.00
• Converter		Disconnect		DVR Fee	10.00
		<ul> <li>Outlet relocation</li> </ul>	49.00		
		<ul> <li>Move to new address</li> </ul>	-		

**020/1** FORM SA1-2E. PAGE 3

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63345

## HTC Communications Co.

PRIMARY TRANSMITTERS: TELEVISION

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTVI-FOX	2	N	St. Louis, MO
KMOV-CBS	4	N	St. Louis, MO
KSDK-NBC	5	N	St. Louis, MO
KETC-PBS	9	l	St. Louis, MO
KPLR-CW	11	<u>l</u>	St. Louis, MO
KETC-KIDZ	14	I-M	St. Louis, MO
KETC-WORLD	15	I-M	St. Louis, MO
KETC-CREATE	16	I-M	St. Louis, MO
KTVI-AntennaTV	17	N-M	St. Louis, MO
KMOV-COZI TV	18	N-M	St. Louis, MO
KPLR-CourtTV	19	I-M	St. Louis, MO
KPLR-CometTV	20	I-M	St. Louis, MO
KTVI-CourtTV Mystery	21	N-M	St. Louis, MO
KMOV - Circle	22	N-M	St. Louis, MO
KTVI - DABL	23	N-M	St. Louis, MO
KNLC-MeTV	24	l	St. Louis, MO
KNLC-NLEC	25	I-M	St. Louis, MO
KNLC-Heroes	26	I-M	St. Louis, MO
KNLC-Movies	27	I-M	St. Louis, MO

**020/1** FORM SA1-2E. PAGE 3

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63345

## HTC Communications Co.

#### TITO COMMINATIONALIONS CO.

PRIMARY TRANSMITTERS: TELEVISION

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KNLC-Decades	28	I-M	St. Louis, MO
KNLC-Start TV	29	I-M	St. Louis, MO
KDNL-ABC	30	N	St. Louis, MO
KDNL-TBD	31	N-M	St. Louis, MO
KDNL-ChargeTV	32	N-M	St. Louis, MO
KMOV - LAFF	33	N-M	St. Louis, MO
KMOV-MyNetworkTV	34	N-M	St. Louis, MO
KSDK-Justice	35	N-M	St. Louis, MO
KSDK-BounceTV	36	N-M	St. Louis, MO
KDNL-Stadium	37	I-M	St. Louis, MO
KSDK-Quest	38	N-M	St. Louis, MO
WRBU	46	l	St. Louis, MO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63345

HTC Communications Co.

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	<b></b>						
	<b></b>						
	<b></b>						
	<b></b>						
	<b>_</b>						
	<del> </del>						<del> </del>

Accounting Perio	nd: 2020/1						FORM SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF		STEM:				SYSTEM ID# 63345	
Substitute Carriage: Special Statement and Program Log	HTC Communications Co.  63345  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.							
	to delete under FCC rules a was substituted for program effect on October 19, 1976	Column 7: Enter the letter "R" if the listed program was substituted for program to delete under FCC rules and regulations in effect during the accounting periowas substituted for programming that your system was permitted to delete und effect on October 19, 1976.  SUBSTITUTE PROGRAM					ed program	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	TO	

Accounting Period:	2020/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: HTC Communications Co.	SYSTEM ID# 63345
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe  • Complete block 1, block 2, or block 3.  • Use block 1 if the amount of gross receipts in space K is \$137,100 or less  • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 1.  • 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.	\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00  Line 1. Royalty fee for accounting period	
	Line is regard to the decounting 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 \$137,1	
	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	664.49
	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
		<u> </u>
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 1,983.49
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and		4 000 40
Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,983.49
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	\$ 2,003.49
	EFT Trace # or TRANSACTION ID #	
	<u>Important:</u> 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 more	

Accounting Period:	2020/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:				SYSTEM ID# 63345
M Channels	to its subscribers  1. Enter the total	s, and (2) the cable system's t number of channels on which	otal number o	which the cable system carried telefactivated channels during the acc	counting period.	29
	on which the ca	number of activated channels able system carried television ast services	broadcast sta	itions		399
N Individual to Be Contacted		about this statement of accour		ATION IS NEEDED (Identify an inc		
for Further Information	Name Address	Craig A. Hern 213 S. Main St.; PO I	3ox 149		Telephone	618-939-6112
		(Number, street, rural route, aparts  Waterloo, IL 62298  (City, town, state, zip)	ment, or suite nur	mber)		
	Email	chern@htc.net			Fax (optional) 618-939-339	9
0	CERTIFICATION	(This statement of account m	ust be certified	d and signed in accordance with C	copyright Office regulations)	
Certification	I, the undersigner	ed, hereby certify that (Check o	one,but only or	ne, of the boxes.)		
	(Owne	r other than corporation or p	oartnership) l	am the owner of the cable system a	as identified in line 1 of space	B; or
		t of owner other than corpora line 1 of space B and that the c	•	ership) I am the duly authorized ag corporation or partnership; or	ent of the owner of the cable	system as identified
		er or partner) I am an officer ( line 1 of space B.	if a corporation	n) or a partner (if a partnership) of th	he legal entity identified as ov	vner of the cable system
		e, and correct to the best of my		e under penalty of law that all stater nformation, and belief, and are mad		n
			<b>X</b> /s,	/ Craig A. Hern		
				tronic signature on the line above to c re using an "/s/ signature" (e.g., /s/ Jr		
		Typed or printed	d name: C	raig A. Hern	100100000000000000000000000000000000000	
		Title:		sident of Operations Id in corporation or partnership)		
		Date:			August 27, 2020	

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

Accounting Period: 2020/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
HTC Communications Co.	63345
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.	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?  NO  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
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x day:	'S
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
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	<u>-</u>
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number  First community served Accounting period	

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.