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.

DATE RECEIVED

08/31/20

\$

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

Return completed workbook by email to: FOR COPYRIGHT OFFICE USE ONLY AMOUNT

ALLOCATION NUMBER

coplicsoa@loc.gov

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

Α	ACCO	UNTING PERIOD COVERED BY THIS STAT	EMENT: (YYY	Y/(Period))			
		2020/1 Period 1 = January	1 - June 30	Period 2 = July 1 - Dee	cember 31		
Accounting		20201 Barcode Data Filing	Period (optional -	see instructions)			
Period							
В		Instructions: Give the full legal name of the owner of the cable system. If th of the subsidiary, not that of the parent corporation.	e owner is a subsidia	ary of another corporation	on, give the full corpo	orate title	
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, or single statement of account and royalty fee payment covering i	•	•	ng period should sub		
		Check here if this is the system's first filing. If not, enter the sys	tem's ID number ass	signed by the Licensing [Division.	63675	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CA	ABLE SYSTEM				
		White Cloud Communications, US, LLC					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM	(IF DIFFERENT)				
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		150 Progress Way (Number, street, rural route, apartment, or suite number)					
		Owenton, KY 40359					
		(City, town, state, zip)					
С		UCTIONS: In line 1, give any business or trade name already appear in space B. In line 2, give the mailing			•		
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 Copyrigh	Offce to collect the	personally identifying info	ormation (PII) request	ed 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	White Cloud Communications, US, LLC	6367
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, c	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter know filings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Owenton	KY
Community		
dd Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	White Cloud Communic	ations, US,	LLC						6367
F	SECONDARY TRANSMISSION								
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including provide the services)								
Transmission	last day of the accounting period	, , ,			,		nose exis	ung on the	
Service: Sub-	Number of Subscribers: Bot						ble system	n, broken	
scribers and	down by categories of secondar	-					•		
Rates	each category by counting the n	umber of billing	gs in tha	t category (the	number o	of persons or org	anizations	s charged	
	separately for the particular serv							wa and the	
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc				iy stanua		s wiu iir a	particular rate	
	Block 1: In the left-hand block				es of sec	condary transmis	sion servi	ce that cable	
	systems most commonly provide							0,	
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of						ider "Servi	ice to the	
	Block 2: If your cable system						different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in th	e right-h	and block. A tw	o- or thre	ee-word descript	ion of the	service is	
	sufficient.	2014						()	
	BLU	DCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		437	29.95					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS		:				
-	In General: Space F calls for ra					all your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t	hose services	that are	not offered in c	ombinatio	on with any seco	ondary trar	nsmission	
	service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any rai	es are ci	narged on a van	able per-p	rogram basis,	
ransmissions:	Block 1: Give the standard ra		he cable	system for eac	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that							t were not	
	listed in block 1 and for which a		•		hed. List	t these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the ra	te for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERV	'ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-resid	dential				
	• Pay cable		• Mot	el, hotel					
	 Pay cable—add'l channel 		• Con	nmercial					
	Fire protection		• Pay	cable					
	 Burglar protection 		• Pay	cable-add'l cha	annel				
	Installation: Residential		• Fire	protection					
	• First set		• Burg	glar protection					
	 Additional set(s) 		Other s	ervices:					
	• FM radio (if separate rate)		• Rec	onnect					
	Converter		• Disc	connect					
	1	ľ	0.4				1		Ι
			• Out	et relocation					
				et relocation e to new addre	SS				

ccounting Period: 2	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	White Cloud Commun			63675
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, 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 a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the 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 ter Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c iles, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the	<i>t</i> (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program 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- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station in	me basis under ms [sections ions carried on a stitute 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
	WKMU	21	E	MAYFIELD, KY
	WAVE	3	N	LOUISVILLE, KY
dd Rows as Necessary	WXIX	19	N	
	WLKY	32	N	LOUISVILLE, KY
	WSTR	64		CINCINATTI, OH
	WLEX	18	N N	LEXINGTON, KY
	WCPO WTVQ	9 36	N	CINCINATTI, OH LEXINGTON, KY
			N I	
	WBKI	34		

EGAL NAME OI								SYSTEM 636
	t every radio s	tation ca	arried on a separate and discrent of the second sec					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati this by placing vive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a check h'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. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	ertain st ertain st eneral in 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	
		5,0		S. LE SIGN	, of 1 M	5,0		
						·		
						·		

Accounting Perio	od: 2020/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	White Cloud Commun	ications,	US, LLC					63675
	SUBSTITUTE CARRIAG							
					-	tion that w		town convict on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				Ŭ			
Special	During the accounting per	-			isis anv noni	network tel	evision prod	ram
Statement and		-		in ourly, on a substitute be	1010, any 11011			
Program Log	broadcast by a distant sta	luon?				L	YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if t	heir meaning	g is
	clear. If you need more spa					hat during	the eccever	ina
	period, was broadcast by a			vision program ("substitute your cable system substitut				
	under certain FCC rules, re	equiations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	tions for fur	ther informa	tion.
	Do not use general categor							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed hv	the ECC or	in
	the case of Mexican or Car							
				stem carried the substitute			ls, with the r	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to e	5:28:30 p.m	1. snould be	
		ter "R" if the	listed program	n was substituted for prog	ramming tha	t your syste	em was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	s and regul	ations in	
	effect on October 19, 1976							
						N SUBST		
	s	UBSTITUT	E PROGRAM	Λ		IAGE OCC		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
							_	
							_	
					·			
								·
							_	
							_	
							_	
							_	

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: White Cloud Communications, US, LLC	S	YSTEM ID# 63675
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	5,783.20
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	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 accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: White Cloud Communications, US, LLC	SYSTEM ID# 63675
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 which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	9 150+
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Bruce Beard, Cinnamon Mueller Telephone	314-462-9000
Information	Address 1714 Deer Track Trail, Suite 230 (Number, street, rural route, apartment, or suite number) St. Louis, MO 63131 (City, town, state, zip)	
	Email Bbeard@CinnamonMueller.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 on 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 herei 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 wner of the cable system
	X /s/ TJ Scott 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:	
	Typed or printed name: TJ Scott Title: VP of Operations (Title of official position held in corporation or partnership)	
	Date: August 31, 2020	

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unting Period: 2020/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
te Cloud Communications, US, LLC	636
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name 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
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