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

Return completed workbook

STATEM	ENT OF ACCOUNT	FOR COPYRIGHT OFFICE USE ONLY by email to:				
	ry Transmissions by	DATE RECEIVED	AMOUNT			
·	ems (Short Form)		\$	 <u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: 		
	of this workbook	02/19/2021	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150		
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)				
	2020/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31 I - see instructions)			
Accounting Period						
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent c		diary of another corporation, give the full co	rporate title		
Owner	List any other name or names under whic	h the owner conducts the business of t	he cable system.			
	If there were different owners during the single statement of account and royalty for		the last day of the accounting period should sting period.	submit a		
	Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	1049		
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM				
	C & W CABLE INC					
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT)			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
	PO BOX 490 (Number, street, rural route, apartment, or suite r	number)				
	ANNVILLE, KY 40402-0490 (City, town, state, zip))				
•	INSTRUCTIONS: In line 1, give any busin	ness or trade names used to ider	ntify the business and operation of the	e system unless these		
С	names already appear in space B. In line					
System	1					
	MAILING ADDRESS OF CABLE SYSTEM	Λ:				
	2 (Number, street, rural route, apartment, or suite r	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#
	C & W CABLE INC	1049
D	"a separate and distinct community or municipal entity (including uninco discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first communi as the "first community." Please use it as the first community on all futu	
Area	Note: Entities and properties such as hotels, apartments, condominiums	s, or mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	PEOPLES	KY
Community	BOND	κΥ
	ANNVILLE	
Add Rows as Necessary	GREENMOUNT	KY

	LEGAL NAME OF OWNER OF C							FORM SA1-	-2E. PAG
Name	C & W CABLE INC	ABLE SYSTEM	:					313	104
Е	SECONDARY TRANSMISSION							ha ashla	
-	In General: The information in s system, that is, the retransmission	-		-	-				
Secondary	about other services (including p			• •	•				
Transmission	last day of the accounting period	I (June 30 or E	ecember	31, as the case n	nay be).		0	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n	•		0					
Rates	separately for the particular serv		0	0,0				chargeu	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· ·	,		standar	d rate variation	s within a l	particular rate	
	category, but do not include disc				of coor	ndan, transmi	cion convi	a that apple	
	Block 1: In the left-hand block systems most commonly provide			-		•			
	that applies to your system. Not								
	categories, that person or entity					•••	•		
	subscriber who pays extra for ca					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, 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.		-	11					
	BLO	DCK 1 NO. OF					BLOCK	X 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	GORY OF SEF	RVICE	SUBSCRIBERS	RA
	Residential:								
	Service to first set		88	18.00					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
-	In General: Space F calls for ra				ct to al	l your cable sys	stem's serv	rices that were	
F	not covered in space E, that is, t					,	,		
0	service for a single fee. There a	•		•			0()		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		abdully i					ogram buolo,	
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	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.								
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERVICE	F	E RATE CATI		BLOCK 2 DRY OF SERVICE	RA
	Continuing Services:			ion: Non-residen			0.11200		
	• Pay cable	18.00	• Mote	l, hotel					
	• Pay cable—add'l channel		• Com	mercial					
	Fire protection		• Pay	cable					[
	•Burglar protection		• Pay	cable-add'l chann	el				[
	Installation: Residential		• Fire	protection					I
	• First set		• Burg	lar protection					[
	 Additional set(s) 		Other se	ervices:					
	• FM radio (if separate rate)		• Reco	onnect					Ι
	, , , ,	[Ι
	Converter		• DISC	onnect	1				
	• Converter			et relocation					
	• Converter		• Outle						

ounting Period:				FORM SA1-2E. PAGE				
Name								
	C & W CABLE INC			104				
G Primary Transmitters: Television	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. <							
	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							
	WTVQ	36	N	LEXINGTON, KY				
	WKYT	27	N	LEXINGTON, KY				
s as Necessary	WKLE	46	E	LEXINGTON, KY				
	WLEX	18	Ν	LEXINGTON, KY				
	WLEX WDKY	18 56	N I	LEXINGTON, KY DANVILLE, KY				
	WDKY	56	I	DANVILLE, KY				
	WDKY WYMT	56 57	I	DANVILLE, KY HAZARD, KY				
	WDKY WYMT	56 57	I	DANVILLE, KY HAZARD, KY				
	WDKY WYMT	56 57	I	DANVILLE, KY HAZARD, KY				
	WDKY WYMT	56 57	I	DANVILLE, KY HAZARD, KY				
	WDKY WYMT	56 57	I	DANVILLE, KY HAZARD, KY				
	WDKY WYMT	56 57	I	DANVILLE, KY HAZARD, KY				
	WDKY WYMT	56 57	I	DANVILLE, KY HAZARD, KY				
	WDKY WYMT	56 57	I	DANVILLE, KY HAZARD, KY				
	WDKY WYMT	56 57	I	DANVILLE, KY HAZARD, KY				
	WDKY WYMT	56 57	I	DANVILLE, KY HAZARD, KY				
	WDKY WYMT	56 57	I	DANVILLE, KY HAZARD, KY				
	WDKY WYMT	56 57	I	DANVILLE, KY HAZARD, KY				
	WDKY WYMT	56 57	I	DANVILLE, KY HAZARD, KY				
	WDKY WYMT	56 57	I	DANVILLE, KY HAZARD, KY				
	WDKY WYMT	56 57	I	DANVILLE, KY HAZARD, KY				

C & W CABL	• OWNER OF (JABLE S'	ISIEM:					SYSTEM 10
	every radio s	station ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be recei it 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 at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically processes (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 enna, during c ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						2,2		
						·	·	
						·		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	C & W CABLE INC							1049
	SUBSTITUTE CARRIAG				-			
	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				general in		and paper e	
Special	During the accounting per	-			isis anv noni	network tel	vision nroa	ram
Statement and				in ourry, on a substitute be	loio, any nom			
Program Log	broadcast by a distant sta					L	YES	NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if ti	neir meaning	g is
				vision program ("substitute	e program") t	hat during	the account	tina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (the community to which th	e station is li		the FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numeral	s, with the r	nonth
	first. Example: for May 7 gi Column 6: State the tim		e substitute pr	ogram was carried by you	r cable syste	m List the	times accur	atelv
	to the nearest five minutes.							atory
	stated as "6:00–6:30 p.m."				•			
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			o una regul		
								T
						N SUBSTI		
	5	1				AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— то	
							_	
							_	
							_	
								"
							_	
								"
							_	
								+
							_	
							_	
								+
							_	
1								

Accounting Period:	2020/2 FORM SA1-2E. PA	4GE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM	
Hame	C & W CABLE INC 1	049
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) guring the accounting period. MPORTANT: You must complete a statement in space P concerning gross receipts. \$ 9,504.0	
	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 \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	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 this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	0
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.0	0
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	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
	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 \$ 263,800.00	
	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)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.0	0
	EFT Trace # or TRANSACTION ID # 26RAATDC	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: INC	SYSTEM ID# 1049
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the ca	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable I television broadcast stations	8 28
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	VEOLA R WILLIAMS Telephone (606)) 364-5357
	Address	PO BOX 490 (Number, street, rural route, apartment, or suite number) ANNVILLE, KY 40402-0490 (City, town, state, zip)	
	Email	vbwilliams@prtcnet.org Fax (optional) (606) 364-2138	
O Certification	I, the undersign (Owne (Agen in X (Offic in I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ht of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of I line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. Ion 1001(1986)]	
		X /s/ Veola R Williams 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: Veola R Williams Title: Vice-President (Title of official position held in corporation or partnership)	
		Date: 02-19-2021	

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.

bunting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
	104
 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 	P Special Statement Concerning Gross Receipts Exclusion
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	
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 Assessmer
X	
Line 2. Multiply line 1 by the interact rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days	-
	_
x x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 -	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 - Line 4 Multiply line 3 by 0.00274** and enter here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x	
x	
x	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	

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.