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
1/28/2021
\$
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

Α	ACC	OUNTING 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		
В		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 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
		Kuhn Communications, Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		301 West Main St
		(Number, street, rural route, apartment, or suite number) Walnt Bottom, PA 17266 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
•	name	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: Kuhn Communications, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	301 West Main St (Number, street, rural route, apartment, or suite number)
		Walnut Bottom, PA 17266 (City, town, state, zip code)

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Humo	Kuhn Communications, Inc.	11735
D	"a separate and distinct community or municipal entity (including uninco	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Bloserville	PA
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA	STEM II
Name								510	117;
	Kuhn Communications	, INC.							
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIBEI	RS AND RA	TES				
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period						LIUSE EXIS	sung on the	
Service: Sub-	Number of Subscribers: Both						able systei	n, broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv							is charged	
	Rate: Give the standard rate of							rge and the	
	unit in which it is generally billed	. (Example: "\$2	20/mth"). Su	ımmarize ar	y standa	rd rate variatio	ns within a	particular rate	
	category, but do not include disc				,				
	Block 1: In the left-hand block systems most commonly provide	•		•					
	that applies to your system. Not								
	categories, that person or entity			0		0			
	subscriber who pays extra for ca					I in the count u	Inder "Serv	vice to the	
	first set" and would be counted of Block 2: If your cable system					convice that a	o difforent	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.		-						
	BLC	DCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		425	15.45					
	 Service to additional set(s) 		179	1.50					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter		115	3.95					
	Residential								
	Non-residential								
									1
_	SERVICES OTHER THAN SEC In General: Space F calls for rai					ll vour cable sv	/stem's se	rvices that were	
F	not covered in space E, that is, t		,		•	, ,			
	service for a single fee. There are	e two exceptio	ns: you do i	not need to	give rate	information co	ncerning (1) services	
Services Other Than	furnished at cost or (2) services								
Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually bille	ed. II any rai	es are cr	larged on a va	nable per-	program basis,	
ransmissions:	Block 1: Give the standard rat		he cable sy	stem for eac	h of the	applicable serv	vices listed		
Rates	Block 2: List any services that	• •			-	-	-		
	listed in block 1 and for which a brief (two- or three-word) description				hed. List	these other se	rvices in th	ne form of a	
	bhei (two- or three-word) descrip	buon and includ	ie ine raie i	or each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		Y OF SERV		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:	10.00		n: Non-resid	iential				
	Pay cable Add'l abannal	10.00	 Motel, ł Comme 						
	Pay cable—add'l channel Fire protection		• Pay cal						
	·				nnol				
	•Burglar protection Installation: Residential		• Pay car • Fire pro	ole-add'l cha					
	First set	40.00	•	protection					
			Other serv	-					
	 Additional set(s) FM radio (if separate rate) 	20.00	Reconr			20.00			
	- rivi raulo (il separate rate)		- Reconn			20.00			
	Converter	20.00	Discorry	hert					
	• Converter	20.00	Disconi			-			
	• Converter	20.00	Outlet r	nect elocation o new addre		- 20.00 20.00			

ccounting Period:	2020/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Kuhn Communication	ns, Inc.		11735
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system FCC rules and regulations	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t	t (1) stations carried only on a part-ti he carriage of certain network progra	me basis under ms [sections
Primary ansmitters: elevision	substitute program basis, a Substitute Basis Stations	 e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c ules, regulations, or authorizations: 		
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (t		
	basis. For further information Column 1: List each station	n's call sign. <i>Do not</i> report origination d with a station according to its over-the	, see page (v) of the general instruction program services such as HBO, ESP	ons. N, etc. Identify each
	"WETA-2" as the same on the channel Column 2 : Give the channel	the form. I number the FCC assigned to the tele		
	Column 3: Indicate in each educational station, by enter	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepe	ndent), "I-M"
	For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), « erms, see page (iv) of the general instru- n of each station. For U.S. stations, lise dian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station i	s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WGCB	49	I	Red Lion, PA
	WHP	21	Ν	Harrisburg, PA
ows as Necessary	WITF	33	E	Harrisburg, PA
us necessary	WGAL	8	N	Lancaster, PA
	WHTM	27	Ν	Harrisburg, PA
	WPMT	43	N	Harrisburg, PA
	WLYH	15	N	Harrisburg, PA

EGAL NAME OF								SYSTEM 117
	every radio s	tation ca	arried 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 abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he 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 opyright Office regulations on t each station carried. In is AM or FM. hal was electronically processor (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 par ed by the cable s e station is licens	adend, and (2 enna, during co ge (v) of the g system 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	
							·	
							·	
							·	
							·	

Accounting Perio							FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Kuhn Communication	s, Inc.						11735
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ifv everv no	nnetwork televi	sion program, broadcast by	/ a distant sta	tion. that you	r cable svs	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in:	structions in t	he paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network telev	ision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	ae blank. If your answer i		must comple	_	
	-	, leave life	rest of this pa	ige blank. If your answer i	s res, your	nusi comple	te the prog	Jian
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if the	eir meaning	a is
	clear. If you need more spa					,		
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				• •	,	
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		censed by th	e FCC or	in
	the case of Mexican or Car						0001,	
			when your sy	stem carried the substitute	e program. U	se numérals	, with the n	nonth
	first. Example: for May 7 gi							- 4 - 1
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:0?				ately
	stated as "6:00–6:30 p.m."	Example.	a program oan					
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s and regulat		
	s	UBSTITUT	E PROGRAM	1		N SUBSTIT		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH			DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
						_	-	
							-	
							-	
						_	-	
							-	
						_	-	
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							-	
							-	
						_	-	
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							-	
							-	
1						_	_	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Name	Kuhn Communications, Inc.		11735
K 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 transit (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 amount, se	,580.10
	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 1 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. 	\$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	his six-month	
	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 \$ 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	<u> </u>	
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
			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 Due	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
	EFT Trace # or TRANSACTION ID #	[
	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 more than the second seco		

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM: iications, Inc.	SYSTEM ID# 11735
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number of channels on which the cable system carried television broadcast sta s, and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable television broadcast stations	tions 7 206
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Earl W Kuhn Tele	phone 717-532-8857
	Address 	301 West Main St (Number, street, rural route, apartment, or suite number) Walnut Bottom, PA 17266 (City, town, state, zip) ekuhn@kuhncom.net Fax (optional)	
O Certification	I, the undersign (Owne (Agen in (Offic in I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulated, hereby certify that (Check one, but only one, of the boxes.) r other than corporation or partnership) I am the owner of the cable system as identified in line 1 of the owner other than corporation or partnership) I am the duly authorized agent of the owner of the ine 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifies ine 1 of space B. It the statement of account and hereby declare under penalty of law that all statements of fact containere, and correct to the best of my knowledge, information, and belief, and are made in good faith. In 1001(1986)] It the statement of account and hereby declare under penalty of law that all statements of fact containere, and correct to the best of my knowledge, information, and belief, and are made in good faith. In 1001(1986)] It the ran 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: Earl W Kuhn Title: President (Title of official position held in corporation or partnership)	space B; or e cable system as identified d as owner of the cable system
		Date: 1/28/21	

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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
hn Communications, Inc.	1173
 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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x	Interest Assessmei
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessme
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