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

| STATEME | ENT OF ACCOUNT | FOR COPYRIGH | T OFFICE USE ONLY | Return completed workbook by email to: |
|----------------------|--|--|---|---|
| for Seconda | ry Transmissions by | DATE RECEIVED | AMOUNT | coplicsoa@copyright.gov |
| General instru | <i>ms (Short Form)</i> ctions are located of this workbook | 1-28-21 | \$ ALLOCATION NUMBER | For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |
| Α | ACCOUNTING PERIOD COVERED | BY THIS STATEMENT: (YY | YY/(Period)) | |
| | 2020/2 | 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 th of the subsidiary, not that of the parent co | | iary of another corporation, give the full corpo | rate title |
| Owner | List any other name or names under which | n the owner conducts the business of the | e cable system. | |
| | If there were different owners during the single statement of account and royalty fe | | e last day of the accounting period should subr ng period. | nit a |
| | Check here if this is the system's first filing | g. If not, enter the system's ID number as | ssigned by the Licensing Division. | 1274 |
| | LEGAL NAME OF OWNER/MAILING | ADDRESS OF CABLE SYSTEM | | |
| | Davis Communications Inc | | | |
| | BUSINESS NAME(S) OF OWNER OF | CABLE SYSTEM (IF DIFFERENT) | | |
| | MAILING ADDRESS OF OWNER OF | CABLE SYSTEM | | |
| | P.O. Box 117 (Number, street, rural route, apartment, or suite n | umber) | | |
| | Cheney, WA 99004-0117 (City, town, state, zip) | | | |

INSTRUCTIONS: 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.

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.

С

System

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IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

(Number, street, rural route, apartment, or suite number)

| Name Davis Communications Inc. D Subscripts: Use starts community services by the cable system. A "community is the same as a "community and" as defined in factor community or mancipal entity including using cyparate dominanties within unincorporate desting and within entity of system desting and the "bit came as a transmit by the value of system desting and the "bit came as a transmit by the value of system desting and the "bit came as a transmit by the value of system desting and the "bit came as a transmit by the value of system desting and the "bit came as a transmit by the value of system desting and the "bit came as a transmit by the value of system desting and the "bit came as a transmit by the value of system desting and the "bit came as a transmit by the value of system desting and the "bit came as a transmit by the value of system desting and the "bit came as a transmit by the cable system, and the transmit by the value of the came as the more heat system desting and the "bit came as a transmit by the value of the came as the desting and the transmit by the value of the came as the desting and the transmit by the value of the came as the desting and the transmit by the value of the came as the desting and the transmit base as the desting as the desting and the transmit base as the desting and | | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
|--|----------------------|--|--|
| D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in F "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereaft as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below identified city. First CITY OR TOWN STATE Community Medical Lake WA Four Lakes WA | Name | Davis Communications Inc | 12 |
| Served Stress First ClTY OR TOWN STATE WA Community Medical Lake Four Lakes WA | Area | Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mol | nunity" is the same as a "community unit" as defined in FCC ru d communities within unincorporated areas and including sing ou list will serve as a form of system identification hereafter kn s. |
| First Cheney WA Community Medical Lake WA Four Lakes WA | Served | | |
| Community Medical Lake WA Four Lakes WA | _ | | |
| Four Lakes WA | | | |
| | Community | | |
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| | LEGAL NAME OF OWNER OF O | ABLE SYSTEM | : | | | | | FORM SA1 | |
|------------------------|---|------------------|--|---------------------------|------------|-------------------|---------------------------------------|-----------------------|-------|
| Name | Davis Communications | | | | | | | 010 | 12 |
| | | | | | | | | | |
| Е | SECONDARY TRANSMISSION | | | | | | | d | |
| | In General: The information in s system, that is, the retransmissi | • | | • | | • | | | |
| Secondary | about other services (including p | | | | | • | | | |
| Transmission | last day of the accounting period | d (June 30 or E | December | 31, as the cas | e may b | e). | | - | |
| Service: Sub- | Number of Subscribers: Bot | • | | | | | • | | |
| scribers and Rates | down by categories of secondar each category by counting the n | • | | • | | • | | | |
| Rates | separately for the particular serv | | • | ••• | | • | - | scharged | |
| | Rate: Give the standard rate of | | | | | • | , | ge and the | |
| | unit in which it is generally billed | · · | , | | y standa | rd rate variation | ns within a | particular rate | |
| | category, but do not include disc Block 1: In the left-hand block | | | | es of ser | condary transm | ission serv | ice that cable | |
| | systems most commonly provide | • | | • | | • | | | |
| | that applies to your system. Not | | | | | | | 0, | |
| | categories, that person or entity | | | | | • | | | |
| | subscriber who pays extra for ca first set" and would be counted of | | | | | d in the count u | nder "Serv | ice to the | |
| | Block 2: If your cable system | • | | | • • • | service that ar | e different | from those | |
| | printed in block 1 (for example, t | - | | - | | | | | |
| | with the number of subscribers a | and rates, in th | ie right-ha | nd block. A two | o- or thre | ee-word descrip | tion of the | service is | |
| | sufficient. | OCK 1 | | | | | BLOCK | () | |
| | | NO. OF | - | | | | BLUUR | NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIB | ERS | RATE | CATE | EGORY OF SEI | RVICE | SUBSCRIBERS | RA |
| | Residential: | | | | | | | | |
| | Service to first set | | 443 | 63.28 | | | | | |
| | Service to additional set(s) | | 705 | 1.00 | | | | | |
| | • FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel Commercial | | | | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | | | | | | | | | |
| | SERVICES OTHER THAN SEC | | | ONS: RATES | | | | | |
| F | In General: Space F calls for ra | te (not subscri | ber) inforr | nation with res | pect to a | all your cable sy | stem's ser | vices that were | |
| F | not covered in space E, that is, | | | | | • | • | | |
| Services | service for a single fee. There a furnished at cost or (2) services | | | | | | • • | , | |
| Other Than | amount of the charge and the u | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | | | | - | | - | |
| ransmissions: Rates | Block 1: Give the standard ra Block 2: List any services tha | | | • | | | | | |
| Rates | listed in block 1 and for which a | • • | | | - | - | | | |
| | brief (two- or three-word) descrip | • | - | | | | | | |
| | | BLO | | | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE | RATE | | RY OF SERVI | ICE | RATE | CATEG | DRY OF SERVICE | RA |
| | Continuing Services: | _ | | on: Non-resid | | | | | |
| | • Pay cable | 63.28 | • Mote | , hotel | | | DVR | | 10 |
| | • Pay cable—add'l channel | | • Com | nercial | | | | | |
| | Fire protection | | • Pay o | able | | | Premiu | m Channels | 20 |
| | •Burglar protection | | • Pay o | able-add'l cha | nnel | | | | |
| | | | • Fire p | protection | | | overhe | ad drops | 60 |
| | Installation: Residential | | | | | | 1 | | |
| | ° 1 | | | ar protection | | | | | |
| | Installation: Residential | 1.00 | | | | | underg | | 100. |
| | Installation: Residential First set | 1.00 | • Burgl | rvices: | | | · · · · · · · · · · · · · · · · · · · | round andscape fee | 100.(|
| | Installation: Residential First set Additional set(s) | 1.00 | • Burgl Other se • Reco • Disco | rvices: nnect nnect | | | · · · · · · · · · · · · · · · · · · · | | 100.(|
| | Installation: Residential First set Additional set(s) FM radio (if separate rate) | 1.00 | • Burgl Other se • Reco • Disco | rvices: nnect | | 60.00 | · · · · · · · · · · · · · · · · · · · | | 100.0 |

| | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM |
|-------------------------|--|--|---|--|
| Name | Davis Communication | | | 1 |
| | PRIMARY TRANSMITTERS: | | | |
| G | In General: In space G, ide | entify every television station (including | • | |
| U | | m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th | | |
| Primary | 76.59(d)(2) and (4), 76.61(e | e)(2) and (4), or 76.63 (referring to 76.6 | | - |
| nsmitters: elevision | | s explained in the next paragraph. : With respect to any distant stations c | arried by your cable system on a si | ubstitute program |
| | basis under specific FCC ru | lles, 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 a substitute basis. | he Special Statement and Program | n Log)—if the |
| | • List the station here, and a | also in space I, if the station was carrie | | |
| | | on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p | | |
| | multicast stream associated | d with a station according to its over-the | • | • |
| | "WETA-2" as the same on t Column 2: Give the channe | the form. el number the FCC assigned to the tele | wision station for broadcasting ove | er the air in its community |
| | of license. For example, W | RC is channel 4 in Washington, D.C. | | - |
| | | a case whether the station is a network ering the letter "N" (for network), "N-M" (| - | |
| | | "E" (for noncommercial educational), (| | |
| | For the meaning of these te | erms, see page (iv) of the general instru | uctions in the paper SA1-2 form. | |
| | | n of each station. For U.S. stations, list dian stations, if any, give the name of t | - | - |
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| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | | | | 4. LOCATION OF STATION |
| | KREM | 2/ 502 | N | Spokane, WA |
| | *** True Crime | 68 | N-M | |
| ows as Necessary | | | | |
| ows as Necessary | *** True Crime | 68 | N-M | |
| ows as Necessary | *** True Crime | 68 | N-M | |
| ows as Necessary | *** True Crime *** Court TV | 68 75 | N-M N-M | Spokane, WA |
| ows as Necessary | *** True Crime *** Court TV KAYU | 68 75 3/ 503 | N-M N-M N | Spokane, WA |
| ows as Necessary | *** True Crime *** Court TV KAYU *** MyNet | 68 75 3/ 503 65 | N-M N-M N N-M | Spokane, WA Spokane, WA |
| ows as Necessary | *** True Crime *** Court TV KAYU *** MyNet KXLY | 68 75 3/ 503 65 4/ 504 | N-M N-M N N-M | Spokane, WA |
| ows as Necessary | *** True Crime *** Court TV KAYU *** MyNet KXLY *** Me TV | 68 75 3/ 503 65 4/ 504 13/ 511 | N-M N-M N N-M N-M | Spokane, WA Spokane, WA |
| ows as Necessary | *** True Crime *** Court TV KAYU *** MyNet KXLY | 68 75 3/ 503 65 4/ 504 | N-M N-M N N-M | Spokane, WA Spokane, WA |
| ows as Necessary | *** True Crime *** Court TV KAYU *** MyNet KXLY *** Me TV | 68 75 3/ 503 65 4/ 504 13/ 511 | N-M N-M N N-M N-M | Spokane, WA Spokane, WA |
| ows as Necessary | *** True Crime *** Court TV KAYU *** MyNet KXLY *** Me TV | 68 75 3/ 503 65 4/ 504 13/ 511 | N-M N-M N N-M N-M | Spokane, WA Spokane, WA |
| ows as Necessary | *** True Crime *** Court TV KAYU *** MyNet KXLY *** Me TV *** Heros & Icons | 68 75 3/ 503 65 4/ 504 13/ 511 74 | N-M N-M N N-M N-M N-M N-M | Spokane, WA Spokane, WA Spokane, WA Spokane, WA |
| ows as Necessary | *** True Crime *** Court TV KAYU *** MyNet KXLY *** Me TV *** Heros & Icons KHQ | 68 75 3/ 503 65 4/ 504 13/ 511 74 6/ 506 | N-M N-M N-M N-M N-M N-M N-M N-M | Spokane, WA Spokane, WA Spokane, WA Spokane, WA |
| ows as Necessary | *** True Crime *** Court TV KAYU *** MyNet KXLY *** Me TV *** Heros & Icons KHQ *** SWX | 68 75 3/ 503 65 4/ 504 13/ 511 74 6/ 506 37/ 310 | N-M N-M N-M N-M N-M N-M N-M N-M | Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA |
| ows as Necessary | <pre>*** True Crime *** Court TV KAYU KAYU *** MyNet KXLY *** Me TV *** Heros & lcons KHQ *** SWX KSPS</pre> | 68 75 3/ 503 65 4/ 504 13/ 511 74 6/ 506 37/ 310 7/ 507 | N-M N-M N-M N-M N-M N-M N-M | Spokane, WA Spokane, WA Spokane, WA Spokane, WA |
| ows as Necessary | <pre>*** True Crime *** Court TV KAYU KAYU *** MyNet KXLY *** Me TV *** Heros & Icons KHQ *** SWX KSPS *** KSPS-world</pre> | 68 75 3/ 503 65 4/ 504 13/ 511 74 6/ 506 37/ 310 7/ 507 66 | N-M N-M N-M N-M N-M N-M N-M N-M | Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA |
| ows as Necessary | <pre>*** True Crime *** Court TV KAYU KAYU *** MyNet KXLY *** Me TV *** Heros & lcons KHQ *** SWX KSPS</pre> | 68 75 3/ 503 65 4/ 504 13/ 511 74 6/ 506 37/ 310 7/ 507 | N-M N-M N-M N-M N-M N-M N-M | Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA |
| ows as Necessary | <pre>*** True Crime *** Court TV KAYU *** MyNet KXLY *** Me TV *** Heros & Icons KHQ *** SWX KSPS ** KSPS-world *** KSPS- create</pre> | 68 75 3/ 503 65 4/ 504 13/ 511 74 6/ 506 37/ 310 7/ 507 66 67 67 | N-M N-M N-M N-M N-M N-M N-M I I I-M i-M | Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA |
| ows as Necessary | *** True Crime *** Court TV KAYU *** MyNet KXLY *** Me TV *** Heros & Icons KHQ *** SWX KSPS ** KSPS-world *** KSPS- create KSKN | 68 75 3/ 503 65 4/ 504 13/ 511 74 6/ 506 37/ 310 7/ 507 66 67 9/ 509 | N-M N-M N-M N-M N-M N-M N-M I I I I-M i-M | Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA |
| ows as Necessary | *** True Crime *** Court TV KAYU *** MyNet KXLY *** Me TV *** Heros & Icons KHQ *** SWX KSPS ** KSPS-world *** KSPS- create KSKN *** Laff | 68 75 3/503 65 4/504 13/511 74 6/506 37/310 7/507 66 67 9/509 71 | N-M N-M N-M N-M N-M N-M N-M I I I I-M i-M i-M | Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA |
| ows as Necessary | *** True Crime *** Court TV KAYU *** MyNet KXLY *** Me TV *** Heros & Icons KHQ *** SWX KSPS ** KSPS-world *** KSPS- create KSKN | 68 75 3/ 503 65 4/ 504 13/ 511 74 6/ 506 37/ 310 7/ 507 66 67 9/ 509 | N-M N-M N-M N-M N-M N-M N-M I I I I-M i-M | Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA |

| EGAL NAME OF Davis Comm | | | | | | | | SYSTEM I 12 |
|---|--|---|---|--|--|---|---|----------------------------------|
| | every radio s | tation ca | arried on a separate and discr nerally receivable by your cab | | | | | н |
| eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, 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 recein t the Co sign of o he static ion's sig g a chec i's locati | I-Band FM Carriage: Under C stem whenever it is received a ived 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 this point, see pa sed by the cable s he station is licen | eadend, and (2 enna, during o ge (v) of the g system as a se sed by the FC | 2) it can certain st general i eparate | be expected, tated 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 | |
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| Accounting Perio | od: 2020/2 | | | | | FOI | RM SA1-2E. PAGE 5. |
|----------------------|---|-----------------------|---------------------------|--|---------------------------------------|--------------------------|---------------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | STEM: | | | | SYSTEM ID# |
| Name | Davis Communication | s Inc | | | | | 1274 |
| | SUBSTITUTE CARRIAGI | E: SPECIA | | NT AND PROGRAM LO | G | | |
| | In General: In space I, ident | ify every no | nnetwork televi | sion program, broadcast b | y a <i>distant</i> sta | tion, that your cable sy | stem carried on a |
| | substitute basis during the a | • • | | • | - | | |
| Substitute | explanation of the programm | - | | | ne general ins | tructions in the paper s | SA1-2 form. |
| Carriage: Special | 1. SPECIAL STATEMEN | | | | | | |
| Statement and | During the accounting per | riod, did yo | ur cable syster | n carry, on a substitute ba | isis, any nonr | network television pro | |
| Program Log | broadcast by a distant sta | tion? | | | | YES | NO |
| | Note: If your answer is "No | o", leave the | e rest of this pa | ige blank. If your answer i | s "Yes," you r | nust complete the pro | ogram |
| | log in block 2. | | | | | | - |
| | 2. LOG OF SUBSTITUT | E PROGRA | AMS | | | | |
| | In General: List each subs | | • | | s wherever p | ossible, if their meani | ng is |
| | clear. If you need more spa | | | | | hat during the account | |
| | period, was broadcast by a | • | | vision program ("substitut our cable system substitu | , | | • |
| | 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. | | deast live ont | er "Yes." Otherwise enter | "No " | | |
| | | | | asting the substitute prog | | | |
| | Column 4: Give the broa | adcast stati | ion's location (| the community to which th | e station is lie | - | r, in |
| | the case of Mexican or Car | | • | | | | |
| | first. Example: for May 7 gi | - | when your sy | stem carried the substitute | e program. U | se numerals, with the | month |
| | | | e substitute pr | ogram was carried by you | r cable syste | m. List the times accu | irately |
| | to the nearest five minutes. | Example: | a program car | ried by a system from 6:0 | 1:15 p.m. to 6 | 3:28:30 p.m. should be | 9 |
| | stated as "6:00–6:30 p.m." | or "D" if the | listed program | n was substituted for pres | romming that | t vour ovetem was rea | nuirod |
| | to delete under FCC rules a | | | n was substituted for prog uring the accounting perio | | | |
| | was substituted for program | • | | e | | • | - ogi sin |
| | effect on October 19, 1976 | | | | | | |
| | | | | | WHE | N SUBSTITUTE | |
| | | | | 1 | | AGE OCCURRED 6. TIMES | 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 | FROM — TO | |
| | | | | | | _ | |
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| Accounting Period: | 2020/2 | FORM SA1-2E. PAGE 6. |
|-------------------------------|---|----------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Davis Communications Inc | SYSTEM ID# 1274 |
| 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 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 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-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, | 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 | 0.00 |
| | 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 | 7,600) |
| | 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) | . \$ | 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 |
| | | | 7 | |
| | EFT Trace # or TRANSACTION ID # 26R3159 | г/ 76071768988 | | |
| | | | | |
| | Important: Your remittance must be in the form of an electronic payment payab See page i of the general instructions in the paper SA1-2 form and the Excel instructions | - | | |
| | See page for the general mandelions in the paper SAT-2 form and the Excernish | | | |
| | | | | |

| Accounting Period: | 2020/2 | | FORM SA1-2E. PAGE 7. |
|------------------------------------|--------------------|--|-----------------------|
| NI | LEGAL NAME OF (| OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| Name | Davis Commu | nications Inc | 1274 |
| M Channels | to its subscribers | 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. | |
| | | television broadcast stations | 16 |
| | on which the c | I number of activated channels able system carried television broadcast stations cast services | 141 |
| 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 | Carol Campbell Telephone 5 | 09-624-7129 |
| | Address | P.O. 117 (Number, street, rural route, apartment, or suite number) Cheney, WA 99004 | |
| | | (City, town, state, zip) | |
| | Email | carol@daviscomm.net Fax (optional) | |
| O Certification | | (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.) | |
| | (Owne | er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; | or |
| | | t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst line 1 of space B and that the owner is not a corporation or partnership; or | stem as identified |
| | | cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owne line 1 of space B. | r of the cable system |
| | | 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. on 1001(1986)] | |
| | | | |

| X /s/ Joann Davis |
|---|
| 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: JoAnn Davis |
| Title: President (Title of official position held in corporation or partnership) |
| 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.

| 8 | 2020/2 | FORM SA1-2E. PAGE |
|--|---|--|
| | /NER OF CABLE SYSTEM: | SYSTEM I |
| is Commun/ | ications Inc | 127 |
| The Satellite H lowing sentend "In dete service scriber For more infor | TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ce: ermining the total number of subscribers and the gross amounts paid to the cable system for the basic e of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- s and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." mation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form. | P Special Statement Concerning Gross Receipts Exclusion |
| • | counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions lite carriers to satellite dish owners? | |
| YES. Ente | er the total here and list the satellite carrier(s) below | |
| Name Mailing Address | Name Mailing Address | |
| | | |
| INTEREST | ASSESSMENT | |
| | | |
| | plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. | Q |
| For an explana | ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. | Q Interest Assessme |
| For an explana | | Q Interest Assessme |
| For an explana | ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment | Q Interest Assessme |
| For an explana | ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. | Q Interest Assessme |
| For an explana Line 1 Enter Line 2 Multip | ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment | Q Interest Assessme |
| For an explana Line 1 Enter Line 2 Multip Line 3 Multip | ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment | Q Interest Assessme |
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| For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space | ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment | Q Interest Assessme |
| For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t | ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment the amount of late payment or underpay | Q Interest Assessme |
| For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t | ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment | Q Interest Assessme |
| For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t ** This is the | the amount of late payment or underpayment | Q Interest Assessme |
| For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t ** This is the NOTE: If you a list below the o | Ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment | Q Interest Assessme |
| For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t ** This is the | Ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment | Q Interest Assessme |
| For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t ** This is the NOTE: If you a list below the of | Ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment | Q Interest Assessme |
| For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t ** This is the NOTE: If you a list below the of | the amount of late payment or underpayment | Q Interest Assessme |

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.