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 |
| 02/26/2021 | \$ 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 | |
| Accounting | | 20202 Barcode Data Filing Period (optional - see instructions) | |
| 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. | 20128 |
| | | | |
| | | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | |
| | | KEENE VALLEY VIDEO, INC. | |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) | |
| | | | |
| | | MAILING ADDRESS OF OWNER OF CABLE SYSTEM | |
| | | PO Box 47 (Number, street, rural route, apartment, or suite number) | |
| | | KEENE VALLEY. NY 12943 | |
| | | (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 unl s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp | |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: | |
| | <u> </u> | MANUNC ADDRESS OF CARLE 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 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.

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM II |
|----------------------|---|--|
| Name | KEENE VALLEY VIDEO, INC. | 2012 |
| D | Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated community unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings. | is the same as a "community unit" as defined in FCC rules: "a nities within unincorporated areas and including single, discret |
| Area | Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom city. | ne parks should be reported in parentheses below the identific |
| Served | | |
| | CITY OR TOWN | STATE |
| First | | |
| Community | | |
| | | |
| dd Rows as Necessary | | |
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Accounting Period: 2020/2

FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 20128

KEENE VALLEY VIDEO, INC.

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

| BLO | OCK 1 | | BLOCK 2 | | | |
|-------------------------------|-------------|-------|---------------------|-------------|------|--|
| | NO. OF | | | NO. OF | | |
| CATEGORY OF SERVICE | SUBSCRIBERS | RATE | CATEGORY OF SERVICE | SUBSCRIBERS | RATE | |
| Residential: | | | | | | |
| Service to first set | 211 | 56.90 | | | | |
| Service to additional set(s) | 4 | 2.00 | | | | |
| • FM radio (if separate rate) | | | | | | |
| Motel, hotel | 7 | 56.90 | | | | |
| Commercial | 5 | 56.90 | | | | |
| Converter | | | | | | |
| Residential | | | | | | |
| Non-residential | | | | | | |

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

| | BLO | CK 1 | | BLOCK 2 |
|-------------------------------|--------|-------------------------------|--------|--------------------------|
| CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE RATE |
| Continuing Services: | | Installation: Non-residential | | |
| Pay cable | | Motel, hotel | 150.00 | |
| Pay cable—add'l channel | | Commercial | 150.00 | |
| Fire protection | | Pay cable | | |
| •Burglar protection | | Pay cable-add'l channel | | |
| Installation: Residential | | Fire protection | | |
| • First set | 150.00 | Burglar protection | | |
| Additional set(s) | | Other services: | | |
| • FM radio (if separate rate) | | Reconnect | 25.00 | |
| Converter | | Disconnect | | |
| | | Outlet relocation | 15.00 | |
| | | Move to new address | 50.00 | |
| | | | | |

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

KEENE VALLEY VIDEO, INC.

SYSTEM ID# 20128

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.

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

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

Add Rows as Necessary

| 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
|--------------------------|----------------------|--|
| 13 | N | Burlington, VT |
| 14 | N | Plattsburgh, NY |
| 22 | N | Burlington, VT |
| 32 | E | Burlington, VT |
| 43 | N | Burlington, VT |
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

KEENE VALLEY VIDEO, INC.

20128

PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

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

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

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

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

| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION |
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| Accounting Perio | | ADLE OVOT | EM. | | | | | | FORI | M SA1-2E. PAGE 5. |
| Name | LEGAL NAME OF OWNER OF C | | ⊏IVI: | | | | | | | SYSTEM ID# 20128 |
| | SUBSTITUTE CARRIAGE | · SPECIAI | I STATEMEN | T AND PROGRAM I C | ng. | | | | | |
| Substitute | In General: In space I, identif substitute basis during the ac explanation of the programmi | y every non counting pe | network televis | ion program, broadcast b | oy a FCC | rules, regula | ations, or a | uthoriz | zations. F | For a further |
| Carriage: | 1. SPECIAL STATEMENT | | | | | , | | | | |
| Special | During the accounting peri | | | | asis | any nonne | twork telev | rision | nrogram | 1 |
| Statement and | broadcast by a distant stat | • | r cable cyclem | ourly, or a substitute b | aoio | , arry mormo | | | | |
| Program Log | Note: If your answer is "No" | | rest of this nad | e blank If your answer | is "\ | es " vou mi | ıst comple | | YES e program | |
| | log in block 2. | , louvo alo | root or time pag | o blank. If your anonor | | oo, you me | act comple | | program | |
| | 2. LOG OF SUBSTITUTE | PROGRA | MS | | | | | | | |
| | In General: List each substitclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call second the case of Mexican or Canace Column 5: Give the mon first. Example: for May 7 given to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program | itute progra ce, please a of every nor distant stati gulations, or es like "mor Bulls." I was broad sign of the s dcast statio adian statio th and day e "5/7." s when the Example: a | m on a separa add additional ranetwork televion and that your authorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the cowhen your system substitute proprogram carried listed program ons in effect du | ows to the tables. sion program ("substituur cable system substitus. See page (v) of the gotball." List specific program ("Yes." Otherwise enter sting the substitute program was carried by your carried the substitute gram was carried by your ded by a system from 6:00 was substituted for progring the accounting peri | te pruted ener ram r "Not gram he s te prur cas o'1:15 gran iod; c | rogram") that for the program instruction titles, for exp." a. tation is liceration is ider rogram. Use able system 5 p.m. to 6:2 mming that yenter the let | at, during the content of the conten | ne according and according to the cordinate of the cordin | counting ther state formation Lucy" or C or, in the monaccurated be required ed programmed to the country of th | ion n. hth ly |
| | effect on October 19, 1976. | | | | | ı | | | | |
| | S | UBSTITUT | E PROGRAM | | | | EN SUBST IAGE OCC | _ | | 7. REASON FOR |
| | 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATIO | N | 5. MONTH AND DAY | 6. FROM | TIMES | S TO | DELETION |
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| Accounting Period: 2 | 2020/2 | FORM SA1-2E. PAGE 6. |
|----------------------------|--|-------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: KEENE VALLEY VIDEO, INC. | SYSTEM ID# 20128 |
| 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 all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissi (as identified in space E) during the accounting period. For a further explanation of how to compute this amount 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. | ion service unt, see |
| 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 \$263, 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS | ,800 |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this s | six-month |
| | accounting period is \$52.00 | |
| | Line 1. Royalty fee for accounting period | |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | 0.00 |
| | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 | |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) | |
| | 1. Base amount under statutory formula | |
| | 2. Enter amount of gross receipts from space K | |
| | Subtract line 2 from line 1 | |
| | 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. | |
| | 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 | 0) |
| | | |
| | 1. Enter the amount of gross receipts from space K | |
| | 2. Base amount under statutory formula | |
| | Subtract line 2 from line 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 | Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | 52.00 |
| Total Remittance Due | | 15.00 |
| | 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 # 26RC9FB5 | |
| | Important: Your remittance must be in the form of an electronic payment payable to the Register of C See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more in | |

| Accounting Period: 2 | 2020/2 | | | | | FORM SA1-2E. PAGE 7. |
|------------------------------------|--|---|---------------------------|--|-------------|-----------------------|
| Name | LEGAL NAME OF OV | VNER OF CABLE SYSTEM: VIDEO, INC. | | | | SYSTEM ID# 20128 |
| M Channels | to its subscribers Enter the total system carried Enter the total on which the c | , and (2) the cable system's | total num th the cab is | ast stations | stations | 48 |
| N Individual to Be Contacted | we can contact a | bout this statement of accou | | DRMATION IS NEEDED (Identify an individual to whom | | |
| for Further Information | | Kevin P. Lynch 3330 SH 11B | | Te | elephone 3 | 315.328.9050 |
| | | (Number, street, rural route, aparti Nicholville, NY 12965 (City, town, state, zip) | | te number) | | |
| | Email | Kevin.Lynch@s | slicfiber.c | om Fax (optional | | |
| _ | CERTIFICATION (T | his statement of account mu | ust be cer | tified and signed in accordance with Copyright Office regu | ılations) | |
| O Certification | • I, the undersigned | , hereby certify that (Check or | ne, <i>but on</i> | ly one, of the boxes.) | | |
| | (Owner | other than corporation or p | artnershi | p) I am the owner of the cable system as identified in line 1 o | of space B; | or |
| | | | | artnership) I am the duly authorized agent of the owner of the corporation or partnership; or | e cable sys | stem as identified |
| | | r or partner) I am an officer (n line 1 of space B. | if a corpor | ation) or a partner (if a partnership) of the legal entity identifie | ed as owner | r of the cable system |
| | | e, and correct to the best of m | | clare under penalty of law that all statements of fact contained ge, information, and belief, and are made in good faith. | d herein | |
| | | | X | /s/ Bradley Pattelli | | |
| | | | | electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith) | | |
| | | Typed or printed | l name: | Bradley G. Pattelli | | |
| | | Title: | CEO tle of official | position held in corporation or partnership) | | |
| | | Date: | | 2/26/2021 | | |

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.

| counting Period: 2020/2 | FORM SA1-2E. PAGE 8 |
|---|--|
| GAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID |
| EENE VALLEY VIDEO, INC. | 2012 |
| 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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system sh scribers and amounts collected from subscribers receiving secondary transmissions pursuant. For more information on when to exclude these amounts, see the note on page (vii) of the general instructed in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for second made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below | m for the basic all not include sub- to section 119." Special Statement Concerning Gross Receipts Exclusion |
| Name Mailing Address Mailing Address | |
| | |
| INTEREST ASSESSMENT | |
| | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment For an explanation of interest assessment, see page (viii) of the general instructions located in the page. | |
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| For an explanation of interest assessment, see page (viii) of the general instructions located in the page. Line 1 Enter the amount of late payment or underpayment | per SA1-2 form. |
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