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					
2/25/21	\$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting	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.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	MASSILLON CABLE TV, INC.							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	814 CABLE CT NW, PO BOX 1000 [Number, street, rural route, apartment, or suite number)							
	MASSILLON, OH 44647							
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
С	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							
System	IDENTIFICATION OF CABLE SYSTEM:							
	POWHATAN POINT							
	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.

Accounting Period: 2020/2 FORM SA1-2E. PAGE 1b LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name MASSILLON CABLE TV, INC. 2588 Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: 'a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, D discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the Area identified city. Served CITY OR TOWN STATE **BRIDGEPORT COLERAIN TWP** OH First JACOBSBURG YORK TWP OH Community **POWHATAN POINT VILLAGE** OH POWHATAN POINT YORK TWP OH Add Rows as Necessary ST. CLAIRSVILLE WHEELING TWP ОН ST. CLAIRSVILLE COLERAIN TWP OH **BARTON** OH CRESCENT ОН MAYNARD OH **BELLAIRE VILLAGE** OH **BELLAIRE RICHLAND TWP** OH **BELLAIRE PULTNEY TWP** OH ОН **BELLAIRE PEASE TWP BELMONT SMITH TWP** OH **BRIDGEPORT RICHLAND TWP** ОН **BRIDGEPORT PULTNEY TWP** ОН **BRIDGEPORT PEASE TWP** ОН **GLENCOE SMITH TWP** ОН **GLENCOE RICHLAND TWP** ОН JACOBSBURG RICHLAND TWP ОН JACOBSBURG SMITH TWP ОН **NEFFS RICHLAND TWP** ОН **NEFFS PULTNEY TWP** ОН ST.CLAIRSVILLE RICHLAND TWP ОН STEWARTSVILLE RICHLAND TWP ОН AMSTERDAM JEFFERSON COUNTY ОН **BERGHOLZ JEFFERESON COUNTY** OH SPRINGFIELD JEFFERSON COUNTY ОН LOUDON CARROLL COUNTY OH /ILLAGE OF SALINEVILLE COLUMBIANA COUNTY ОН WASHINGTON TWP COLUMBIANA COUNTY OH FOX TWP CARROLL COUNTY ОН BRUSH CREEK TWP JEFFERSON COUN' ОН W۷ **WARWOOD** W۷ **BEECH BOTTOM** WINDSOR HEIGHTS wv VILLAGE OF WOODSFIELD MONROE COUNTY OH VILLAGE OF LEWISVILLE MONROE COUNTY OH **CENTER TWP MONROE COUNTY** ОН SUMMIT TWP MONROE COUNTY OH OH LEE TWP MONROE COUNTY OH OHIO TWP MONROE COUNT

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 2588

MASSILLON CABLE TV, 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.

BL	OCK 1	BLOCK 2				
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
 Service to first set 	1,839	28.30-40.75				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial						
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.

		BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE		CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable	15-78	Motel, hotel			HBO	0-24.65
Pay cable—add'l channel	68.75	Commercial			STARZ/ENCORE	5.00
Fire protection		Pay cable			SHOWTIME	9-20.15
•Burglar protection		Pay cable-add'l channel			ENCORE	4.75
Installation: Residential		Fire protection			HD ESSENTIALS	7.80
First set		Burglar protection			CINEMAX	15.15
Additional set(s)		Other services:			STARZ	15.50
• FM radio (if separate rate)		Reconnect		ľ		
Converter		Disconnect				
		Outlet relocation				
		Move to new address				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MASSILLON CABLE TV, INC.

2588

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KDKA CBS	2.1	N	PITTSBURGH
KDKA START TV	2.2	N-M	PITTSBURGH
WOUB PBS	20.1 - 44.1	E	ATHENS-CAMBRIDGE
WOUB OHIO CH	20.5-44.5	E-M	ATHENS-CAMBRIDGE
WOUB PBS KIDS	20.6-44.6	E-M	ATHENS-CAMBRIDGE
WQED PBS	13.1	E	PITTSBURGH
WQED CREATE	13.2	E-M	PITTSBURGH
WTOV NBC	9.1	N	STEUBENVILLE
WTOV FOX	9.2	N-M	STEUBENVILLE
WTOV MeTV	9.3	N-M	STEUBENVILLE
WTAE ABC	4.1	N	PITTSBURGH
WTAE Cozi	4.2	N-M	PITTSBURGH
WTRF CBS	7.1	N	STEUBENVILLE-OH-WHEELING WV
WTRF MyNetwork TV	7.2	N-M	STEUBENVILLE OH-WHEELING WV
WTRF ABC	7.3	N-M	STEUBENVILLE-OH-WHEELING WV
WTRF Court TV Myste	7.4	N-M	STEUBENVILLE-OH-WHEELING WV
KDKA Dabl	2.3	N-M	PITTSBURGH
WOUB Classic	20.2-44.2	E-M	ATHENS-CAMBRIDGE
WOUB PBS World	20.3-44.3	E-M	ATHENS-CAMBRIDGE
WOUB Create	20.4-44.4	E-M	ATHENS-CAMBRIDGE
WQED SHOWCASE	13.4	E-M	PITTSBURGH
WQED WORLD	13.3	E-M	PITTSBURGH
WPGH FOX	53.1	N	PITTSBURGH
WPNT MyNetwork TV	22.1	N	PITTSBURGH

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 2588

MASSILLON CABLE TV, INC.

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WPGH Antenna TV	53.2	N-M	PITTSBURGH
WPGH CHARGE	53.3	N-M	PITTSBURGH
WNEO PBS	45.1	E	ALLIANCE
WNEO Fusion	45.2	E-M	ALLIANCE
FNX	45.3	E-M	ALLIANCE
WQED PBS Kids	13.5	E-M	PITTSBURGH
WBCB CW	21.2	N-M	YOUNGSTOWN
WYFX MY NETWORK	62.2	N-M	YOUNGSTOWN
WFMJ NBC	21.1	N	YOUNGSTOWN
WKBN CBS	27.1	N	YOUNGSTOWN
WYTV ABC	33.1	N	YOUNGSTOWN
WYFX FOX	62.1	N	YOUNGSTOWN
WVPB PBS	24.1	E	WHEELING
WVPB West Virginia	24.2	E-M	WHEELING
WVPB PBS Kids	24.3	E-M	WHEELING
WYFX Bounce	62.4	N-M	YOUNGSTOWN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MASSILLON CABLE TV, INC.

2588

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 SICN	AM 05 EM	C/D	LOCATION OF STATION	CALLSION	ΛM α= ΓM	6/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
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	L	Щ.			1		1

Accounting Perio	nd: 2020/2						FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MASSILLON CABLE 1	V, INC.						2588
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant state Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more spa	E: SPECIA tify every no accounting p ning that mu T CONCEF riod, did you ation? o", leave the E PROGRA titute progra ace, please of every no a distant sta egulations, a ries like "mo	eriod, under system of this part of this part of this part of the	precision program, broadcast by pecific present and former F in this log, see page (v) of the stitute CARRIAGE of the carry, on a substitute based of the carry, on a substitute based of the carry of t	a distant state CC rules, regine general insussis, any nonres "Yes," you res wherever pose program") the defor the program and instructions.	ulations, catructions network to nust com possible, if nat, durin ogrammir ions for fu	or authorizatin the paper elevision provide YES plete the provide their meaning the account of another urther inform	ystem carried on a ions. For a further SA1-2 form. ogram X NO ogram ing is unting er station nation.
	Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	sign of the adcast statinadian statination statination and day ive "5/7." les when the Example: ter "R" if the and regulatemming that	station broadd on's location (ons, if any, the when your sy e substitute pr a program car e listed progrations in effect of	rogram was carried by your ried by a system from 6:01 m was substituted for programing the accounting period	ram. e station is lide station is lide program. Us r cable syster :15 p.m. to 6 ramming that id; enter the I	entified). se numer m. List the :28:30 p. :your sys etter "P" i	als, with the e times accomm. should be term was rea if the listed plations in	e month urately ee
	S	UBSTITUT	E PROGRAN	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FO			
	TITLE OF PROGRAM		3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
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							_	
								
								
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Accounting Period:	2020/2 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MASSILLON CABLE TV, INC. 2588
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) during the accounting period. \$397,481.08
	IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)
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 \$263,800 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
	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
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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
	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
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
Due	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
	EFT Trace # or TRANSACTION ID # 26RBVOND
	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 OWNER OF MASSILLON CABLE TV						SYSTEM ID# 2588		
M Channels	to its subscribers, and (2) to 1. Enter the total number of	the cable system's to f channels on which broadcast stations. f activated channels n carried television	the cable	on which the cable system carri er of activated channels during the	ne accounting period.	st stations	9-17 & 0 - IPTV ONLY 65-86 & 0 - IPTV ONLY		
N Individual to Be Contacted for Further	we can contact about this s		t.)	MATION IS NEEDED (Identify a		Telephone	330-833-5509		
Information	Address 814 C/(Number, s	ABLE CT NW street, rural route, apartn	PO BO						
	Email				Fax (optional)				
	CERTIFICATION (This state	ment of account mu	ust be certi	fied and signed in accordance w	vith Copyright Office re	egulations)			
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or								
	in line 1 of sp	ace B and that the o	wner is not	rtnership) I am the duly authorize a corporation or partnership; or tion) or a partner (if a partnership					
	I have examined the stater	nent of account and ect to the best of my		clare under penalty of law that all e, information, and belief, and are		ained herein			
			Enter an e	/S/ KATHERINE GESSN lectronic signature on the line abovature using an "/s/ signature" (e.g.,	ve to certify this stateme	ent.			
		Typed or printed	name:	KATHERINE GESSNER	t				
		(Title of of	ficial positior	held in corporation or partnership)	2/25/2021				

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.

Accounting Period: 2020/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 2588 MASSILLON CABLE TV, INC. 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 fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ 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. **Interest Assessment** davs 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 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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