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

by email to:

Return completed workbook

STATEME	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:		
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT			
Cable Systems (Short Form) General instructions are located in the first tab of this workbook		01/19/21	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
Α	ACCOUNTING PERIOD COVERED	PBY THIS STATEMENT: (Y) Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31			
Accounting Period		Barcode Data Filing Period (optiona	II - see instructions)			
	Instructions:					
В	Give the full legal name of the owner of of the subsidiary, not that of the parent		idiary of another corporation, give the full co	rporate title		
Owner	List any other name or names under wh	ich the owner conducts the business of t	the cable system.			
	If there were different owners during th single statement of account and royalty		the last day of the accounting period should s ting period.	submit a		
	Check here if this is the system's first fili	ng. If not, enter the system's ID number	assigned by the Licensing Division.	31102		
	LEGAL NAME OF OWNER/MAILIN	NG ADDRESS OF CABLE SYSTEM				
	Colfax Cable Co. PO Box 268, Sain					
	BUSINESS NAME(S) OF OWNER C	OF CABLE SYSTEM (IF DIFFERENT	")			
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM				
	(Number, street, rural route, apartment, or suite	number)				
	(City, town, state, zip)					
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In line					
System	1 IDENTIFICATION OF CABLE SYSTEM:	· ·		- ·		
	MAILING ADDRESS OF CABLE SYSTE	:M:				
	2 (Number, street, rural route, apartment, or suite	: number)				

FOR COPYRIGHT OFFICE USE ONLY

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.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Colfax Cable Co. PO Box 268, Saint John, WA 99171	31102
D Area	Instructions: List each separate community served by the cable system. A "comr "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 mob identified city.	nunity" is the same as a "community unit" as defined in FCC rules: d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known s.
Served	identified city.	
	CITY OR TOWN	STATE
First	Colfax	WA
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				FORM SA1	TEM ID		
Name	Colfax Cable Co. PO B	ox 268, Saiı	nt John, WA 991	71				3110		
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRIBERS AND	RATES						
E	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									
Secondary Transmission	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).									
Service: Sub-	Number of Subscribers: Bot	`	<i>'</i>	,	,	ble svstem	broken			
scribers and	down by categories of secondar	•								
Rates	each category by counting the n						charged			
	separately for the particular serv						a and the			
	Rate: Give the standard rate of unit in which it is generally billed	-				-				
	category, but do not include disc					is within a p				
	Block 1: In the left-hand block				ondary transmis	ssion servio	e 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				in the count u					
	Block 2: If your cable system				service that are	e different fi	om those			
	printed in block 1 (for example, t					,				
	with the number of subscribers a sufficient.	and rates, in th	e right-hand block. A	two- or three	e-word descript	ion of the s	ervice is			
		DCK 1				BLOCK	2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CATE	GORY OF SEF		NO. OF SUBSCRIBERS	RAT		
	Residential:	SUBSCIUD		CATE		(VICL	SUBSCRIBERS	1041		
	Service to first set		425 65.00							
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC		ANSMISSIONS: RAT	ES				1		
F	In General: Space F calls for ra				l your cable sys	stem's serv	ices that were			
F	not covered in space E, that is, t				,	,				
Services	service for a single fee. There and furnished at cost or (2) services	•		•		• • • •				
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the	rate column.			-		- g ,			
Fransmissions:	Block 1: Give the standard rate		•							
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.									
	CATEGORY OF SERVICE	BLO RATE	CK 1 CATEGORY OF SE		RATE	CATECO	BLOCK 2 RY OF SERVICE	RAT		
	Continuing Services:	NATE	Installation: Non-re		NATE	CATEGO	KT OF SERVICE	NAT		
	• Pay cable		Motel, hotel			Digital	Basic	19.0		
	• Pay cable—add'l channel		Commercial			Encore		10.5		
	Fire protection		Pay cable			Movie C		14.5		
	•Burglar protection		• Pay cable-add'l	channel		Showtin		14.5		
	Installation: Residential		• Fire protection			Cinema		9.0		
	• First set		Burglar protection	n		HBO		15.5		
	Additional set(s)		Other services:							
			• Reconnect					†		
	 FM radio (it separate rate) 									
	 FM radio (if separate rate) Converter 		Disconnect							
	, , ,		Disconnect							
	, , ,			1						

	2020/2	E CABLE SYSTEM		SYSTEM ID					
Name		D Box 268, Saint John, WA 9917	71	3110					
	PRIMARY TRANSMITTERS:	· ·	•						
G Primary nsmitters: elevision	 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, <i>except</i> (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 <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 								
	List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on	 station was carried <i>only</i> 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. <i>Do not</i> 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. 							
	of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	nel number the FCC assigned to the tele NRC is channel 4 in Washington, D.C. th case whether the station is a network tering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), c terms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th	station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educat actions in the paper SA1-2 form. : the community to which the statior	a noncommercial pendent), "I-M" ional multicast). n is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KREM	2	N	Spokane, WA					
	KAYU	3	l	Spokane, WA					
ws as Necessary	KXLY	4	N	Spokane, WA					
	KHQ	6	N	Spokane, WA					
	KSPS	7	E	Spokane, WA					
	KWSU	10	E	Pullman, WA					
	KUID	12	E	Moscow, ID					
	KSKN	22		Spokane, WA					
	KGPX		-						
				Snakana WA					
		50	•	Spokane, WA					
	KQUP	68	I I	Spokane, WA Spokane, WA					
			I I						
			I I						
			1						
			I I						

EGAL NAME OF			8, Saint John, WA 9917	1				SYSTEM 311
	every radio s	station ca	arried on a separate and discrence of the second					н
eceivable if (1) on the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recein at the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process 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 pay ed by the cable s re station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC) it can ertain st eneral ii eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ONLE OIOIT		GID		ONLE CICIN		0/0		
						·		
						·		
						·		
			 			·		

Accounting Perio	od: 2020/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Colfax Cable Co. PO	Box 268, 9	Saint John,	WA 99171				31102
	SUBSTITUTE CARRIAG				G			
1		-	-			tion that w		town convict on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				general in		paper e	
Special		-				activerk tel	ovicion prod	rom
Statement and	During the accounting per	-	ui cable syster	in carry, on a substitute ba	sis, any nom			
Program Log	broadcast by a distant sta	tion?				L	YES	× NO
	Note: If your answer is "No	", leave the	rest of this pa	age blank. If your answer is	s "Yes," you ı	must comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if t	heir meaning	g is
	clear. If you need more spa					hat during	the economi	ina
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter				
				asting the substitute progr the community to which th		censed by	the ECC or	in
	the case of Mexican or Car							
				stem carried the substitute			ls, with the r	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program car	ried by a system from 6:01	:15 p.m. to e	5:28:30 p.m	1. snould be	
		er "R" if the	listed prograr	n was substituted for prog	ramming that	t your syste	em was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	s and regul	ations in	
	effect on October 19, 1976							
						N SUBST		
	s		E PROGRAM	1		AGE OCC		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	
							_	
								·
							_	
							_	
							_	
							_	
							-	
							-	
							-	
1								

Accounting Period:	2020/2 FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Colfax Cable Co. PO Box 268, Saint John, WA 99171	31102 SYSTEM
K 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 \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	
	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 \$ 263,800.00	
	2. Enter amount of gross receipts from space K \$ 164,287.51	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	323.88
	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	323.88
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	4. Enter the empirite former manifest from encode 1/	
	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	
	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) \$ 323.88	
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	343.88
	EFT Trace # or TRANSACTION ID # 26R03V9R	
	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 CABLE SYSTEM: Colfax Cable Co. PO Box 268, Saint John, WA 99171	SYSTEM ID# 31102
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	10
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	500 0 40 0000
for Further Information		509-648-3322
	Address PO Box 268, 11 E Front St (Number, street, rural route, apartment, or suite number) Saint John, WA 99171 (City, town, state, zip)	
	Email sjcable@stjohncable.com Fax (optional)	
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, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as on in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	B; or system as identified wner of the cable system
	X /s/Eric Trump 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: Eric Trump Title: General Manager (Title of official position held in corporation or partnership)	-
	Date: 01/15/21	

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.

ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
ifax Cable Co. PO Box 268, Saint John, WA 99171	3110
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.