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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	2/22/2021	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Cass Cable TV, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 200
		(Number, street, rural route, apartment, or suite number)
		Virginia, IL 62691 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
L		

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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	Cass Cable TV, Inc.	3463
	Instructions: List each separate community served by the cable system. A "o	
_	"a separate and distinct community or municipal entity (including unincorpo	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th	
	as the "first community." Please use it as the first community on all future f	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Pittsfield	IL
Community	Griggsville	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C						FORM SA1	-2E. PAG
Name		ADLE STOTEINI.					515	34
	Cass Cable TV, Inc.							•••
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIBERS AND	RATES				
E	In General: The information in s							
. .	system, that is, the retransmission							
Secondary Transmission	about other services (including p last day of the accounting period					nose exist	ing on the	
Service: Sub-	Number of Subscribers: Both					le svstem	. broken	
scribers and	down by categories of secondar							
Rates	each category by counting the n						charged	
	separately for the particular serv						is and the	
	Rate: Give the standard rate of unit in which it is generally billed							
	category, but do not include disc	· ·	,			s within a p		
	Block 1: In the left-hand block				ondary transmis	sion servio	e that cable	
	systems most commonly provide							
	that applies to your system. Note							
	categories, that person or entity subscriber who pays extra for ca							
	first set" and would be counted of							
	Block 2: If your cable system				service that are	different fi	rom those	
	printed in block 1 (for example, t							
	with the number of subscribers a	and rates, in the	e right-hand block. A	two- or three	e-word description	on of the s	ervice is	
	sufficient.	OCK 1				BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RA
	Residential:	SUBSCRIBE	ERS NATE	CAT	LOOKT OF SEI	VICE	SUBSCRIBERS	
	Service to first set		864 21.4					
	Service to additional set(s)		21.4					
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RAT	ES				
F	In General: Space F calls for rat	·	,	•				
•	not covered in space E, that is, t service for a single fee. There ar							
Services	furnished at cost or (2) services	•	,	0		0()		
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the							
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that						woro not	
nales	listed in block 1 and for which a							
	brief (two- or three-word) descrip	otion and includ	e ine faie foi eaon.					
							BLOCK 2	
		otion and includ BLOC RATE		RVICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RA
	brief (two- or three-word) descrip	BLOO	CK 1		RATE	CATEG		RA
	brief (two- or three-word) descrip	BLOO	CK 1 CATEGORY OF SE		RATE 45.00			
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLOO RATE	CK 1 CATEGORY OF SE Installation: Non-r			Pay ca	ORY OF SERVICE	12
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO0 RATE 17.35	CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel			Pay ca	ORY OF SERVICE	12
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO0 RATE 17.35	CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel • Commercial	esidential		Pay ca	ORY OF SERVICE	12
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO0 RATE 17.35	CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel • Commercial • Pay cable	esidential		Pay ca	ORY OF SERVICE	12
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	BLO0 RATE 17.35	CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel • Commercial • Pay cable • Pay cable-add'l	esidential channel		Pay ca	ORY OF SERVICE	12
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOC RATE 17.35 13.95 45.00	CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel • Commercial • Pay cable • Pay cable-add'l • Fire protection	esidential channel		Pay ca	ORY OF SERVICE	12
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC RATE 17.35 13.95 45.00	CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l • Fire protection • Burglar protecti	esidential channel		Pay ca	ORY OF SERVICE	12
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE 17.35 13.95 45.00	CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l • Fire protection • Burglar protecti Other services:	esidential channel	45.00	Pay ca	ORY OF SERVICE	RA 12 12
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOC RATE 17.35 13.95 45.00	CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel • Commercial • Pay cable • Pay cable-add'l • Fire protection • Burglar protecti Other services: • Reconnect	esidential channel on	45.00	Pay ca	ORY OF SERVICE	12

	LEGAL NAME OF OWNER OF	E CABLE SYSTEM		SYSTEM ID
me	Cass Cable TV, Inc.	F CADEL STOTEM.		346
	PRIMARY TRANSMITTERS:	TELEVISION		
ry tters: ion	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- Do <i>not</i> list the station her station was carried <i>only</i> or List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-ti- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- ne Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi- brogram services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	ime basis under ims [sections tions carried on a postitute program Log)—if the p on some other ons. PN, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KHQA	7	N	Hannibal, MO
	KHQA2	7	N-M	
essary	KHQA2 WGEM	7 10	<u>N-M</u> N	Hannibal, MO
essary				Hannibal, MO Quincy, IL
essary	WGEM	10	N	Hannibal, MO
essary	WGEM WGEM2	10 10	N I-M	Hannibal, MO Quincy, IL Quincy, IL
essary	WGEM WGEM2 WGEM3	10 10 10	N I-M N-M	Hannibal, MO Quincy, IL Quincy, IL Quincy, IL
cessary	WGEM WGEM2 WGEM3 WSEC	10 10 10 15	N I-M N-M E	Hannibal, MO Quincy, IL Quincy, IL Quincy, IL Jacksonville, IL
essary	WGEM WGEM2 WGEM3 WSEC WSEC2	10 10 10 15 15	N I-M N-M E	Hannibal, MO Quincy, IL Quincy, IL Quincy, IL Jacksonville, IL Jacksonville, IL
essary	WGEM WGEM2 WGEM3 WSEC WSEC2 WTJR	10 10 10 15 15 32	N I-M N-M E E-M I	Hannibal, MO Quincy, IL Quincy, IL Quincy, IL Jacksonville, IL Jacksonville, IL Quincy, IL
essary	WGEM WGEM2 WGEM3 WSEC WSEC2 WTJR KDNL	10 10 10 15 15 32 31	N I-M N-M E E-M I N	Hannibal, MO Quincy, IL Quincy, IL Quincy, IL Jacksonville, IL Jacksonville, IL Quincy, IL St. Louis, MO
ecessary	WGEM WGEM2 WGEM3 WSEC WSEC2 WTJR KDNL	10 10 10 15 15 32 31	N I-M N-M E E-M I N	Hannibal, MO Quincy, IL Quincy, IL Quincy, IL Jacksonville, IL Jacksonville, IL Quincy, IL St. Louis, MO
ecessary	WGEM WGEM2 WGEM3 WSEC WSEC2 WTJR KDNL	10 10 10 15 15 32 31	N I-M N-M E E-M I N	Hannibal, MO Quincy, IL Quincy, IL Quincy, IL Jacksonville, IL Jacksonville, IL Quincy, IL St. Louis, MO
ecessary	WGEM WGEM2 WGEM3 WSEC WSEC2 WTJR KDNL	10 10 10 15 15 32 31	N I-M N-M E E-M I N	Hannibal, MO Quincy, IL Quincy, IL Quincy, IL Jacksonville, IL Jacksonville, IL Quincy, IL St. Louis, MO
lecessary	WGEM WGEM2 WGEM3 WSEC WSEC2 WTJR KDNL	10 10 10 15 15 32 31	N I-M N-M E E-M I N	Hannibal, MO Quincy, IL Quincy, IL Quincy, IL Jacksonville, IL Jacksonville, IL Quincy, IL St. Louis, MO
cessary	WGEM WGEM2 WGEM3 WSEC WSEC2 WTJR KDNL	10 10 10 15 15 32 31	N I-M N-M E E-M I N	Hannibal, MO Quincy, IL Quincy, IL Quincy, IL Jacksonville, IL Jacksonville, IL Quincy, IL St. Louis, MO
ecessary	WGEM WGEM2 WGEM3 WSEC WSEC2 WTJR KDNL	10 10 10 15 15 32 31	N I-M N-M E E-M I N	Hannibal, MO Quincy, IL Quincy, IL Quincy, IL Jacksonville, IL Jacksonville, IL Quincy, IL St. Louis, MO
lecessary	WGEM WGEM2 WGEM3 WSEC WSEC2 WTJR KDNL	10 10 10 15 15 32 31	N I-M N-M E E-M I N	Hannibal, MO Quincy, IL Quincy, IL Quincy, IL Jacksonville, IL Jacksonville, IL Quincy, IL St. Louis, MO
Necessary	WGEM WGEM2 WGEM3 WSEC WSEC2 WTJR KDNL	10 10 10 15 15 32 31	N I-M N-M E E-M I N	Hannibal, MO Quincy, IL Quincy, IL Quincy, IL Jacksonville, IL Jacksonville, IL Quincy, IL St. Louis, MO
ecessary	WGEM WGEM2 WGEM3 WSEC WSEC2 WTJR KDNL	10 10 10 15 15 32 31	N I-M N-M E E-M I N	Hannibal, MO Quincy, IL Quincy, IL Quincy, IL Jacksonville, IL Jacksonville, IL Quincy, IL St. Louis, MO
Necessary	WGEM WGEM2 WGEM3 WSEC WSEC2 WTJR KDNL	10 10 10 15 15 32 31	N I-M N-M E E-M I N	Hannibal, MO Quincy, IL Quincy, IL Quincy, IL Jacksonville, IL Jacksonville, IL Quincy, IL St. Louis, MO
Necessary	WGEM WGEM2 WGEM3 WSEC WSEC2 WTJR KDNL	10 10 10 15 15 32 31	N I-M N-M E E-M I N	Hannibal, MO Quincy, IL Quincy, IL Quincy, IL Jacksonville, IL Jacksonville, IL Quincy, IL St. Louis, MO

Accounting P			/STEM·					1 SA1-2E. PAGE
Cass Cable								34
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If isignal, indicate Column 4: G	it is carried b monitoring, to prmation abou m. lentify the call tate whether a the radio stat this by placing vive the station	y the sys be recei at the Co I sign of o the static ion's sig g a check n's locati	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the opyright Office regulations on 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	It the system's he system's FM ante this point, see pa sed by the cable s he station is licen	radend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	AM or FM	0/D			AN4 av 514	C/D		
CALL SIGN		S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2020/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Cass Cable TV, Inc.							3463
	SUBSTITUTE CARRIAG				3			
I I	In General: In space I, identi					ion that you	ır cahla svete	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE				
Special	• During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televi	<u>sion</u> progran	1
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
Trogram Log	Note: If your answer is "No'	' loovo tho	rost of this nac	o blank. If your answor is "		ust complete	-	
		, leave the	rest of this pag	e blank. Il your answer is	res, you mu		e the program	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible. if thei	r meaning is	
	clear. If you need more spa					,		
				sion program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							1.
	"NBA Basketball: 76ers vs.	Bulls."				•		
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nsed by the	FCC or in	
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is ider	tified).		
			when your sys	tem carried the substitute p	orogram. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv		aubatituta pro	arom was corriad by your a	able aveters	list the time	a a a a a urata	h.,
	to the nearest five minutes.			gram was carried by your o ed by a system from 6:01:1				iy
	stated as "6:00–6:30 p.m."	Example: e	i program oann		io p.ini. to 0.2	0.00 p.m. 0		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa	s permitted to delete undel	r r c c rules a	nu regulatio		
	,							
			E PROGRAM			N SUBSTI		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		1	1			+		1

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S١	STEM ID#
Naille	Cass Cable TV, Inc.		3463
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	,097.00 ss 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 \$2 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 t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	2. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	Enter the amount of gloss receipts non-space . 5. Enter the amount from line 3		
	6. Subtract line 5 from line 4	<u> </u>	
		<u> </u>	
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	<u> </u>	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

			FORM SA1-2E. PAGE 7
Name	LEGAL NAME O Cass Cable	F OWNER OF CABLE SYSTEM: TV, Inc.	SYSTEM ID: 3463
M Channels	to its subscrib	You must give (1) the number of channels on which the cable system carried television b ers, and (2) the cable system's total number of activated channels during the accounting otal number of channels on which the cable ied television broadcast stations	
	on which the	otal number of activated channels e cable system carried television broadcast stations adcast services	12
N Individual to Be Contacted	we can contac	TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to ct about this statement of account.)	o whom
for Further Information	Name	Chad Winters	Telephone 217-452-4105
	Address	100 Redbud Road	
		(Number, street, rural route, apartment, or suite number) Virginia, IL 62691	
		(City, town, state, zip)	
	Email	chad.winters@casscabletv.com Fax (op	otional) <u>217-452-7030</u>
0	CERTIFICATIO	ON (This statement of account must be certified and signed in accordance with Copyright (Office regulations)
Certification	(Ow (Ag X (Of • I have examinare true, comp	gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) mer other than corporation or partnership) I am the owner of the cable system as identified ent of owner other than corporation or partnership) I am the duly authorized agent of the o in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal ent in line 1 of space B. hed the statement of account and hereby declare under penalty of law that all statements of fac lete, and correct to the best of my knowledge, information, and belief, and are made in good fac of a partner of the best of my knowledge.	owner of the cable system as identified tity identified as owner of the cable system ct contained herein
-	(Ow (Ag X (Of • I have examinare true, comp	ent of owner other than corporation or partnership) I am the owner of the cable system as identified ent of owner other than corporation or partnership) I am the duly authorized agent of the o in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal ent in line 1 of space B. hed the statement of account and hereby declare under penalty of law that all statements of factors.	owner of the cable system as identified tity identified as owner of the cable system ct contained herein
-	(Ow (Ag X (Of • I have examinare true, comp	<pre>rner other than corporation or partnership) I am the owner of the cable system as identified ent of owner other than corporation or partnership) I am the duly authorized agent of the o in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal ent in line 1 of space B. hed the statement of account and hereby declare under penalty of law that all statements of fac lete, and correct to the best of my knowledge, information, and belief, and are made in good faction 1001(1986)]</pre>	owner of the cable system as identified tity identified as owner of the cable system ct contained herein aith.
-	(Ow (Ag X (Of • I have examinare true, comp	Image: construction of partnership I am the owner of the cable system as identified ent of owner other than corporation or partnership I am the duly authorized agent of the original in the owner is not a corporation or partnership; or fficer or partner I am an officer (if a corporation) or a partner (if a partnership) of the legal ent in line 1 of space B. red the statement of account and hereby declare under penalty of law that all statements of faction 1001(1986)] Image: construction of the legal ent in 1001(1986)] Image: construction of the legal ent in the statement of account and hereby declare under penalty of law that all statements of faction 1001(1986)] Image: construction of the legal ent in the statement of account and hereby declare under penalty of law that all statements of faction 1001(1986)] Image: construction of the legal ent in the statement of account and hereby declare under penalty of law that all statements of faction 1001(1986)] Image: construction of the legal ent in the statement of account and hereby declare under penalty of law that all statements of faction 1001(1986)] Image: construction of the legal ent in the statement of account and hereby declare under penalty of law that all statements of faction 1001(1986)] Image: construction of the legal ent in the statement of account and hereby declare under penalty of law that all statements of faction 1001(1986)] Image: construction of the legal ent in the statement of account and hereby declare under penalty of law that all statement of account and hereby declare under penalty of law that all s	owner of the cable system as identified tity identified as owner of the cable system ct contained herein aith.
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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 the 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 telephol 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 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 t 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 lav

inting Period: 2020/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
s Cable TV, Inc.	34
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	P Special Statemer Concerning Gros Receipts Exclusio
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.	Q
	Q Interest Assessme
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 Assessme
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