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

STATEMI	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru	ictions are located of this workbook	1-29-21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optiona	I - see instructions)	
В	Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parent		diary of another corporation, give the full cor	porate title
Owner	If there were different owners during th single statement of account and royalty	ich the owner conducts the business of the accounting period, only the owner on the fee payment covering the entire accounting. If not, enter the system's ID number	he last day of the accounting period should sting period.	ubmit a 61085
	LEGAL NAME OF OWNER/MAILIN	NG ADDRESS OF CABLE SYSTEM		
	BUSINESS NAME(S) OF OWNER (	OF CABLE SYSTEM (IF DIFFERENT	)	
	MAILING ADDRESS OF OWNER O PO BOX 99 (Number, street, rural route, apartment, or suite BREWSTER, KS 67732-00 (City, town, state, zip)	e number)		
С	<b>INSTRUCTIONS:</b> In line 1, give any bus names already appear in space B. In lin			
System	IDENTIFICATION OF CABLE SYSTEM:			

1

2

MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	S & T COMMUNICATIONS LLC	6108
D Area	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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 identified city.	nity" is the same as a "community unit" as defined in FCC rules ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter know
Served	identified city.	
	CITY OR TOWN	STATE
First	DIGHTON	KS
Community	HEALY	KS
Add Rows as Necessary		
		****

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C							515	TEM ID 6108
	S & T COMMUNICATIO	NS LLC							0100
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCR	IBERS AND R	ATES				
E	In General: The information in s	•		•		•			
Secondary	system, that is, the retransmissi about other services (including r					•			
Transmission	last day of the accounting period	· · ·	-						
Service: Sub-	Number of Subscribers: Bot	-					-		
scribers and Rates	down by categories of secondar	•		•		•			
Rates	each category by counting the n separately for the particular serv		-	•••		•	•	scharged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· ·		,	•	ard rate variation	ns within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					condary transm	ission servi	ice that cable	
	systems most commonly provide	•		•		•			
	that applies to your system. Not								
	categories, that person or entity					•			
	subscriber who pays extra for ca first set" and would be counted of						nder "Servi	ce to the	
	Block 2: If your cable system	•			• • •		e different	from those	
	printed in block 1 (for example,	-		-					
	with the number of subscribers a	and rates, in th	e right-	hand block. A t	wo- or thre	ee-word descrip	tion of the	service is	
	sufficient.			BLOCK	· 2				
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATI
	Residential:		400	00.05	Decia			400	<u> </u>
	Service to first set		180	29.25	Basic Basic	Digital		136 45	60.2 73.2
	Service to additional set(s)				Basic I	alue Basic		45 5	/3.2 ###
	• FM radio (if separate rate)		1	29.25		(Sngl/Dual/D	VP)		15-18
	Motel, hotel Commercial		י 22	29.25 29.25		oom Rate +		5	7.0
	Converter		LL	25.25				5	7.0
	Residential		149	0.00-4.00					
	Non-residential		22	0.00-4.00					
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra				•	• •			
	not covered in space E, that is, service for a single fee. There a					•	•		
Services	furnished at cost or (2) services		-		-			,	
Other Than	amount of the charge and the u		usually	y billed. If any r	ates are c	harged on a va	riable per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the		the cab	lo system for o	ach of the	applicable con	icos listod		
Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> 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	• •			-	-	•		
	brief (two- or three-word) descrip	otion and inclue	de the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable			tel, hotel		120.00		aintenance	3.9
	Pay cable—add'l channel			mmercial		120.00		ndividual)	16.4
	Fire protection			y cable				how/Cinmx (IN	
	•Burglar protection			y cable-add'l cł	nannel		·····	Premium Chanr	
	Installation: Residential			e protection				Premium Chanr	
	• First set	10.00		rglar protection	l		Any 4 F	Premium Chanr	49.9
			Other	services:					
	• Additional set(s)		-						
	• FM radio (if separate rate)			connect		10.00			
			• Dis	connect					
	• FM radio (if separate rate)		• Dis • Ou			10.00 120.00 10.00			

ting Period: 2	LEGAL NAME OF OWNER OF	CARLE SYSTEM		FORM SA1-2E. P
Name	S & T COMMUNICATIO			6
	PRIMARY TRANSMITTERS:			
G rimary smitters: evision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t (2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. With respect to any distant stations c	t (1) stations carried only on a part- he carriage of certain network progr 61(e)(2) and (4))]; and (2) certain sta	time basis under ams [sections ations carried on a
	• Do <i>not</i> list the station here station was carried <i>only</i> on a	es, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis. Iso in space I, if the station was carrie		
	basis. For further information <b>Column 1:</b> List each station' multicast stream associated	n concerning substitute basis stations 's call sign. <i>Do not</i> report origination p with a station according to its over-th	, see page (v) of the general instruc program services such as HBO, ES	tions. PN, etc. Identify each
	of license. For example, WF <b>Column 3:</b> Indicate in each of educational station, by enter (for independent multicast), f	I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational),	station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat	a noncommercial pendent), "I-M"
	Column 4: Give the location	rms, see page (iv) of the general instru- of each station. For U.S. stations, lis ian stations, if any, give the name of t	t the community to which the station	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSWK	8	E	LAKIN, KS
	KUSA	9	Ν	DENVER, CO
vs as Necessary	KSNG	11	Ν	GARDEN CITY, KS
	KUPK	13	Ν	GARDEN CITY, KS
	кмтw	35	Ν	WICHITA, KS
	KSAS	26	Ν	WICHITA, KS
	KSCW	33	Ν	WICHITA, KS
	KSAS-HD	26.1	Ν	WICHITA, KS
	KAKE-HD	21	Ν	WICHITA, KS
	KAKE-HD KSNW-HD	21 45	N N	WICHITA, KS WICHITA, KS
	KSNW-HD	45	Ν	WICHITA, KS
	KSNW-HD KMTW-HD	45 35.1	N N	WICHITA, KS HUTCHINSON, KS
	KSNW-HD KMTW-HD KOOD-HD	45 35.1 16	N N E	WICHITA, KS HUTCHINSON, KS HAYS, KS
	KSNW-HD KMTW-HD KOOD-HD KWCH-HD	45 35.1 16 19	N N E N	WICHITA, KS HUTCHINSON, KS HAYS, KS HUTCHINSON, KS HAYS, KS
	KSNW-HD KMTW-HD KOOD-HD KWCH-HD KBSH	45 35.1 16 19 7	N N E N N	WICHITA, KS HUTCHINSON, KS HAYS, KS HUTCHINSON, KS HAYS, KS WICHITA, KS
	KSNW-HD KMTW-HD KOOD-HD KWCH-HD KBSH KSCW-HD	45 35.1 16 19 7 33.1	N N E N N N	WICHITA, KS HUTCHINSON, KS HAYS, KS HUTCHINSON, KS HAYS, KS WICHITA, KS WICHITA, KS
	KSNW-HD KMTW-HD KOOD-HD KWCH-HD KBSH KSCW-HD DECADES ANTENNA TV	45 35.1 16 19 7 33.1 33.2 33.3	N N E N N N I-M I-M	WICHITA, KS HUTCHINSON, KS HAYS, KS HUTCHINSON, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSNW-HD KMTW-HD KOOD-HD KWCH-HD KBSH KSCW-HD DECADES ANTENNA TV ME TV	45 35.1 16 19 7 33.1 33.2 33.3 10.2	N N E N N N I-M I-M I-M	WICHITA, KS HUTCHINSON, KS HAYS, KS HUTCHINSON, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSNW-HD KMTW-HD KOOD-HD KWCH-HD KBSH KSCW-HD DECADES ANTENNA TV ME TV KWCH STORM TEAM	45 35.1 16 19 7 33.1 33.2 33.3 10.2 12.2	N N E N N N N i-M i-M i-M	WICHITA, KS HUTCHINSON, KS HAYS, KS HUTCHINSON, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSNW-HD KMTW-HD KOOD-HD KWCH-HD KBSH KSCW-HD DECADES ANTENNA TV ME TV	45 35.1 16 19 7 33.1 33.2 33.3 10.2	N N E N N N I-M I-M I-M	WICHITA, KS HUTCHINSON, KS HAYS, KS HUTCHINSON, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KSNW-HD KMTW-HD KOOD-HD KWCH-HD KBSH KSCW-HD DECADES ANTENNA TV ME TV KWCH STORM TEAM	45 35.1 16 19 7 33.1 33.2 33.3 10.2 12.2	N N E N N N N i-M i-M i-M	WICHITA, KS HUTCHINSON, KS HAYS, KS HUTCHINSON, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS

LEGAL NAME O S & T COMN								SYSTEM I 610
	st every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
receivable if (1) on the basis of For detailed inf paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C	) it is carried b monitoring, to ormation abou orm. dentify the call State whether t f the radio stat this by placing Give the station	y the sys be rece it the Co sign of the static ion's sig g a chec n's locati	I-Band FM Carriage: Under ( stem whenever it is received a ived 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	at the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain s jeneral i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	AM or FM	e/D			AM or FM	<u>e/D</u>		
CALL SIGN		S/D	LOCATION OF STATION	CALL SIGN		S/D	LOCATION OF STATION	
(RDQ	FM		Colby, KS			·		
KCI	FM		Goodland, KS					
						·		
						·		
	<b></b>							
	<b></b>					·		
						·		
		<b>-</b>				·		
	]							
						·		

Accounting Perio	od: 2020/2					F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	S & T COMMUNICATIO	ONS LLC					61085
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G		
	In General: In space I, ident	ifv everv no	nnetwork televi	sion program, broadcast b	v a <i>distant</i> sta	tion. that your cable	system carried on a
_	substitute basis during the a	• •			•		
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of t	he general ins	tructions in the pape	r SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE			
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any nonr	network tel <u>evisi</u> on p	rogram
Program Log	broadcast by a distant sta	tion?				YE	
	Note: If your anowar in "No	" loovo tha	reat of this pa	an block. If your onewor i	a "Vaa " vau		
	Note: If your answer is "No	, leave the	e rest or this pa	ige blank. If your answer i	s res, your	nust complete the p	brogram
	log in block 2.		MC				
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if their mea	nina is
	clear. If you need more spa						
				vision program ("substitut	e program") t	hat, during the acco	ounting
	period, was broadcast by a		•		•	•	
	under certain FCC rules, re	•					
	Do not use general categor "NBA Basketball: 76ers vs.		DVIES OF DASK	etball." List specific progr	am titles, for e	example, "I Love Lu	icy or
			dcast live, ent	er "Yes." Otherwise enter	"No."		
				asting the substitute prog			
			,	the community to which th			or, in
	the case of Mexican or Car					,	a manth
	first. Example: for May 7 give		when your sy	stem carried the substitut	e program. U	se numerais, with tr	ne month
			e substitute pr	ogram was carried by you	ır cable syste	m. List the times ac	curately
	to the nearest five minutes.						
	stated as "6:00-6:30 p.m."						
				n was substituted for prog			
	to delete under FCC rules a was substituted for program	0		5 51			
	effect on October 19, 1976	•				s and regulations in	
					Мине	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCURRED	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — T	DELETION
		163 01 110	CALL SIGN	4. STATION S LOCATION			0
						_	
						_	
					1		
						_	
					]	_	
						_	
						_	
						_	
						—	

Accounting Period:	2020/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S & T COMMUNICATIONS LLC	SYSTEM ID# 61085
<b>K</b> Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 5</li> <li>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.</li> </ul>	\$263,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month
	Line 1. Royalty fee for accounting period	. \$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	<u> </u>
	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	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	

	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	<ol> <li>Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)</li></ol>		52.00 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	67.00
	EFT Trace # or TRANSACTION ID #			
	<b>Important:</b> Your remittance must be in the form of an electronic payment payab See page i of the general instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the paper SA1-2 f			

SYSTEM ID# 61085
61085

X /s/ Christina Hickert
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: Christina Hickert
Title: CFO (Title of official position held in corporation or partnership)
Date: January 29, 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.

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
T COMMUNICATIONS LLC	6108
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- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemen Concerning Gross Receipts Exclusio
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	-
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	—
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	—
x 0.00274	-
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here	-
x 0.00274	_
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 \$	-
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         \$         -         (interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.         For further assistance please	-
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	
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	
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	
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	

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.