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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workboo by email to:
-	ary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Syst	ems (Short Form)		\$	For additional information,
General instr	uctions are located	03/04/2021		contact the U.S. Copyright Office Licensing Division a
n the first tak	o of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α		ER RY THE STATEMENT. (V		
~	ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (Y	t t t/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	al - see instructions)	
Accounting				
Period				
_	Instructions: Give the full legal name of the owne	er of the cable system. If the owner is a subs	idiary of another corporation, give the full co	rporate title
В	of the subsidiary, not that of the par	rent corporation.		
Owner	List any other name or names under	which the owner conducts the business of	the cable system.	
	If there were different owners durin	g the accounting period, only the owner on	the last day of the accounting period should s	submit a
	single statement of account and roy	alty fee payment covering the entire accour	nting period.	61663
	Check here if this is the system's firs	t filing. If not, enter the system's ID number	assigned by the Licensing Division.	01005
	LEGAL NAME OF OWNER/MA	ALLING ADDRESS OF CABLE SYSTEM		
	PROJECT MUTUAL TELEPHON	NE CO INC		
	BUSINESS NAME(S) OF OWNE	R OF CABLE SYSTEM (IF DIFFEREN	Г)	
	MAILING ADDRESS OF OWNE	R OF CABLE SYSTEM		

RUPERT, ID 83350

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

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.

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.

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

PO BOX 366

PO BOX 366

RUPERT, ID 83350 (City, town, state, zip code)

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

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

С

System

1

2

PMT

		FORM SA1-2E. PAG
Name		
	PROJECT MUTUAL TELEPHONE CO INC	616
D	Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated c 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.	communities within unincorporated areas and including singl
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area Served	identified city.	nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	PAUL	IDAHO
Community	OAKLEY	IDAHO
	HEYBURN	IDAHO
dd Rows as Necessary	BURLEY	IDAHO
	TWIN FALLS	IDAHO
	RUPERT	IDAHO

	LEGAL NAME OF OWNER OF C								1-2E. PAG
Name	PROJECT MUTUAL TEI							31	616
Е	SECONDARY TRANSMISSION							h	
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Bot	-					•		
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n separately for the particular service			•••				charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	•							
	category, but do not include disc								
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			0		0			
	subscriber who pays extra for ca								
	first set" and would be counted of	once again unc	ler "Servic	e to addition	al set(s)."				
	Block 2: If your cable system	-		-					
	printed in block 1 (for example, t					,		, 0	
	with the number of subscribers a sufficient.	and rates, in th	e right-har	a diock. A tv	/o- or thre	e-wora descript	ion of the s	service is	
		OCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SEF		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRIB	ENG		CAL		(VICL	SOBSCRIDERS	
	Service to first set		1.413	19.99					
	Service to additional set(s)		1,410	10.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		ONS: RATE	s				
-	In General: Space F calls for ra					ll your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t					,	,		
	service for a single fee. There an	•			•				
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually bi	ieu. Il ally la	les ale ci	largeu on a van	able hei-h	lografii basis,	
ransmissions:	Block 1: Give the standard ra		the cable s	ystem for ea	ch of the	applicable servi	ces listed.		
1011311113310113.	Block 2: List any services that	• •			-	-			
Rates	listed in block 1 and for which a separate charge was made or established. List these other serve							e form of a	
						these other ser			
	listed in block 1 and for which a brief (two- or three-word) descrip	ption and inclue	de the rate	for each.		these other ser			
		otion and inclue BLO	CK 1					BLOCK 2	
	brief (two- or three-word) descrip CATEGORY OF SERVICE		CK 1 CATEGO	RY OF SER	-	RATE	CATEGO	BLOCK 2 DRY OF SERVIC	ERAT
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO	CK 1 CATEGO Installatio	RY OF SER' on: Non-res	-		CATEGO		ERAT
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CK 1 CATEGO Installatio	RY OF SER on: Non-res hotel	-		CATEGO		ERAT
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CK 1 CATEGO Installatio • Motel • Comm	RY OF SER' on: Non-res hotel hercial	-		CATEGO		E RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CK 1 CATEGO Installatio • Motel • Comn • Pay c	RY OF SER on: Non-res hotel hercial able	dential		CATEGO		ERAT
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	BLO	CK 1 CATEGO Installation • Motel • Comm • Pay c • Pay c	RY OF SER on: Non-res hotel hercial able able-add'l ch	dential		CATEGO		ERAT
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO	CK 1 CATEGO Installati • Motel • Comn • Pay c • Pay c • Fire p	RY OF SER' on: Non-res hotel hercial able able-add'l ch rotection	dential		CATEGO		ERAT
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	BLO	CK 1 CATEGO Installati • Motel • Comn • Pay c • Pay c • Fire p • Burgla	RY OF SER on: Non-res hotel hercial able able-add'I ch rotection ar protection	dential		CATEGO		ERAT
	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)	BLO	CK 1 CATEGO Installati • Motel • Comn • Pay c • Pay c • Fire p	RY OF SER on: Non-res hotel hercial able able-add'I ch rotection ar protection	dential		CATEGO		E RATI
	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)	BLO	CK 1 CATEGO Installati • Motel • Comn • Pay c • Pay c • Fire p • Burgla	RY OF SER' on: Non-res hotel hercial able able-add'l ch rotection vices:	dential		CATEGO		E RATI
	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)	BLO	CK 1 CATEGO Installation • Motel • Comm • Pay c • Pay c • Fire p • Burgla Other set	RY OF SER' on: Non-res hotel hercial able able-add'I ch rotection ar protection vices: inect	dential		CATEGO		E RATI
	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)	BLO	CK 1 CATEGO Installation • Motel • Comm • Pay c • Pay c • Fire p • Burgla Other set • Recon • Disco	RY OF SER' on: Non-res hotel hercial able able-add'I ch rotection ar protection vices: inect	dential		CATEGO		E RATI

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTE
Name	PROJECT MUTUAL T			6
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "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	(1) stations carried only on a part he carriage of certain network prog 1(e)(2) and (4))]; and (2) certain si arried by your cable system on a sine Special Statement and Program d both on a substitute basis and al see page (v) of the general instru- program services such as HBO, ES e-air designation. For example, re- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde or "E-M" (for noncommercial educa- tictions in the paper SA1-2 form. the community to which the statio	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial spendent), "I-M" ational multicast). in is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	CREATE TV	3	Е	BOISE, ID
	LOCAL *	5	I	BOISE, ID
dd Rows as Necessary	KSAW	6	N	TWIN FALLS, ID
	KTFT	7	Ν	BOISE, ID
	KIFI	8	Ν	IDAHO FALLS, ID
	24-7 NEWS	9	I	BOISE, ID
	KIPT	10	E	POCATELLO, ID
	KMVT	11	N	TWIN FALLS, ID
	KPVI	12	N	POCATELLO, ID
	KJZZ	14	Е	TWIN FALLS, ID
	DECADES	16	l	TWIN FALLS, ID
	CW	17	I	TWIN FALLS, ID
	KSVT	21	N	TWIN FALLS, ID
	PBSWORLD	23	E	BOISE, ID
	PBSPLUS	24	Е	BOISE, ID

EGAL NAME OF			DNE CO INC					SYSTEM I 616
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of l For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recein to the Co sign of o the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal 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 his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0		S. LE SIGN		5,0		
							·	
						·		

Nama	od: 2020/2							FORM	I SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:						SYSTEM ID#
Name	PROJECT MUTUAL TE	ELEPHON	E CO INC						61663
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	INT AND PROGRAM LO	G				
I	In General: In space I, ident								
	substitute basis during the a								
Substitute	explanation of the programm				ne general ins	structions	in the	e paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN								
Statement and	 During the accounting per 	riod, did yoι	ur cable syster	n carry, on a substitute ba	sis, any noni	network te	levis	sion progr	
Program Log	broadcast by a distant sta	tion?						YES	× NO
	Note: If your answer is "No	" leave the	rest of this pa	age blank. If your answer is	s "Yes " vouu	must com	olete	the prod	Iram
	-			ige blank. If your anower it	5 100, you i		piete	, the prog	ian
	log in block 2. 2. LOG OF SUBSTITUTE		MS						
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible if	their	r meaning	n is
	clear. If you need more spa					0001010, 11	anon	mounne	<i>y</i> 10
				vision program ("substitute	e program") t	hat, during	g the	e accounti	ing
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	im titles, for e	example,	I LO	ve Lucy	or
			dcast live ent	er "Yes." Otherwise enter '	'No "				
				asting the substitute progr					
	Column 4: Give the broa	adcast statio	on's location (the community to which the	e station is li		the	FCC or,	in
	the case of Mexican or Car								
			when your sy	stem carried the substitute	e program. U	se numera	als, ۱	with the m	nonth
	first. Example: for May 7 gr		a substituta nr	ogram was carried by you	r cable svete	m listthe	tim		ately
	to the nearest five minutes.								atory
	stated as "6:00–6:30 p.m."	•	1 3	, , , , , , , , , , , , , , , , , , ,					
				n was substituted for prog					
	to delete under FCC rules a								ogram
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	s and regu	latio	ons in	
	effect on October 19, 1976	•							
					WHE				
			E PROGRAM	1		N SUBST			7. REASON FOR
	S	UBSTITUT	E PROGRAM 3. STATION'S			AGE OC		RRED	7. REASON FOR DELETION
		UBSTITUT			CARRI	AGE OC	CUR	RRED	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	7. REASON FOR DELETION
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CUR TIMI	RED ES	

Accounting Period:	2020/2			FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PROJECT MUTUAL TELEPHONE CO INC			S	YSTEM ID# 61663
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic 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	ystem's se on of how to	condary transm o compute this a	ission service amount, see	9,475.00 pss receipts)
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 f • Use block 3 if the amount of gross receipts in space K is more than \$263,800 f See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less that	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin				0.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES			-	
	1. Base amount under statutory formula		263,800.00		
	2. Enter amount of gross receipts from space K	\$	169,475.00		
	3. Subtract line 2 from line 1	\$	94,325.00		
	4. Enter the amount of gross receipts from space K		. \$ 1	69,475.00	
	5. Enter the amount from line 3		. \$	94,325.00	
	6. Subtract line 5 from line 4		\$	75,150.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	375.75
	8. Interest charge. Enter the amount from line 4, space Q, page 8			\$	0.09
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8		\$	375.84
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but l	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				
	 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			<u>, </u>	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4				
		c			
	FILING FEE AND TOTAL REMITTANCE DU	C			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	375.84	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	395.84
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		hts!

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: UAL TELEPHONE CO INC	SYSTEM ID# 61663
M Channels	 to its subscribers, 1. Enter the total r system carried to 2. Enter the total r on which the cat 	u must give (1) the number of channels on which the cable system carried television broadcast stations and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable elevision broadcast stations	14 . 131
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom bout this statement of account.)	
for Further Information	Name	RICK HARDER Telephone	208-434-7124
	Email	PO BOX 366 (Number, street, rural route, apartment, or sulte number) RUPERT, ID 83350 (City, town, state, zip) rharder@pmt.coop Fax (optional) 208-436-71	
O Certification	I, the undersigned (Owner (Agent in lin X (Office in lin I have examined	This statement of account must be certified and signed in accordance with Copyright Office regulations d, hereby certify that (Check one, <i>but only one</i> , of the boxes.) rother than corporation or partnership) I am the owner of the cable system as identified in line 1 of space of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable the 1 of space B and that the owner is not a corporation or partnership; or r or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as of the 1 of space B. the statement of account and hereby declare under penalty of law that all statements of fact contained here and correct to the best of my knowledge, information, and belief, and are made in good faith. n 1001(1986)] $ \frac{\chi}{r/s/Rick Harder''} $ 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: RICK HARDER Title: CFO/TREASURER (Title of official position held in corporation or partnership)	e B; or e system as identified wner of the cable system
		Date: 3/04/2021	

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.

ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DJECT MUTUAL TELEPHONE CO INC	6166
 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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	
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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x 4 days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 4 days Line 3 Multiply line 2 by the number of days late and enter the sum here 31.66 x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ 0.09	
x 4 Line 3 Multiply line 2 by the number of days late and enter the sum here 31.66 x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ 0.09 (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
x 4 Line 3 Multiply line 2 by the number of days late and enter the sum here 31.66 x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ 0.09 (interest charge) * 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@loc.gov. For further assistance please	
x 4 Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 4 days Line 3 Multiply line 2 by the number of days late and enter the sum here	

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.