This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
1-29-21	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	Barcode Data Filing Period (optional - see instructions)
Period	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	OMNI III CABLE TV, INC.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	P.O. BOX 308 (Number, street, rural route, apartment, or suite number)
	JAY, OK 74346 (City, town, state, zip)
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
C	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

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Form SA1-2E Short Form (Rev. 05-17) U.S. Copyright Office

Accounting Period:	2020/2	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name		_						
	OMNI III CABLE TV, INC.	0						
	Instructions: List each separate community served by the cable system. A "communit	ry" is the same as a "community unit" as defined in FCC rules:						
D	"a separate and distinct community or municipal entity (including unincorporated cor							
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis							
	as the "first community." Please use it as the first community on all future filings.							
		and marks about his namented in marks the case halouths						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	JAY	OK						
Community	DISNEY	OK						
Add Davis as Nassassis								
Add Rows as Necessary								

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

OMNI III CABLE TV, INC.

OMNI TV CABLE TV CABLE SYSTEM ID#

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLC	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	369	26.50	НВО	6	18.00
 Service to additional set(s) 	311	2.50	CINEMAX	2	18.00
 FM radio (if separate rate) 			HBO/MAX PKG	7	30.00
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	10.00	Motel, hotel	10.00	NEW WIRE INSTALL	20.0
 Pay cable—add'l channel 	10.00	Commercial	10.00		
 Fire protection 		• Pay cable	10.00		
Burglar protection		 Pay cable-add'l channel 	10.00		
Installation: Residential		 Fire protection 			
First set	10.00	Burglar protection			
 Additional set(s) 	20.00	Other services:			
 FM radio (if separate rate) 		Reconnect	10.00		
 Converter 		Disconnect			
		Outlet relocation	20.00		
		 Move to new address 	10.00		
			-		

Accounting Period: 2020/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

OMNI III CABLE TV, INC.

SYSTEM ID#

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KOTV** 6 Ν **CBS** TULSA, OK **KTUL** 8 Ν **ABC** TULSA, OK Ε **AETV** 11 **PBS FAYETTEVILLE, AR** 14 Ν **NBC KJRH** TULSA, OK MNT **TULSA, OK KMYT** 15 I **KQCW** 18 ı **CW19** TULSA, OK KOKI 23 FOX TULSA, OK **KDOR** 24 I TBN TULSA, OK **KRSC** 25 Ε RSUTV CLAREMORE, OK

Add Rows as Necessary

Accounting Period: 2020/2 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

OMNI III CABLE TV, INC.

....

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

H

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
CALL GIGIN	/ MVI OI I IVI	5,5	LOOMING OF STATION	O/ LE GIGIN	/ (IVI OI I IVI	5/15	LOCATION OF STATION
		-					
						·	
		-					
		 -					
		-					

Accounting Perio	-						FOR	M SA1-2E. PAGE 5.	
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	OMNI III CABLE TV, IN	IC.						0	
Substitute								s. For a further	
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBS	TITUTE CARRIAGE					
Special	During the accounting per				sis, anv nonr	network te	elevision prog	ram	
Statement and	broadcast by a distant sta	_			,,				
Program Log	•						YES	 NO	
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.								
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program							ing station tion. or in month ately	
	was substituted for program	-	your system w	as permitted to delete und	der FCC rules	and regu	ılations in		
	effect on October 19, 1976.	•							
	SI		E PROGRAM	l	CARRI		CURRED	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION	
		100 01 110	O/ LEE GIGIT	ii. Civiloit C LCCVIIICIT	71110 0711	TICON	10		
						-			
							_		
						-			
							_		
							_		
						-			
							_		
							_		

Accounting Period: 2020/2 FORM SA1-2E. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: OMNI III CABLE TV, INC.	SY	STEM ID#				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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. \$60,377.03						
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gros					
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 \$100.00 but less than \$100.00 but less						
	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						
	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		J£.UU				
	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)					
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00					
240	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 Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more						

U.S. Copyright Office

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7				
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: .E TV, INC.	SYSTEM ID#				
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the care	ou must give (1) the number of channels on which the cable system carried television broads, and (2) the cable system's total number of activated channels during the accounting period I number of channels on which the cable I television broadcast stations	9 64				
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to who about this statement of account.)	m				
for Further Information	Name	JASON ANDERSON	Telephone 918-253-4545				
	Address	P.O. BOX 308 226 S 4TH STREET (Number, street, rural route, apartment, or suite number)					
		JAY, OK 74346-0308 (City, town, state, zip)					
	Email	jsanderson@grand.net Fax (optional	918-253-3400				
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)						
Certification	• I, the undersigned	ed, hereby certify that (Check one, but only one, of the boxes.)					
	(Owne	er other than corporation or partnership) I am the owner of the cable system as identified in I	ine 1 of space B; or				
		It of owner other than corporation or partnership) I am the duly authorized agent of the owner line 1 of space B and that the owner is not a corporation or partnership; or	er of the cable system as identified				
		cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity in Iine 1 of space B.	dentified as owner of the cable system				
		d the statement of account and hereby declare under penalty of law that all statements of fact co te, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	ntained herein				
		X /s/ JASON ANDERSON					
		Enter an electronic signature on the line above to certify this state Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ment.				
		Typed or printed name: JASON ANDERSON					
		Title: 1ST VICE PRESIDENT (Title of official position held in corporation or partnership)					
		Date: 01-26-20)21				

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U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

ounting Period: 2020/2	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
INI III CABLE TV, INC.	0
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	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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