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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
General instru	ems (Short Form) actions are located of this workbook	02/18/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
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	List any other name or names under whi	ch the owner conducts the business of th	ne cable system.	
	If there were different owners during the single statement of account and royalty	<u> </u>	he last day of the accounting period should sing period.	ubmit a
	Check here if this is the system's first fili	ng. If not, enter the system's ID number a	assigned by the Licensing Division.	63174
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	Smithville Media LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		

 Image: street, rural route, apartment, or suite number)

 (City, town, state, zip)

 Image: street, rural route, apartment, or suite number)

 (City, town, state, zip)

 Image: street, rural route, apartment, or suite number)

 (City, town, state, zip)

 Image: street, rural route, apartment, or suite number)

 (City, town, state, zip)

 Image: street, rural route, apartment, or suite number)

 (City, town, state, zip code)

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. PAG
Name		
	Smithville Media LLC	631
	Instructions: List each separate community served by the cable system. A "commur	
D	"a separate and distinct community or municipal entity (including unincorporated co	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	ist will serve as a form of system identification hereafter kno
	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	home parks should be reported in parentheses below the
Area	identified city.	Francisco - Francis E Francisco - Fran
Served		
	CITY OR TOWN	STATE
First	Ellettsville	IN
Community	Bloomington	IN
· · · · · · · · · · · · · · · · · ·		
	Clear Creek	IN
dd Rows as Necessary	Kirby Road	IN
	Lizton	IN
	French Lick	IN
	Columbus	IN
	Lawrence	IN
	Nashville	IN
		IN IN
	Orange	
	Tipton	IN
	Jasper	IN
	Morgan	IN
	Hendricks	IN
	Jamestown	IN
	Monroe	IN
	North Salem	IN
	Owen	IN
	Sharpsville	IN
	Griffin	IN

Name Smithville Media LLC E Secondary Secondar									FORM SA1-	
F Secondary remainsion Secondary secondary secondary sectors and sectors and sect	e		ABLE SYSTEM	:					515	TEM ID 6317
E In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the transmission is device. If the transmission advoct there services (including pay cable) in space F, not here. All the facts you state nust be those existing on the sate day of the accounting period (Luw B) or Decembers of all social transmission service. In the services is the cable system, that is, the day of the accounting period (Luw B) or Decembers of all social transmission service. In the services is the cable system, that is, the day of the accounting period (Luw B) or Decembers of a subscribers in each algory by counting the number of bills in the rate indicated -nort the number of solut compute the number of subscribers in each algory by counting the number of bills period bills. Summarize any stemation advoct the stranged sequences and the rate indicated -nort the number of solut compute the number of subscribers in each applicable category by counting the accounting: Si20(MHX). Summarize any stemation as the categories and rate or cable system in the chard biod is applies. No: Where an infolduat and eacound on the categories and rate for each issee or the subscribers and rate for each issee or the subscribers and rate or each eacopring. The subscriber is and and would be counted as a subscriber in each applicable category. Example: a residential advoct is the categories in a subscriber in each applicable category. Example: a residential advoct is the subscribers and residential categories in the subscribers and rates in the disk done or more secondary transmission at the subscribers and rates in the disk of and a subscriber in the advoct the subscribers and rates in the subscribers and rates in the subscribers and rates or the subscribers and rates or the subscribers and rate or each subscribers and rates and subscriber in advoct the subscribers and rates and subscriber in there and different in combine services in the subscri		Smithville Media LLC								0011
Secondary Transmission Eventset Eventset Rescondary Transmission Number of Subscribers: Both books in space E. Call for the number of subscribers in the base existing on the said day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both books in space E. Call for the number of subscribers in the base existing on the separately for the particular service at the rate indicated—not the number of subscribers in the base existing at the rate of the subscribers in the case may be). Rate: Site 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: "320mth"). Summarize any standard rate variations whin a particular rate category, but on include discounts allowed for advance payment. Biock 1: In the left-hand block in space E. In form lists the categories on the applicable category. Biock 2: In the left-hand block in space E. The form lists the categories on the applicable category. Biock 2: If your cable system has rate categories for secondary transmission service that cable systems most commonly provide to the advance applicable category. Biock 2: If your cable system has rate categories for secondary transmission service that different form those printed in block 1: (for example, iters of services that hundle or or three secondary transmissions). Bit 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. Feesidential 1,000 21.00 Streaming 1,100 Service to dindinon set(s)	-									
Secondary Transmission about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the services sub- services sub- services sub- services (sub- services (sub- service) (sub- service) (sub- service (sub- service) (sub- service (sub- service) (sub- service (sub- service) (sub- service (sub- service) (s					-		•			
Transmission Revice: Sub- Revice: Sub- Re		•								
Service: Sub- Rates Number of Subscribers: Each blocks in space E call for 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 and the rate indicated—not the number of sets receiving service). Rate: Rate: Give the standard rate charged for each category (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. (Sample: "S20/mith"). Summarize any standar drate variations within a particular rate category, but do not include discounts allowed for advance payment. Biock 11: In the left-hand block. I where an individuel or organization is receiving 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 individuel or organization is receiving service that and liferent categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pay each for cables ervice to additional sets (s). Block 21: Your cable system has: that categories for secondary transmissions prive that are different from those printed in block 1 (for example, tiers of services for scondary transmission service that are different from those printed in block 1 (for example, tiers of services for sites that ment of the service is sufficient. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE NO. OF RATE CATEGORY OF SERVICE NO. OF Services to risk et se	-	ι σ.							ing on the	
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separately for the particular service at the rate indicated—on the number of sets receiving service). Rate: Give the standard rate charged for each categoy of service. Include both the anomal 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 discussions 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. Example: a residential subscriber who pays extra for cable service to additional sets (%). Block 2: If your cable system has rate categories for secondary transmission service that additernt from those printed in block I (for example: ters of services that include one or more secondary transmission), 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. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE SUBSCRIBERS Residential		, , , , ,			•					
Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which its generally bilde. (Sample: \$200 thm): Summarize any standard rate variations within a particular rate category, but do not include discourds allowed for advance payment. Bick 1: 1th the left-hand block is pape C. He for mills the categories of secondary transmission service that fails under different categories; that applies to your system. Not: Where an individual or organizations is receiving service that fails under different categories; that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscribers in each applicable category: that are instantial subscribers in each applicable category: the count under "Service to the first set" and would be counted one again under "Service to additional sets(would). Bick 2: 1' your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, liers of services to first sets). BLOCK 1 BLOCK 2 NO. OF CATEGORY OF SERVICE SUBSCRIPERS RATE CATEGORY OF SERVICE SUBSCRIPERS Residential 1,100 21.00 Streaming 1,100 Streaming 1,100 'Service to first set 1,100 21.00 Streaming 1,100 Streaming 1,100 'Service to first set 1,00 21.00 Streaming 1,200 Streaming 1,200 <t< td=""><td></td><td></td><td></td><td>0</td><td></td><td></td><td>•</td><td></td><td>charged</td><td></td></t<>				0			•		charged	
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Infat applies to your system. Note: Where an individual or organization is receiving service that fails under different is categories. Interesting the 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 sets.). Bior 2: 19 your cable system has rate categories for secondary transmissions service that are different from those printed in block. 11 (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. ECATEGORY OF SERVICE Subscriber RATE CATEGORY OF SERVICE Subscriber RATE • Service to first set 1,100 21.00 Streaming 1,100 • Service to diftional set(s)					-		•			
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Biock 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, lists of services that include one or more secondary transmission), list then, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 NO.OF Subscribers NO.OF CATEGORY OF SERVICE Subscribers RATE CATEGORY OF SERVICE NO.OF Service to first set 1,100 21.00 Streaming 1,100 Service to additional set(s)								•		
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CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS Residential: -Service to first set 1,100 21.00 Streaming 1,100 Service to additional set(s)		BLC						BLOCK		
• Service to first set 1,100 21.00 Streaming 1,100 • Service to additional set(s) • M radio (if separate rate) 1 1 1 Motel, hotel Commercial 1 1 1 1 Converter • Residential 1 1 1 1 1 • Residential • Non-residential 1		CATEGORY OF SERVICE			RATE	CATI	EGORY OF SEI	RVICE		RAT
Services to additional set(s) FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential Non-residential 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 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 services 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 concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information concerning (1) services furnished at cost or (2) services or facilities furnished to not each of the applicable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charge by the cable system for each of the applicable services listed. Block 1: Give the standard rate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. CATEGORY OF SERVICE RATE CATEGORY OF SERVICE CATEGORY OF SERVICE Pay cable	R	Residential:								
•FM radio (if separate rate)		 Service to first set 		1,100	21.00	Stream	ing		1,100	21.0
Motel, hotel Commercial Converter		 Service to additional set(s) 								
Commercial Converter		 FM radio (if separate rate) 								
Converter •Residential •Non-residential •Non-residential •Non-residential •Non-residential •Non-residential •Non-residential •Residential •Non-residential •Non-residential •Non-r	N	Motel, hotel								
• Residential • Non-residential • Non-residential • Non-residential • Non-residential • Non-residential F Services 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 concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information concerning (1) services and the util 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 in the form of a brief (two- or three-word) description and include the rate for each. 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 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Installation: Non-residential • Pay cable • Motel, hotel • Pay cable • Pay	C	Commercial								
• Non-residential Image: Control of the services	C	Converter								
Bit 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 1 BLOCK 2 CATEGORY OF SERVICE RATE Ordinaing Services: • Pay cable • Pay cable • Pay cable • Burglar protection • Burglar protection • Burglar protection • Burglar protection • Burglar protection • Burglar protection • Fire stet • Additional set(s) • FM radio (if separate rate) • Converter Other services: • Plocend in the services: • Plocend if the services: • Plocennect • Ploconnect		Residential								
F 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 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. Image: CatEgory OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Image: Pay cable • Motel, hotel • Motel, hotel • Pay cable • Motel, hotel • Pay cable • Pay cable <td></td> <td>Non-residential</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		Non-residential								
F 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 1: List any services that your cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable Burglar protection Burglar protection BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE	s	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s				
Services There are two exceptions: you do not need to give rate information concerning (1) services Gher Than Secondary Secondary Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 1: Give the standard rate charged by the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Installation: Non-residential • Pay cable • Motel, hotel • Pay cable • Motel, hotel • Fire protection • Pay cable • Burglar protection • Pay cable • Fire protection • Pay cable • Fire protection • Pay cable • Fire set • Other services: • Additional set(s) • Other services: • Fire rotection • Burglar protection • Fire rotection • Reconnect • Fire rotection • Reconnect • Fire rotection • Reconnect • Disconn		-	•	,		•	• •			
Services Other Than Secondary Transmissions: 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. Biock 1: Give the standard rate charged by the cable system for each of the applicable services listed. Biock 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. Image: CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable •Motel, hotel • Pay cable •Motel, hotel • Pay cable •Pay cable • Fire protection •Burglar protection • Fire set •Burglar protection • Fire the react of section •Burglar protection • Fire the react of section •Burglar protection • Fire the react of section •Burglar protection • Fire the react		· · · · ·					,	,		
Other Than Secondary Transmissions: Rates 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 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Pay cable •Motel, hotel •Motel, hotel •Pay cable •Pay cable •Pay cable •Pay cable •Fire protection •Pay cable •Pay cable •Pay cable •First set •Burglar protection •Pay cable •Pay cable •First set •Burglar protection •Burglar protection •Burglar protection •First set •Burglar protection •Burglar protection •Burglar protection •First set •Burglar protection •Burglar protection •Burglar protection •Fir radio (if separate rate) •Reconnect •Disconnect •Disconnect		3	•			•		• • • •		
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 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential Motel, hotel • Pay cable • Motel, hotel • Pay cable • Fire protection • Pay cable • Motel, hotel • Fire protection • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Fire protection • Burglar protection • Burglar protection • First set • Burglar protection • Burglar protection • Additional set(s) • Reconn		()								
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 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential Notel, hotel Output • Pay cable • Motel, hotel • Commercial • Commercial • Pay cable • Fire protection • Pay cable • Pay cable • Pay cable • Pay cable • Fire stet • Burglar protection • Pay cable • Pay cable • Pay cable • First set • Burglar protection • Burglar protection • Pay cable • Pay cable • First set • Burglar protection • Burglar protection • Pay cable • Pay cable • First set • Burglar protection • Pay cable • Burglar protection • Pay cable • First set • Burglar protection • Reconnect • Reconnect • Reconnect • Disconnect • Converter • Disconnect • Disconnect • Disconnect		enter only the letters "PP" in the	rate column.		2		0		0	
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 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential • Pay cable • Motel, hotel • Ocmmercial • • Pay cable—add'l channel • Commercial • Pay cable • • Burglar protection • Pay cable-add'l channel • Pay cable-add'l channel • • Firs protection • Pay cable-add'l channel • Pay cable-add'l channel • • First set • Burglar protection • Burglar protection • • • First set • Burglar protection • Burglar protection • • • • FM radio (if separate rate) • Reconnect • Disconnect • • •										
brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential • Pay cable • Motel, hotel • • • Pay cable • Motel, hotel • • • Pay cable • Motel, hotel • • • Pay cable • Pay cable • • • Burglar protection • Pay cable • • • First set • Burglar protection • • • First set • Burglar protection • • • Additional set(s) • • • • • FM radio (if separate rate) • Reconnect • • • • Converter • Disconnect • • • •	-	-	• •			-	-	-		
CATEGORY OF SERVICERATECATEGORY OF SERVICERATECATEGORY OF SERVICEContinuing Services:Installation: Non-residential										
CATEGORY OF SERVICERATECATEGORY OF SERVICERATECATEGORY OF SERVICEContinuing Services:Installation: Non-residential		, , , .	BL O						BLOCK 2	
Continuing Services:Installation: Non-residential• Pay cable• Motel, hotel• Pay cable—add'l channel• Commercial• Fire protection• Pay cable• Burglar protection• Pay cable-add'l channel• Burglar protection• Fire protection• First set• Burglar protection• First set• Burglar protection• Additional set(s)Other services:• FM radio (if separate rate)• Reconnect• Converter• Disconnect	C	ATEGORY OF SERVICE	-	-	ORY OF SER	VICE	RATE	CATEGO		RAT
• Pay cable—add'l channel • Commercial • Fire protection • Pay cable • Burglar protection • Pay cable-add'l channel Installation: Residential • Fire protection • First set • Burglar protection • Additional set(s) Other services: • FM radio (if separate rate) • Reconnect • Converter • Disconnect	C	Continuing Services:								
• Fire protection • Pay cable • Burglar protection • Pay cable-add'l channel Installation: Residential • Fire protection • First set • Burglar protection • Additional set(s) Other services: • FM radio (if separate rate) • Reconnect • Converter • Disconnect		• Pay cable		• Mot	el, hotel					
• Fire protection • Pay cable • Burglar protection • Pay cable-add'l channel Installation: Residential • Fire protection • First set • Burglar protection • Additional set(s) Other services: • FM radio (if separate rate) • Reconnect • Converter • Disconnect		• Pay cable—add'l channel		• Con	nmercial					
Installation: Residential • Fire protection • First set • Burglar protection • Additional set(s) • Other services: • FM radio (if separate rate) • Reconnect • Converter • Disconnect		Fire protection		• Pay	cable					
• First set • Burglar protection • Additional set(s) Other services: • FM radio (if separate rate) • Reconnect • Converter • Disconnect		•Burglar protection		• Pay	cable-add'l ch	annel				
Additional set(s) FM radio (if separate rate) Converter Other services: • Reconnect • Disconnect	Ir	nstallation: Residential		• Fire	protection					
• FM radio (if separate rate) • Converter • Converter • Disconnect		• First set		• Burg	glar protection					
Converter Disconnect		 Additional set(s) 		Other s	ervices:					
		• FM radio (if separate rate)		• Rec	onnect					
		,		• Disc	connect					
• Outlet relocation				• Outl	et relocation					
Move to new address				• Mov	e to new addr	ess				

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE
ne	Smithville Media LLC			6
	PRIMARY TRANSMITTERS:			
hary hitters: ision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. a: With respect to any distant stations ca	(1) stations carried only on a part ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st	t-time basis under grams [sections tations carried on a
	basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further information	ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations,	ne Special Statement and Program d both on a substitute basis and al see page (v) of the general instruc	n Log)—if the so on some other ctions.
	multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W	n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network	e-air designation. For example, reprised to the station for broadcasting over	port multistream er the air in its community
	educational station, by ente (for independent multicast) For the meaning of these te Column 4: Give the location FCC. For Mexican or Cana	ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), c erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of th	for network multicast), "I" (for inde or "E-M" (for noncommercial educa ictions in the paper SA1-2 form. the community to which the station ne community with which the station	pendent), "I-M" tional multicast). n is licensed by the on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WFYI-DT	21	E	INDIANAPOLIS, IN
	WHMB-DT	40	I	INDIANAPOLIS, IN
Necessary	WIPX-TV	34	I	BLOOMINGTON, IN
	WRTV-DT	25	Ν	INDIANAPOLIS, IN
	WRTV-HD	25.1	N-M	INDIANAPOLIS, IN
	WRTV-HD WTHR-DT	25.1 13	N-M N	INDIANAPOLIS, IN INDIANAPOLIS, IN
	WTHR-DT	13	N	INDIANAPOLIS, IN
	WTHR-DT WTHR-HD	13 13.1	N N-M	INDIANAPOLIS, IN INDIANAPOLIS, IN
	WTHR-DT WTHR-HD WTIU-DT	13 13.1 14	N N-M E	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN
	WTHR-DT WTHR-HD WTIU-DT WTIU-WORLD	13 13.1 14 14.1	N N-M E E-M	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN BLOOMINGTON, IN
	WTHR-DT WTHR-HD WTIU-DT WTIU-WORLD WTIU-FAMILY	13 13.1 14 14.1 14.2	N N-M E E-M E-M	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN BLOOMINGTON, IN BLOOMINGTON, IN
	WTHR-DT WTHR-HD WTIU-DT WTIU-WORLD WTIU-FAMILY WTIU-ESPANOL	13 13.1 14 14.1 14.2 14.3	N N-M E E-M E-M E-M	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN BLOOMINGTON, IN BLOOMINGTON, IN BLOOMINGTON, IN
	WTHR-DT WTHR-HD WTIU-DT WTIU-WORLD WTIU-FAMILY WTIU-ESPANOL WTIU-HD	13 13.1 14 14.1 14.2 14.3 14.4	N N-M E E-M E-M E-M E-M	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN BLOOMINGTON, IN BLOOMINGTON, IN BLOOMINGTON, IN
	WTHR-DT WTHR-HD WTIU-DT WTIU-WORLD WTIU-FAMILY WTIU-ESPANOL WTIU-HD WTTV-DT	13 13.1 14 14.1 14.2 14.3 14.4 48	N N-M E E-M E-M E-M E-M I	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN BLOOMINGTON, IN BLOOMINGTON, IN BLOOMINGTON, IN BLOOMINGTON, IN
	WTHR-DT WTHR-HD WTIU-DT WTIU-FAMILY WTIU-FAMILY WTIU-ESPANOL WTIU-HD WTTV-DT WXIN-DT	13 13.1 14 14.1 14.2 14.3 14.3 14.4 48 45	N N-M E E-M E-M E-M I I	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN BLOOMINGTON, IN BLOOMINGTON, IN BLOOMINGTON, IN BLOOMINGTON, IN BLOOMINGTON, IN INDIANAPOLIS, IN
	WTHR-DT WTHR-HD WTIU-DT WTIU-WORLD WTIU-FAMILY WTIU-ESPANOL WTIU-HD WTTV-DT WXIN-DT WXIN-HD	13 13.1 14 14.1 14.2 14.3 14.4 48 45 45.1	N N-M E E-M E-M E-M I I I I I	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN LOUISVILLE, KY
	WTHR-DT WTHR-HD WTIU-DT WTIU-WORLD WTIU-FAMILY WTIU-ESPANOL WTIU-HD WTTV-DT WXIN-DT WXIN-DT WXIN-HD WAVE-DT WAVE-HD	13 13.1 14 14 14.1 14.2 14.3 14.4 48 45 45.1 47 47.1	N N-M E E-M E-M E-M I I I I I I N	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN BLOOMINGTON, IN BLOOMINGTON, IN BLOOMINGTON, IN BLOOMINGTON, IN BLOOMINGTON, IN INDIANAPOLIS, IN INDIANAPOLIS, IN LOUISVILLE, KY
	WTHR-DT WTHR-HD WTIU-DT WTIU-WORLD WTIU-FAMILY WTIU-ESPANOL WTIU-HD WTTV-DT WXIN-DT WXIN-HD WAVE-DT WAVE-HD WHAS-DT	13 13.1 14 14.1 14.2 14.3 14.4 48 45 45.1 47 11	N N-M E EM E-M E-M I I I I I N N N-M N	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN INDIANAPOLIS, IN INDIANAPOLIS, IN LOUISVILLE, KY LOUISVILLE, KY
	WTHR-DT WTHR-HD WTIU-DT WTIU-FAMILY WTIU-FAMILY WTIU-ESPANOL WTIU-HD WTTV-DT WXIN-DT WXIN-DT WXIN-HD WAVE-DT WAVE-HD WHAS-HD	13 13.1 14 14 14.1 14.2 14.3 14.4 48 45 45.1 47 47.1 11 11.1	N N-M E E E-M E-M E-M I I I I I N N N N N-M	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN BLOOMINGTON, IN BLOOMINGTON, IN BLOOMINGTON, IN BLOOMINGTON, IN BLOOMINGTON, IN INDIANAPOLIS, IN INDIANAPOLIS, IN LOUISVILLE, KY LOUISVILLE, KY
	WTHR-DT WTHR-HD WTIU-DT WTIU-FAMILY WTIU-FAMILY WTIU-ESPANOL WTIU-HD WTTV-DT WXIN-DT WXIN-HD WAVE-DT WAVE-HD WHAS-DT WHAS-HD	13 13.1 14 14.1 14.2 14.3 14.4 48 45 45.1 47 47.1 11 11.1 28	N N-M E E E-M E-M E-M I I I I N N N N N N N N N N N N N N	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN INDIANAPOLIS, IN INDIANAPOLIS, IN LOUISVILLE, KY LOUISVILLE, KY
	WTHR-DT WTHR-HD WTIU-DT WTIU-FAMILY WTIU-FAMILY WTIU-ESPANOL WTIU-HD WTTV-DT WXIN-DT WXIN-DT WXIN-HD WAVE-DT WAVE-HD WHAS-HD	13 13.1 14 14 14.1 14.2 14.3 14.4 48 45 45.1 47 47.1 11 11.1	N N-M E E E-M E-M E-M I I I I I N N N N N-M	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN INDIANAPOLIS, IN LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY

EGAL NAME OF Smithville M		JABLE 3	ISTEM.					SYSTEM 63′
	t every radio s	tation ca	nrried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the statior	/ the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0) it can l ertain st eneral ii eparate a	be expected, ated intervals. hstructions 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	
						·		

Name Elsew NME OF OWER OF CALLE SYSTEM: SYSTEM IDE SUBSTTUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In special. Identify way nonetwork twission program. broadcast by a distert station, the your cable system carried on a further splanation of the programming that ways to include the included in this top, use page (v) of the general instructions in the page SA12 form. Substruct SUBSTTUTE CARRIAGE: SPECIAL STATEMENT CONCERNMENT CONCERNMENT SUBSTTUTE CARRIAGE Program to No Note: If your answer is "No". Itsue the rest of this page blank. If your answer is "Yes," you must complete the program is gin holds. 2. LOO OF SUBSTTUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possite, if their meaning is direct carls or to substitute to programming that during the excelling the substitute of the programming of another station. Provide all each substitute program on a separate line. Use abbreviations wherever possite, if their meaning is direct carls or to use space, please add additional row to be tables. Provide all each substitute program on a separate line. Use abbreviations wherever possite, if their meaning is direct carls or the substitute program miss. The each separate line. The each separate line. The each separate line. The each separate line. The each separate line was the transment is the more separate line. The each separate line carls of the state separate line. The each separate line carls of the state separate line. The each s	Accounting Perio	od: 2020/2						FOR	M SA1-2E. PAGE 5.
SINUTY LIVE WEIGH LLC 631/14 I SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In Generat: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a unthorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carried on a substitute basis, any nonnetwork television program broadcast by a distant station? • More 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 Generat: 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" bhat, during the accounting period, was broadcast by a distant station and that your cable system substitute for formation. Do not use general categories live "movies" or "basketball." List specific program lites, for example, "I Love Lucy" or "NBA Basketball." Gers vs. Bulls." Column 3: Give the call sign of the station broadcast ing the substitute program. Sidentified. Column 3: Give the calls and that your cable system carried by substitute program. Use numerals, with the month first. Example: ior May 7 give "57." Column 4: Give the proadcast statior's lo	News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE *During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? 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 SUBSTITUE 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. Use the station for Crules, 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: "Cform 3: Give the cital sign of the station broadcast till, the community with 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified. Column 6: Give the broadcast stative aprogram carried by aystem from 6:01:15 p.m. to 6:28:30 p.m. should be stated a "6:00-6:30 p.m.".<	Name	Smithville Media LLC							63174
In General: In space I, identify <i>every nonnetwork television program</i> , broadcast by a <i>distant</i> station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program broadcast by a distant station as 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 substitute 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: "Certain Sign of the station broadcast tilve, enter "Yes." Otherwise enter "No." Column 3: Give the transday when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57.". Column 6: State the times when the substitute program was substitute program. Use numerals, with the month first. Example: for May 7 give "57.". Column 6: State the times when the substitute program was substitute program. Use numerals, with the month fi		SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO)G			
Carriage: Special Statement and Program Log 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Image: Transmission program • 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. Image: Transmission program • Loo 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 substitute 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. ("Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: Give the broadcast live, enter "Yes." Otherwise enter "No." Column 3: 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 to which the station is identified). Column 4: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 5: Site the times when the substitute program was carried by our cable system. List the times accurately to the nearest five	Substitute	In General: In space I, ident substitute basis during the a	tify every not	nnetwork telev eriod, under sp	<i>ision program,</i> broadcast b becific present and former F	y a <i>distant</i> sta FCC rules, reg	gulations, or	authorizatio	ns. For a further
Special Statement and Program Log • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? • Ures × 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 tille 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. Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 6: Give the month and day when your system carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:0:115 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 accou						5			
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Accounting Period:	2020/2 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Smithville Media LLC 63174
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 c 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, se 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.
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K \$ 140,280.00
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 140,280.00
	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
	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
	2. Base amount under statutory formula
	4. Multiply line 3 by .01
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 83.80
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 \$ 103.80
	EFT Trace # or TRANSACTION ID # 26R9VHUU
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER O Smithville Media LLC	OF CABLE SYSTEM:				SYSTEM ID# 63174
M Channels	 to its subscribers, and (2) 1. Enter the total number system carried televisio 2. Enter the total number on which the cable syst) the cable system's to of channels on which n broadcast stations of activated channels em carried television t	the cable	tivated channels during the		26
N Individual to Be Contacted	INDIVIDUAL TO BE CO			ON IS NEEDED (Identify a	n individual to whom	
for Further Information	Name Step	hanie Wall			Telephon	e 812-935-2215
	(Number	W. Temperance r, street, rural route, apartm tsville, IN 47429 wn, state, zip)	nent, or suite numbe	r)		
	Email	tvreports@smith	ville.com		Fax (optional)	
O Certification	 I, the undersigned, heret (Owner other t (Agent of own in line 1 of s X (Officer or pai in line 1 of s I have examined the stat 	by certify that (Check or than corporation or par- er other than corporation space B and that the ow rtner) I am an officer (if space B. ement of account and H parrect to the best of my	ne, <i>but only one</i> , , artnership) I am tion or partners I wner is not a corp f a corporation) o hereby declare ur	of the boxes.) the owner of the cable syste hip) I am the duly authorized poration or partnership; or r a partner (if a partnership)	th Copyright Office regulations em as identified in line 1 of space d agent of the owner of the cab of the legal entity identified as tatements of fact contained her made in good faith.	ce B; or le system as identified owner of the cable system
			Enter an electron Enter signature u	ullen H. McCarty ic signature on the line above sing an "/s/ signature" (e.g., en H. McCarty		_
		Title:	Executive V	(ice President corporation or partnership)		
		Date:			02/18/2021	

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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
ithville Media LLC	6317
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 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 4. Enter the encount of late normanities undernaute and	
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x	Interest Assessmer
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	
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x - x - 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.	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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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 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.