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
1/25/2021
\$
ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20202 Barcode Data Filing Period (optional - see instructions)	
Accounting 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	
		Craigville Telephone Company, Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 2351 N. Main St.	
		(Number, street, rural route, apartment, or suite number) Craigville, IN 46731 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	ese
System	1	IDENTIFICATION OF CABLE SYSTEM: AdamsWells Internet Telecom TV	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	2351 N. Main St. (Number, street, rural route, apartment, or suite number)	
		Craigville, IN 46731 (City, town, state, zip code)	
Brivaov Act Nation	. Section	on 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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Craigville Telephone Company, Inc.	63198
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	le home parks should be reported in parentheses below the
First	CITY OR TOWN Bluffton	STATE IN
Community		
-		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM ID
Name	Craigville Telephone Co							515	6319
		····p···· j ,							
Е	SECONDARY TRANSMISSION					, transmission (oonvice of t	ha aabla	
-	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- scribers and	Number of Subscribers: Both down by categories of secondar	-					•		
Rates	each category by counting the n			•		•			
	separately for the particular serv		0				•		
	Rate: Give the standard rate of	-	-	•			-		
	unit in which it is generally billed category, but do not include disc		,		•	rd rate variation	s within a p	particular rate	
	Block 1: In the left-hand block					ondary transmis	sion servio	e that cable	
	systems most commonly provide	e to their subso	ribers. G	ive the numb	er of subso	cribers and rate	for each lis	ted category	
	that applies to your system. Not			0		0			
	categories, that person or entity subscriber who pays extra for ca					ι,	•		
	first set" and would be counted of								
	Block 2: If your cable system					service that are	e different fi	rom those	
	printed in block 1 (for example, t						,		
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A t	wo- or thre	e-word descript	ion of the s	Service is	
		OCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	COBCOLUE	LITO	TUTE	0,111		(IIIOE	COBCONIBLING	
	Service to first set		743	19.95	Basic D	Digital		682	74.9
	 Service to additional set(s) 		1,122	3.95		led Digital		171	86.9
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S				
F	In General: Space F calls for ra					ll your cable sys	stem's serv	ices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There al furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Rales	listed in block 1 and for which a	• •			-				
	brief (two- or three-word) descrip	• •							
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
			Installa	tion: Non-res	idential				
	Continuing Services:		• Mot	el, hotel			DVR Se	ervice	7.9
	Continuing Services: Pay cable								
	•		• Con	mercial				I	
	• Pay cable		_	imercial cable					
	• Pay cable • Pay cable—add'l channel		•Pay		nannel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay • Pay • Fire	cable cable-add'l cl protection					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	49.00	• Pay • Pay • Fire • Burç	cable cable-add'l cl protection Jar protection					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Pay • Fire • Burg Other s	cable cable-add'l cl protection glar protection ervices:					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Pay • Fire • Burg Other s • Rec	cable cable-add'l cl protection glar protection ervices: pnnect					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Pay • Fire • Burg Other s • Rec • Disc	cable cable-add'l cl protection glar protection ervices: onnect onnect					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Pay • Fire • Burg Other s • Rec • Disc • Outl	cable cable-add'l cl protection glar protection ervices: pnnect					

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM
Name	Craigville Telephone	Company, Inc.		631
	PRIMARY TRANSMITTERS:			
G	carried by your cable syste	lentify every television station (including tr em during the accounting period, <i>except</i> s in effect on June 24, 1981, permitting the	(1) stations carried only on a part	-time basis under
Primary	76.59(d)(2) and (4), 76.61	(e)(2) and (4), or 76.63 (referring to 76.61		
Transmitters: Television	Substitute Basis Station	as explained in the next paragraph. s: With respect to any distant stations car rules, regulations, or authorizations:	ried by your cable system on a su	ubstitute program
	• Do not list the station he station was carried only o	re in space G—but do list it in space I (the n a substitute basis.		
	basis. For further informat Column 1: List each statio	all also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pri- ed with a station according to its over-the-	see page (v) of the general instruc ogram services such as HBO, ES	ctions. SPN, etc. Identify each
	Column 2: Give the chan	nel number the FCC assigned to the televi NRC is channel 4 in Washington, D.C.	ision station for broadcasting ove	r the air in its community
	Column 3: Indicate in eac	h case whether the station is a network st	•	
		tering the letter "N" (for network), "N-M" (fo .), "E" (for noncommercial educational), or		
	Column 4: Give the locati	terms, see page (iv) of the general instruc on of each station. For U.S. stations, list tl adian stations, if any, give the name of the	he community to which the station	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WANE	15.1	Ν	FORT WAYNE, IN
	WANE	15.3	N-M	FORT WAYNE, IN
dd Rows as Necessary	WANE WPTA	15.3 21.1	N-M N	FORT WAYNE, IN FORT WAYNE, IN
dd Rows as Necessary				
dd Rows as Necessary	WPTA	21.1	N	FORT WAYNE, IN
dd Rows as Necessary	WPTA WPTA	21.1 21.2	N	FORT WAYNE, IN FORT WAYNE, IN
dd Rows as Necessary	WPTA WPTA WPTA	21.1 21.2 21.3	N N N-M	FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN
dd Rows as Necessary	WPTA WPTA WPTA WISE	21.1 21.2 21.3 33.1	N N N-M N	FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN
dd Rows as Necessary	WPTA WPTA WPTA WISE WISE	21.1 21.2 21.3 33.1 33.2	N N N-M N N-M	FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN
dd Rows as Necessary	WPTA WPTA WISE WISE WISE	21.1 21.2 21.3 33.1 33.2 33.3	N N N-M N-M N-M N-M	FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN
dd Rows as Necessary	WPTA WPTA WISE WISE WISE WISE	21.1 21.2 21.3 33.1 33.2 33.3 33.4	N N N-M N N-M N-M N-M	FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN
dd Rows as Necessary	WPTA WPTA WPTA WISE WISE WISE WISE	21.1 21.2 21.3 33.1 33.2 33.3 33.4 33.5	N N N-M N-M N-M N-M N-M N-M	FORT WAYNE, IN FORT WAYNE, IN
dd Rows as Necessary	WPTA WPTA WPTA WISE WISE WISE WISE WISE	21.1 21.2 21.3 33.1 33.2 33.3 33.4 33.5 33.6	N N N-M N-M N-M N-M N-M N-M N-M	FORT WAYNE, IN FORT WAYNE, IN
dd Rows as Necessary	WPTA WPTA WPTA WISE WISE WISE WISE WISE WISE	21.1 21.2 21.3 33.1 33.2 33.3 33.4 33.4 33.5 33.6 33.7	N N N-M N-M N-M N-M N-M N-M N-M N-M N-M	FORT WAYNE, IN FORT WAYNE, IN
dd Rows as Necessary	WPTA WPTA WPTA WISE WISE WISE WISE WISE WISE WISE WISE	21.1 21.2 21.3 33.1 33.2 33.3 33.4 33.5 33.6 33.7 39.1	N N N-M N-M N-M N-M N-M N-M N-M N-M E	FORT WAYNE, IN FORT WAYNE, IN
dd Rows as Necessary	WPTA WPTA WPTA WISE WISE WISE WISE WISE WISE WISE WISE	21.1 21.2 21.3 33.1 33.2 33.3 33.4 33.5 33.6 33.6 33.7 39.1 39.2	N N N-M N-M N-M N-M N-M N-M N-M N-M E E E-M	FORT WAYNE, IN FORT WAYNE, IN
dd Rows as Necessary	WPTA WPTA WPTA WISE WISE WISE WISE WISE WISE WISE WISE	21.1 21.2 21.3 33.1 33.2 33.3 33.4 33.5 33.6 33.6 33.7 39.1 39.2 39.3 39.4	N N N-M N-M N-M N-M N-M N-M N-M N-M E E E-M E-M E-M E-M	FORT WAYNE, IN FORT WAYNE, IN
dd Rows as Necessary	WPTA WPTA WPTA WISE WISE WISE WISE WISE WISE WISE WISE	21.1 21.2 21.3 33.1 33.2 33.3 33.4 33.5 33.6 33.7 39.1 39.2 39.3 39.4 39.5	N N N-M N-M N-M N-M N-M N-M N-M E E E E-M E-M E-M E-M E-M	FORT WAYNE, IN FORT WAYNE, IN
dd Rows as Necessary	WPTA WPTA WPTA WISE WISE WISE WISE WISE WISE WISE WISE	21.1 21.2 21.3 33.1 33.2 33.3 33.4 33.5 33.6 33.7 39.1 39.2 39.3 39.4 39.5 55.1	N N N-M N-M N-M N-M N-M N-M N-M E E E-M E-M E-M E-M E-M N	FORT WAYNE, IN FORT WAYNE, IN
dd Rows as Necessary	WPTA WPTA WPTA WISE WISE WISE WISE WISE WISE WISE WISE	21.1 21.2 21.3 33.1 33.2 33.3 33.4 33.5 33.6 33.7 39.1 39.2 39.3 39.4 39.5 55.1 55.2	N N N-M N-M N-M N-M N-M N-M N-M E E E-M E-M E-M E-M E-M N N-M	FORT WAYNE, IN FORT WAYNE, IN
dd Rows as Necessary	WPTA WPTA WPTA WISE WISE WISE WISE WISE WISE WISE WISE	21.1 21.2 21.3 33.1 33.2 33.3 33.4 33.5 33.6 33.7 39.1 39.2 39.3 39.4 39.5 55.1 55.2 55.3	N N N-M N-M N-M N-M N-M N-M N-M E E E-M E-M E-M E-M E-M N	FORT WAYNE, IN FORT WAYNE, IN
dd Rows as Necessary	WPTA WPTA WPTA WISE WISE WISE WISE WISE WISE WISE WISE	21.1 21.2 21.3 33.1 33.2 33.3 33.4 33.5 33.6 33.7 39.1 39.2 39.3 39.4 39.5 55.1 55.2	N N N-M N-M N-M N-M N-M N-M N-M E E E-M E-M E-M E-M E-M N N-M	FORT WAYNE, INFORT WAYNE, IN

ounting Period:	2020/2			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Craigville Telephone	Company, Inc.		631
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syster	n during the accounting period, except	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program	ne basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 a basis. For further informatio Column 1 : List each statior multicast stream associated "WETA-2" as the same on t Column 2 : Give the channel of license. For example, W Column 3 : Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4 : Give the location	(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (a substitute basis. also in space I, if the station was carrien n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the he form. al number the FCC assigned to the tell RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instra of each station. For U.S. stations, list	61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also by see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education	ons carried on a stitute program og)—if the on some other ns. J, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF								SYSTEM I 631
	every radio s	station ca	arried on a separate and discrent of the second sec					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recei it the Cc I sign of e the static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	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 c ge (v) of the g ystem as a se sed by the FC) it can ertain st eneral in eparate :	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		5/0	LOCATION OF STATION	
		1						
			I					

Accounting Peric	od: 2020/2						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Craigville Telephone (Company	, Inc.					63198
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	-	-			tion that vo	ur cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	aa blank If your answer i		must compl	-	
	-	, leave life	rescortins pa	age blatik. Il your allower i	s res, your	nusi compi	ete tile proj	Jian
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible if th	neir meanin	a is
	clear. If you need more spa				e mierer p			9.0
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ries like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs.	Bulls."				• •	,	
	Column 2: If the program	n was broa	dcast live, ent	er "Yes." Otherwise enter	"No."			
				casting the substitute prog the community to which th		censed by i	he FCC or	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numéral	s, with the r	nonth
	first. Example: for May 7 gi		4:4 4					-4-1
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:0:				ately
	stated as "6:00–6:30 p.m."		a program oan		1. 10 p.m. to c		. Should be	
				n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for prograr effect on October 19, 1976		your system w	as permitted to delete und		s and regula	auons in	
		-						1
	s	UBSTITUT	E PROGRAM	1		N SUBSTI AGE OCC		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
					·			
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Accounting Period:	2020/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Craigville Telephone Company, Inc.	S	¥STEM ID# 63198
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	3,563.70
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	nis six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	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 \$527,6	500)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more informati		hts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Craigville Telephone Company, Inc.	SYSTEM ID# 63198
M Channels	 CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 	st stations 22 133
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Lee VonGunten Address 2351 N. Main St	Telephone (260) 565-3131
	(Number, street, rural route, apartment, or suite number) Craigville, IN 46731 (City, town, state, zip)	
	Email lee@adamswells.com Fax (optional)	2605653535
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office re I, the undersigned, hereby certify that (Check one,<i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity ide in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contare true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	e 1 of space B; or of the cable system as identified ntified as owner of the cable system
	Enter an electronic signature on the line above to certify this statemer Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ent.
	Typed or printed name: Lee VonGunten Title: Executive Vice President	
	(Title of official position held in corporation or partnership) Date: January 25, 2	021

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 I
igville Telephone Company, Inc.	6319
 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 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
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