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

Return completed workbook

STATEME	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	
General instru	ms (Short Form) ctions are located of this workbook	03/01/2021	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30	<b>YYY/(Period))</b> Period 2 = July 1 - December 31	
Accounting Period	20202	Barcode Data Filing Period (optional	I - see instructions)	
	Instructions:			
В	Give the full legal name of the owner of t of the subsidiary, not that of the parent c		diary of another corporation, give the full co	rporate title
Owner	List any other name or names under whic	ch the owner conducts the business of t	he cable system.	
	If there were different owners during the single statement of account and royalty f		the last day of the accounting period should s ting period.	
	Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	63466
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	PLATEAU TELECOMMUNICATIONS			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	)	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	7111 N PRINCE ST			
	(Number, street, rural route, apartment, or suite r	number)		
	(City, town, state, zip)			
С	<b>INSTRUCTIONS:</b> In line 1, give any busin names already appear in space B. In line			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM	Λ:		
	2 (Number, street, rural route, apartment, or suite i	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 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE
Name		634
	PLATEAU TELECOMMUNICATIONS INC Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community served by the cable system. A communi- "a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area	identified city.	Fr
Served		
	CITY OR TOWN	STATE
First	CLOVIS	NM
Community	FARWELL	TX
	LOGAN	NM
d Rows as Necessary	CLAYTON	NM
	FT SUMNER	NM
	BELEN	NM
	EDGEWOOD	NM
	LAS VEGAS	NM
	MOUNTAINAIR	NM
	SANTA FE	NM
	TUCUMCARI	NM
	BROADVIEW	NM
	ROY	NM
	SAN JON	NM
	ESTANCIA	NM
	MORIARTY	NM
	ROSWELL	NM
	SANTA ROSA	NM
	GRADY	
		NM
	CORONA	NM
	MOSQUERO	NM
	LOS LUNAS	NM
	AMISTAD	NM
	MCALISTER	NM
	RIBERA	NM

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							SA1-2E. PAGE
Name	PLATEAU TELECOMMU								6346
					ATEO				
Е	SECONDARY TRANSMISSION In General: The information in s					ry transmission	service of t	the cable	
	system, that is, the retransmission	-		-		•			
Secondary	about other services (including p	· / ·					those exist	ting on the	
Fransmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						blo ovetom	brokon	
scribers and	down by categories of secondar						•		
Rates	each category by counting the n	-				•			
	separately for the particular serv	ice at the rate	indicated	d—not the nur	nber of set	ts receiving serv	/ice).	C C	
	Rate: Give the standard rate of	-	-	•			-	-	
	unit in which it is generally billed		,		•	rd rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					ondary transmis	ssion servi	ce that cable	
	systems most commonly provide	•		-		•			
	that applies to your system. Not								
	categories, that person or entity					0,	•		
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t	•							
	with the number of subscribers a	and rates, in the	e right-h	and block. A t	wo- or thre	e-word descript	ion of the s	service is	
	sufficient.				1				
	BLC	DCK 1 NO. OF			-		BLOO	CK 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set	2	2,062	27.00	RESIDE	ENTIAL TV L	ITE	290	27.0
	<ul> <li>Service to additional set(s)</li> </ul>				<b>RES PF</b>	REFERRED		750	77.0
	• FM radio (if separate rate)				RES PF	REMIER		864	83.0
	Motel, hotel				RES TO	OTAL CHOIC	E	158	137.0
	Commercial		128	34.95	COMMI	ERCIAL PRE	MIER	56	34.9
	Converter				COMM	PREMIER S	PORTS	32	59.9
	Residential				COMM	PREM ENTE	RTAINN	20	69.9
	Non-residential				COMM	TOTAL CHO	DICE	20	79.9
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra	•			-	• •			
•	not covered in space E, that is, t service for a single fee. There a					,	,		
Services	furnished at cost or (2) services	•			•			,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions: 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								
							1	BLOCK 2	
		BL OC							
		BLO0 RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEG	ORY OF SER		RATE	CATEGO		RATE
	CATEGORY OF SERVICE	RATE	CATEG Installa			RATE		DRY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable	RATE	CATEG Installa • Mote	tion: Non-res		RATE		DRY OF SERVICE	15.0
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEG Installa • Mote • Con	tion: Non-res		RATE	CINEM	DRY OF SERVICE	RATE 15.0 20.0 18.0
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEG Installa • Mote • Con • Pay	<b>tion: Non-res</b> el, hotel nmercial	idential	RATE	CINEM HBO SHOW	DRY OF SERVICE	15.0 20.0
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEG Installa • Mote • Con • Pay • Pay	tion: Non-res el, hotel nmercial cable	idential	RATE	CINEM HBO SHOW <sup>-</sup> STARZ	DRY OF SERVICE AX TIME	15.0 20.0 18.0 15.0
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	RATE	CATEG Installa • Mote • Con • Pay • Pay • Fire	tion: Non-res el, hotel nmercial cable cable-add'l cl	<b>idential</b>	RATE	CINEM HBO SHOW STARZ PREMI	AX TIME /ENCORE	15.0 20.0 18.0 15.0 57.9
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	RATE	CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel nmercial cable cable-add'l cl protection	<b>idential</b>	RATE	CINEM HBO SHOW STARZ PREMI	DRY OF SERVICE AX TIME /ENCORE ER SELECT	15.0 20.0 18.0 15.0 57.9
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	CATEG Installa • Motr • Con • Pay • Pay • Fire • Burç Other s	tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection	<b>idential</b>	RATE	CINEM HBO SHOW STARZ PREMI	DRY OF SERVICE AX TIME /ENCORE ER SELECT	15.0 20.0 18.0
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE	CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection services:	<b>idential</b>	RATE	CINEM HBO SHOW STARZ PREMI	DRY OF SERVICE AX TIME /ENCORE ER SELECT	15.0 20.0 18.0 15.0 57.9
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	CATEG Installa • Mote • Con • Pay • Pay • Fire • Burç Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection services: connect	<b>idential</b>	RATE 0	CINEM HBO SHOW STARZ PREMI	DRY OF SERVICE AX TIME /ENCORE ER SELECT	15.0 20.0 18.0 15.0 57.9

Nomo	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE
Name	PLATEAU TELECOM	IMUNICATIONS INC		
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chanr of license. For example, V <b>Column 3:</b> Indicate in eac educational station, by ent (for independent multicast) For the meaning of these t	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 pr ed with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog I(e)(2) and (4))]; and (2) certain st rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community er a noncommercial pendent), "I-M" ttional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KRQE DT2	2. 2 0001 011241122 10110211	N-M	SANTA FE NM
		3	E	
ws as Necessary	KAMR DT1	4	N	
,	KFDA DT	10	n	AMARILLO TX
	KCPN	6	N-M	AMARILLO TX
	KVII	7	N	AMARILLO TX
	KENW	8	E	PORTALES NM
	KENW DT2	9	E-M	AMARILLO TX
	KVII DT2	11	N-M	AMARILLO TX
	KCIT	13	N	
	INCII			
	КОВ	14	N	AMARILLO TX ALBUQUERQUE NM
	КОВ	14	N	
	KOB KRQE	14 15	N N	ALBUQUERQUE NM ALBUQUERQUE NM
	KOB KRQE KASY	14 15 16	N N I	ALBUQUERQUE NM ALBUQUERQUE NM ALBUQUERQUE NM
	KOB KRQE KASY KOAT	14 15 16 17	N N I N	ALBUQUERQUE NM ALBUQUERQUE NM ALBUQUERQUE NM ALBUQUERQUE NM
	KOB KRQE KASY KOAT KVIH	14 15 16 17 18	N N I N N-M	ALBUQUERQUE NM ALBUQUERQUE NM ALBUQUERQUE NM ALBUQUERQUE NM AMARILLO TX
	KOB KRQE KASY KOAT KVIH KWBQ	14 15 16 17 18 21	N N I N-M I E	ALBUQUERQUE NM ALBUQUERQUE NM ALBUQUERQUE NM ALBUQUERQUE NM AMARILLO TX SANTA FE NM PORTALES NM
	KOB KRQE KASY KOAT KVIH KWBQ KNME	14 15 16 17 18 21 22	N N I N N-M I	ALBUQUERQUE NM ALBUQUERQUE NM ALBUQUERQUE NM ALBUQUERQUE NM AMARILLO TX SANTA FE NM PORTALES NM
	KOB KRQE KASY KOAT KVIH KWBQ KNME KNME KTEL	14         15         16         17         18         21         22         23         24	N N I N-M I E	ALBUQUERQUE NM         ALBUQUERQUE NM         ALBUQUERQUE NM         ALBUQUERQUE NM         AMARILLO TX         SANTA FE NM         PORTALES NM         ALBUQUERQUE NM
	KOB KRQE KASY KOAT KVIH KWBQ KNME KNME	14         15         16         17         18         21         22         23         24         25	N N I N-M I E	ALBUQUERQUE NM         ALBUQUERQUE NM         ALBUQUERQUE NM         ALBUQUERQUE NM         AMARILLO TX         SANTA FE NM         PORTALES NM         PORTALES NM         ALBUQUERQUE NM         ALBUQUERQUE NM         ALBUQUERQUE NM
	KOB KRQE KASY KOAT KVIH KWBQ KNME KNME KTEL KRTN	14         15         16         17         18         21         22         23         24         25         26	N N I N-M I E	ALBUQUERQUE NM         ALBUQUERQUE NM         ALBUQUERQUE NM         ALBUQUERQUE NM         AMARILLO TX         SANTA FE NM         PORTALES NM         ALBUQUERQUE NM
	KOB KRQE KASY KOAT KVIH KWBQ KNME KNME KTEL KRTN KUPT	14         15         16         17         18         21         22         23         24         25	N N 1 N N-M 1 1 E E E 1 1 1 1	ALBUQUERQUE NM         ALBUQUERQUE NM         ALBUQUERQUE NM         ALBUQUERQUE NM         AMARILLO TX         SANTA FE NM         PORTALES NM         PORTALES NM         ALBUQUERQUE NM         ALBUQUERQUE NM         ALBUQUERQUE NM         ALBUQUERQUE NM         ALBUQUERQUE NM

	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SY	<b>STEM</b>
Name	PLATEAU TELECON	IMUNICATIONS INC			63
	PRIMARY TRANSMITTERS:	TELEVISION			
G	carried by your cable syste	lentify every television station (including the accounting period, <i>except</i>	(1) stations carried only on a par	t-time basis under	
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61 substitute program basis,	in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph. <b>s:</b> With respect to any distant stations car	(e)(2) and (4))]; and (2) certain s	tations carried on a	
	basis under specific FCC i	rules, regulations, or authorizations: re in space G—but do list it in space I (the			
	basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on	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 pr ed with a station according to its over-the- the form.	see page (v) of the general instru rogram services such as HBO, E	ctions. SPN, etc. Identify each	
	of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana	A PCAST CHANNEL NUMPER	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa ctions in the paper SA1-2 form. he community to which the static e community with which the static	a noncommercial pendent), "I-M" ational multicast). In is licensed by the on is identified.	
	of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these f Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN	WRC is channel 4 in Washington, D.C. th case whether the station is a network sitering the letter "N" (for network), "N-M" (fo ), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t adian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b>	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the static	a noncommercial pendent), "I-M" ational multicast). In is licensed by the on is identified. 4. LOCATION OF STATIO	DN
	of license. For example, V Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KFDA DT2	WRC is channel 4 in Washington, D.C. th case whether the station is a network sizering the letter "N" (for network), "N-M" (for ), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b> 31	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa ctions in the paper SA1-2 form. he community to which the static e community with which the static	a noncommercial pendent), "I-M" ntional multicast). n is licensed by the on is identified. 4. LOCATION OF STATION AMARILLO TX	DN
	of license. For example, V Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these f Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KFDA DT2 KAZQ	WRC is channel 4 in Washington, D.C. th case whether the station is a network sizering the letter "N" (for network), "N-M" (for ), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b> 31 32	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa ctions in the paper SA1-2 form. he community to which the static e community with which the static	a noncommercial pendent), "I-M" ational multicast). In is licensed by the on is identified. 4. LOCATION OF STATION AMARILLO TX ALBUQUERQUE NM	DN
	of license. For example, V Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these th Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KFDA DT2 KAZQ KASY DT4	VRC is channel 4 in Washington, D.C. th case whether the station is a network sizering the letter "N" (for network), "N-M" (for ), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b> 31 32 33	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa ctions in the paper SA1-2 form. he community to which the static e community with which the static	a noncommercial pendent), "I-M" ational multicast). In is licensed by the on is identified. 4. LOCATION OF STATION AMARILLO TX ALBUQUERQUE NM ALBUQUERQUE NM	N
	of license. For example, V Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KFDA DT2 KAZQ KASY DT4 K19KT	VRC is channel 4 in Washington, D.C. th case whether the station is a network sizering the letter "N" (for network), "N-M" (for ), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the 31 32 33 34	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa ctions in the paper SA1-2 form. he community to which the static e community with which the static	a noncommercial pendent), "I-M" ational multicast). In is licensed by the on is identified. 4. LOCATION OF STATION AMARILLO TX ALBUQUERQUE NM ALBUQUERQUE NM ALBUQUERQUE NM	DN
	of license. For example, V Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these f Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KFDA DT2 KAZQ KASY DT4 K19KT KUPT	VRC is channel 4 in Washington, D.C.         ch case whether the station is a network sitering the letter "N" (for network), "N-M" (for network), "Second to the general instruction of each station. For U.S. stations, list the tradian stations, if any, give the name of the station stations, if any, give the name of the station station stations, and stations s	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa ctions in the paper SA1-2 form. he community to which the static e community with which the static	a noncommercial pendent), "I-M" ational multicast). In is licensed by the on is identified. 4. LOCATION OF STATION AMARILLO TX ALBUQUERQUE NM ALBUQUERQUE NM ALBUQUERQUE NM ALBUQUERQUE NM	N
	of license. For example, V Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KFDA DT2 KAZQ KASY DT4 K19KT	VRC is channel 4 in Washington, D.C. th case whether the station is a network sizering the letter "N" (for network), "N-M" (for ), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the 31 32 33 34	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa ctions in the paper SA1-2 form. he community to which the static e community with which the static	a noncommercial pendent), "I-M" ational multicast). In is licensed by the on is identified. 4. LOCATION OF STATION AMARILLO TX ALBUQUERQUE NM ALBUQUERQUE NM ALBUQUERQUE NM	N

PLATEAU T	OWNER OF C							SYSTEM   634
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of 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. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei it the Cc sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. 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 enna, during ce ge (v) of the g ystem as a se sed by the FC0	) it can ertain st eneral ii 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	
						-/-		
						·		
						·		
						·		
						·		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	PLATEAU TELECOMM	IUNICATI	ONS INC					63466
	SUBSTITUTE CARRIAG				00			
	In General: In space I, ident	-	-			tion that ve	ur cable sve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any noni	network tel	<u>evis</u> ion prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	-		root of this pr	aa blank. If your anower i	- "V " vouu	⊐ must somn	-	
	Note: If your answer is "No	, leave the	e rest of this pa	age blank. If your answer i	s res, you	must comp	iete the proç	gram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible if t	heir meanin	a is
	clear. If you need more spa				o 1111010101 p			9.0
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			1 1 5	,	1 /	,	
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		consod by	the ECC or	in
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day		stem carried the substitute			ls, with the r	nonth
	first. Example: for May 7 gi					1.1.1.1		. (. ).
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00-6:30 p.m."		a program car		1. 10 p.m. to t			
	Column 7: Enter the lett			n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ter FCC rules	s and regula	ations in	
		•			1 1			T
						N SUBSTI		
	S		E PROGRAM			AGE OCC		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		TIMES — TO	DELETION
		100 01110	ONEL CICIT		THE BITT	TROM	10	
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Accounting Period:	2020/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PLATEAU TELECOMMUNICATIONS INC			8	8YSTEM ID# 63466
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanal 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	system's s tion of how	secondary trans to compute this	mission servi amount, se \$3	
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more i	) but less t	han \$527,600	\$263,80(	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for t	his six-month	
	Line 1. Royalty fee for accounting period				
	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 li	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	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
	o, interest charge. Enter the amount from the 4, space Q, page o				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	352,122.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	88,322.00		
	4. Multiply line 3 by .01		\$	883.22	
	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	4, 5, and 6 .		\$	2,202.22
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	2,202.22	
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			\$	2,222.22
	EFT Trace # or TRANSACTION ID #			[	
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PLATEAU TELECOMMUNICATIONS INC	SYSTEM ID# 63466
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations 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	30
	and nonbroadcast services	330
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 ZANE SLATER Telephone	575-389-4604
	Address     7111 N PRINCE ST (Number, street, rural route, apartment, or suite number)       CLOVIS NM 88101-9730 (City, town, state, zip)       Email     ZaneS@plateautel.com   Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are 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)]</li> </ul>	system as identified vner of the cable system
	Yes/David Robinson         Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:	
	Title: Chief Executive Officer (Title of official position held in corporation or partnership)	
	Date: 2/26/2021	

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.

unting Period: 2020/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
TEAU TELECOMMUNICATIONS INC	634
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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.	
	L L
	La Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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