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 COPYRIGE	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
Cable Systems (Short Form) General instructions are located in the first tab of this workbook	2-16-21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	(YY/(Period))	
2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period			
B Instructions: Give the full legal name of the owner of the of the parent control of the subsidiary, not that of the parent control of the subsidiary.		diary of another corporation, give the full cor	porate title
Owner List any other name or names under whic	h the owner conducts the business of th	he cable system.	
If there were different owners during the single statement of account and royalty fe		he last day of the accounting period should suing period.	ıbmit a
Check here if this is the system's first filin	g. If not, enter the system's ID number a	assigned by the Licensing Division.	867
LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		

		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
		Standard Tobacco Company, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Bracken Cablevision
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 100 (Number, street, rural route, apartment, or suite number)
		Maysville, KY 41056 (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 these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	4	IDENTIFICATION OF CABLE SYSTEM:
		Bracken Cablevision
		MAILING ADDRESS OF CABLE SYSTEM:
	2	PO Box 100 (Number, street, rural route, apartment, or suite number)
		Maysville, KY 41056
		(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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Standard Tobacco Company, Inc.	86
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin	nmunity" is the same as a "community unit" as defined in FCC rules ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter know gs.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	bbile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Augusta	KY
Community	Brooksville	KY
	Germantown	KY
Add Rows as Necessary	Mt. Olivet	KY

E Secondary Transmission Service: Sub- scribers and Rates	LEGAL NAME OF OWNER OF C Standard Tobacco Com SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provided that applies to your system. Note categories, that person or entity subscriber who pays extra for cate first set" and would be counted of Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a	SERVICE: SU space E should on of television bay cable) in sp d (June 30 or D b blocks in spa y transmission umber of billing rice at the rate charged for eac . (Example: "\$2 counts allowed in space E, th e to their subsc e: Where an in should be cou able service to once again und has rate categ	JBSCRIBER I cover all can b and radio b bace F, not h December 31 ce E call for service. In g gs in that can indicated—r ch category of 20/mth"). Su for advance the form lists for cribers. Give notividual or con nted as a su additional se for "Service"	tegories of secon proadcasts by you here. All the facts , as the case may the number of su general, you can of tegory (the number of the number of of service. Include mmarize any stan payment. the categories of su organization is rec abscriber in each a ets would be include	r system to subscr you state must be / be). bscribers to the ca compute the numb er of persons or or sets receiving ser both the amount adard rate variation secondary transmi bscribers and rate eiving service that	tibers. Give those exist able syster er of subse ganization vice). of the char of the char s within a ssion serv for each l	the cable e information sting on the n, broken cribers in s charged rge and the particular rate rice that cable listed category	TEM ID 86
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1	Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a	has rate categ		10 auditional set(s		nder "Serv	ice to the	
,	with the number of subscribers a	iers of service	01163 101 366	ondary transmiss		e different	from those	
					•	,		
		and rates, in th	e right-hand	block. A two- or t	hree-word descrip	tion of the	service is	
	sufficient. BLC	DCK 1				BLOCK	٢2	
-	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE CA	TEGORY OF SEF		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRIDE			TEGORT OF SET	VICE	SUBSCRIBERS	RA1
	Service to first set		531	47.95				
	Service to additional set(s)			47.00				
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	 Non-residential 							
	SERVICES OTHER THAN SEC In General: Space F calls for rate					otom'o oor	visos that wars	
	not covered in space E, that is, t	•						
	service for a single fee. There a				•			
	furnished at cost or (2) services							
	amount of the charge and the ur enter only the letters "PP" in the		s usually bille	ed. If any rates are	e charged on a var	iable per-p	brogram basis,	
Transmissions:	Block 1: Give the standard rat		the cable sys	stem for each of tl	he applicable serv	ices listed.		
Rates	Block 2: List any services that					•		
	listed in block 1 and for which a		-		ist these other se	rvices in th	ne form of a	
_	brief (two- or three-word) descrip	bition and includ	be the rate in	or each.				
		BLOO					BLOCK 2	
	CATEGORY OF SERVICE	RATE		Y OF SERVICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	21.05		: Non-residentia				
	 Pay cable Pay cable—add'l channel 	21.95 21.95	 Motel, h Comme 					
	Fire protection	21.95	• Comme • Pay cab					
	•Burglar protection		2	le-add'l channel				
	Installation: Residential		• Fire pro					
	• First set		•	protection		••••••		
	Additional set(s)	15.00	Other servi	•				
	• FM radio (if separate rate)		• Reconn					
	• Converter		• Disconn	ect				
			Outlet re		40.00			
			 Move to 	new address	40.00			

	LEGAL NAME OF OWNER OF	F CARI F SYSTEM		SYSTEM
Name	Standard Tobacco Co			
	PRIMARY TRANSMITTERS:			
G Primary	In General: In space G, ide carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e	entify every television station (including em 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	<i>t</i> (1) stations carried only on a part- he carriage of certain network prog	t-time basis under grams [sections
Transmitters: Television	Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her	as explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations: re in space G—but do list it in space I (th		
	 station was carried only on List the station here, and a basis. For further information Column 1: List each station 	n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, m's call sign. <i>Do not</i> report origination p	ed both on a substitute basis and als , see page (v) of the general instruc program services such as HBO, ES	lso on some other actions. SPN, etc. Identify each
	"WETA-2" as the same on Column 2: Give the channed	d with a station according to its over-the the form. lel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C.		
	Column 3: Indicate in each educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location	h case whether the station is a network s 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 adian stations, if any, give the name of th	(for network multicast), "I" (for indep or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. t the community to which the station	ependent), "I-M" ational multicast). on is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WKYT	21	Ν	Lexington, KY
	WKYT-3	21-3	N-M	Lexington, KY
d Rows as Necessary	WKYT-4	21-4	N-M	Lexington, KY
	WKYT-5	21-5	N-M	Lexington, KY
	WLEX	28	N	Lexington, KY
	WLEX-2	28-2	N-M	Lexington, KY
	WKMR	30	E	Lexington, KY
	WKMR-2	30-2	E-M	Lexington, KY
	WKMR-2 WKMR-3	30-2 30-3	E-M E-M	Lexington, KY Lexington, KY
	WKMR-3	30-3	E-M	Lexington, KY
	WKMR-3 WKRM-4	30-3 30-4	E-M E-M	Lexington, KY Lexington, KY
	WKMR-3 WKRM-4 WLWT	30-3 30-4 20	E-M E-M N	Lexington, KY Lexington, KY Cincinnati, OH
	WKMR-3 WKRM-4 WLWT WLWT-2	30-3 30-4 20 20-2	E-M E-M N N-M	Lexington, KY Lexington, KY Cincinnati, OH Cincinnati, OH
	WKMR-3 WKRM-4 WLWT WLWT-2 WXIX	30-3 30-4 20 20-2 29	E-M E-M N N-M N	Lexington, KY Lexington, KY Cincinnati, OH Cincinnati, OH Cincinnati, OH
	WKMR-3 WKRM-4 WLWT WLWT-2 WXIX WXIX-2	30-3 30-4 20 20-2 29 29-2	E-M E-M N N-M N-M	Lexington, KY Lexington, KY Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH
	WKMR-3 WKRM-4 WLWT WLWT-2 WXIX WXIX-2 WXIX-3	30-3 30-4 20 20-2 29 29-2 29-2 29-3	E-M E-M N N-M N-M N-M	Lexington, KY Lexington, KY Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH
	WKMR-3 WKRM-4 WLWT WLWT-2 WXIX WXIX-2 WXIX-3 WXIX-4	30-3 30-4 20 20-2 29 29-2 29-2 29-3 29-4	E-M E-M N N-M N-M N-M N-M N-M	Lexington, KY Lexington, KY Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH
	WKMR-3 WKRM-4 WLWT WLWT-2 WXIX WXIX-2 WXIX-3 WXIX-4 WCPO	30-3 30-4 20 20-2 29 29-2 29-2 29-3 29-4 29-4 26	E-M E-M N N-M N-M N-M N-M N-M N-M N-M	Lexington, KY Lexington, KY Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH
	WKMR-3 WKRM-4 WLWT WLWT-2 WXIX WXIX-2 WXIX-3 WXIX-4 WCPO WCPO-2	30-3 30-4 20 20-2 29 29-2 29-3 29-4 26 26 26-2	E-M E-M N N-M N-M N-M N-M N-M N-M	Lexington, KY Lexington, KY Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH
	WKMR-3 WKRM-4 WLWT WLWT-2 WXIX WXIX-2 WXIX-3 WXIX-4 WCPO WCPO-2 WCPO-3	30-3 30-4 20 20-2 29 29-2 29-3 29-4 26 26-2 26-3	E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M	Lexington, KY Lexington, KY Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH
	WKMR-3 WKRM-4 WLWT WLWT-2 WXIX WXIX-2 WXIX-3 WXIX-4 WCPO WCPO-2 WCPO-2 WCPO-3 WCPO-4	30-3 30-4 20 20-2 29 29-2 29-3 29-4 26 26-2 26-3 26-3 26-4	E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	Lexington, KY Lexington, KY Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH
	WKMR-3 WKRM-4 WLWT WLWT-2 WXIX WXIX-2 WXIX-3 WXIX-4 WCPO WCPO-2 WCPO-2 WCPO-3 WCPO-4 WCPO-5	30-3 30-4 20 20-2 29 29-2 29-3 29-4 26 26-2 26-3 26-3 26-3 26-4 26-5	E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	Lexington, KY Lexington, KY Cincinnati, OH Cincinnati, OH

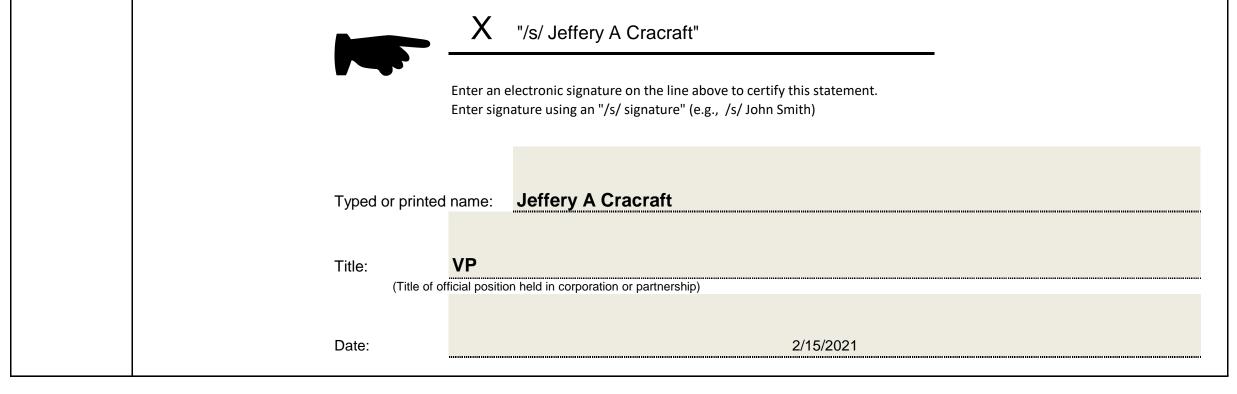
	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYST				
Name	Standard Tobacco C	Company, Inc.						
	PRIMARY TRANSMITTERS							
		identify every television station (including tr	rapelator stations and low power	television stations)				
G	• •	tem during the accounting period, except (•	,				
-		s in effect on June 24, 1981, permitting the						
Primary		1(e)(2) and (4), or 76.63 (referring to 76.61	(e)(2) and (4))]; and (2) certain s	tations carried on a				
ansmitters:	1 0 /	, as explained in the next paragraph.	1. 11. secondaria estar on o c					
elevision		ns: With respect to any distant stations car	ried by your cable system on a s	substitute program				
		rules, regulations, or authorizations: ere in space G—but do list it in space I (the	e Special Statement and Program	n Loa)—if the				
	station was carried only o							
	• List the station here, and	d also in space I, if the station was carried						
	basis. For further informat	tion concerning substitute basis stations, s	see page (v) of the general instru	ictions.				
		ion's call sign. <i>Do not</i> report origination pro	C	•				
		ted with a station according to its over-the-	air designation. For example, re	port multistream				
	"WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community							
		of license. For example, WRC is channel 4 in Washington, D.C.						
		ch case whether the station is a network st	tation, an independent station, or	r a noncommercial				
	-	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"						
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).							
	•	st), "E" (for noncommercial educational), or	"E-M" (for noncommercial educa	. ,				
	For the meaning of these	st), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc	"E-M" (for noncommercial educa ctions in the paper SA1-2 form.	ational multicast).				
	For the meaning of these Column 4: Give the locat	st), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc tion of each station. For U.S. stations, list t	"E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static	ational multicast). on is licensed by the				
	For the meaning of these Column 4: Give the locat	st), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc	"E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static	ational multicast). on is licensed by the				
	For the meaning of these Column 4: Give the locat	st), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc tion of each station. For U.S. stations, list t	"E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static	ational multicast). on is licensed by the				
	For the meaning of these Column 4: Give the locat	st), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc tion of each station. For U.S. stations, list t	"E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static	ational multicast). on is licensed by the				
	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can	st), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list t nadian stations, if any, give the name of the	"E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static e community with which the static	ational multicast). on is licensed by the on is identified.				
	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN	eterms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list t nadian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	"E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION	ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION				
	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WSTR-4	eterms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list t nadian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 18-4	T "E-M" (for noncommercial educations in the paper SA1-2 form. The community to which the static e community with which the static 3. TYPE OF STATION N-M	ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION Cincinnati, OH				
	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WSTR-4 WSTR-5	st), "E" (for noncommercial educational), or e terms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list t nadian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 18-4 18-5	r "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION N-M N-M	Ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION Cincinnati, OH Cincinnati, OH				
	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WSTR-4 WSTR-5 WKRC	eterms, see page (iv) of the general instruction of each station. For U.S. stations, list thadian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 18-4 18-5 12	r "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION N-M N-M N-M N	ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH				
	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WSTR-4 WSTR-5 WKRC WKRC-2	st), "E" (for noncommercial educational), or e terms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list t nadian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 18-4 18-5 12 12-2	r "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION N-M N-M N-M N-M	Ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH				
	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WSTR-4 WSTR-5 WKRC WKRC-2 WKRC-3	st), "E" (for noncommercial educational), or e terms, see page (iv) of the general instruction of each station. For U.S. stations, list thadian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 18-4 18-5 12 12-2 12-3	r "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION N-M N-M N-M N-M N-M	Ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH				
	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WSTR-4 WSTR-5 WKRC WKRC-2 WKRC-3 WCET	st), "E" (for noncommercial educational), or e terms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list t nadian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 18-4 18-5 12 12-2 12-3 34	r "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION N-M N-M N-M N-M E	Ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH				

Standard To	OWNER OF O							SYSTEM I
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
The ceivable if (1) on the basis of the For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to ormation abou rm. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be rece it the Co sign of o he static ion's sig g a chec n's locati	I-Band FM Carriage: Under O stem whenever it is received a ived at the headend, with the 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 this point, see pa ed by the cable s ne station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
SALE OIGH		5,0				5,0		
						·		
						·		
						·		
						·		
						·		
						·		

Accounting Perio	od: 2020/2						FORI	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Standard Tobacco Co	mpany, Ir	nc.					867
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify <i>every no</i> ccounting p	<i>nnetwork televi</i> eriod, under sp	<i>sion program,</i> broadcast by ecific present and former F	/ a <i>distant</i> sta CC rules, regu	ulations, or	authorization	ns. For a further
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 				sis, any nonr	etwork tele	evision prog	ram
Statement and	broadcast by a distant sta						' ĭ	
Program Log	bioaucasi by a distant sta					L	YES	NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you r	nust compl	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT	E PROGRA	AMS					
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program	ace, please of every no distant sta egulations, o ries like "mo Bulls." m was broa	add additional onnetwork televition and that yo or authorization ovies" or "bask	rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the ge	e program") the ed for the pro neral instruct am titles, for e "No."	nat, during ogramming ions for fur	the account of another ther informa	ing station tion.
	Column 4: Give the broat the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	adcast stati nadian station th and day ve "5/7." es when the Example: er "R" if the and regulation	on's location (for any, if any, the when your system substitute program carries by listed program carries ions in effect d	the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:07 n was substituted for prog uring the accounting perio	e station is lid e station is idd e program. Us r cable syster I:15 p.m. to 6 ramming that od; enter the I	entified). se numeral m. List the :28:30 p.m : your syste etter "P" if t	ls, with the r times accur . should be em was <i>requ</i> the listed pro	nonth ately <i>uired</i>
	was substituted for prograne for prograne for the substituted for programe for the substituted for the sub	•	your system w	as permitted to delete unc	ler FCC rules	and regula	ations in	
	S		E PROGRAM	1		N SUBSTI AGE OCC	URRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. 1 FROM	rimes — to	DELETION
							_	
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ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:		A1-2E. PAGE
Name	Standard Tobacco Company, Inc.		86
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tr (as identified in space E) during the accounting period. For a further explanation of how to compute page (vii) of the general instructions located in the paper SA1-2 form.	ansmission service	
	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.	\$ 15 (Amount of gr	2,481.00
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 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. 	to \$263,800	
	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 accounting period is \$52.00	/ for this 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 lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$1		
	1. Base amount under statutory formula \$ 263,800.		
	2. Enter amount of gross receipts from space K \$ 152,481.		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K	152,481.00	
	5. Enter the amount from line 3	111,319.00	
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		205.81
	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	\$	205.81
	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 \$ 263,800.		
	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) \$		
	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 otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	205.81	
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	\$	225.81
	EFT Trace # or TRANSACTION ID # 26R9EHPL		
	Important: Your remittance must be in the form of an electronic payment payable to the Reg	gister of Convrights	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab		

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7
Nomo	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Standard Toba	acco Company, Inc.	867
M Channels		ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period.	
		number of channels on which the cable television broadcast stations	9
	on which the ca	number of activated channels able system carried television broadcast stations cast services	113
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Jeff Cracraft Telephone 60	06-564-9220 ext. 316
	Address	PO Box 100 (Number, street, rural route, apartment, or suite number)	
	Email	Maysville, KY 41056 (City, town, state, zip) standtob@maysvilleky.net Fax (optional) 866-491-8553	
Ο	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification		ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Fr other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; o	or
		t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste line 1 of space B and that the owner is not a corporation or partnership; or	em as identified
		er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner line 1 of space B.	of the cable system
		the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	



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
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM II
ndard Tobacco Company, Inc.		
lowing sentence: "In determining the total number of sub- service of providing secondary transmis scribers and amounts collected from su	G GROSS RECEIPTS EXCLUSIONS ed Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- scribers and the gross amounts paid to the cable system for the basic ssions of primary broadcast transmitters, the system shall not include sub- abscribers receiving secondary transmissions pursuant to section 119." e amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable systemade by satellite carriers to satellite dish owned NO	stem exclude any amounts of gross receipts for secondary transmissions ers?	
YES. Enter the total here and list the satel	lite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST ASSESSMENT		
	yalty payments submitted as a result of a late payment or underpayment. e page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late navment or u	nderpayment	Interest Assessmer
	x	
Line 2 Multiply line 1 by the interest rate* and	x	
	enter the sum here	
Line 2 Multiply line 1 by the interest rate* and Line 3 Multiply line 2 by the number of days la Line 4 Multiply line 3 by 0.00274** and enter	x	
Line 2 Multiply line 1 by the interest rate* and Line 3 Multiply line 2 by the number of days la Line 4 Multiply line 3 by 0.00274** and enter in space L, (page 6) block 1, line 2, or	x - x - x days ate and enter the sum here - x 0.00274 here - block 2 line 8, or block 3 line 6 \$ - - (interest charge) ww.copyright.gov/licensing/interest-rate.pdf.	
Line 2 Multiply line 1 by the interest rate* and Line 3 Multiply line 2 by the number of days la Line 4 Multiply line 3 by 0.00274** and enter in space L, (page 6) block 1, line 2, or * To view the interest rate chart click on <i>w</i> contact the Licensing Division at (202) 70	x - x - x days ate and enter the sum here - x 0.00274 here - block 2 line 8, or block 3 line 6 \$ - - (interest charge) ww.copyright.gov/licensing/interest-rate.pdf.	
 Line 2 Multiply line 1 by the interest rate* and Line 3 Multiply line 2 by the number of days la Line 4 Multiply line 3 by 0.00274** and enter in space L, (page 6) block 1, line 2, or * To view the interest rate chart click on wy contact the Licensing Division at (202) 70 ** This is the decimal equivalent of 1/365, w NOTE: If you are filing this worksheet covering 	x - x - x days ate and enter the sum here - x 0.00274 here - block 2 line 8, or block 3 line 6 \$ (interest charge) ww.copyright.gov/licensing/interest-rate.pdf. For further assistance please 07-8150 or licensing@copyright.gov.	
 Line 2 Multiply line 1 by the interest rate* and Line 3 Multiply line 2 by the number of days la Line 4 Multiply line 3 by 0.00274** and enter in space L, (page 6) block 1, line 2, or * To view the interest rate chart click on wy contact the Licensing Division at (202) 70 ** This is the decimal equivalent of 1/365, w NOTE: If you are filing this worksheet covering 	x - x	
Line 2 Multiply line 1 by the interest rate* and Line 3 Multiply line 2 by the number of days la Line 4 Multiply line 3 by 0.00274** and enter in space L, (page 6) block 1, line 2, or * To view the interest rate chart click on <i>ww</i> contact the Licensing Division at (202) 70 ** This is the decimal equivalent of 1/365, w NOTE: If you are filing this worksheet covering list below the owner, address, first community Owner	x - x	

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.