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 COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	07/24/21	\$ 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: (YY	YY/(Period))	

	ACCU	JUNTING PERIOD COVERED BY THIS STATEMENT: (*****/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20211 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.	20206
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CIM TEL CABLE, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. BOX 266 (Number, street, rural route, apartment, or suite number)	
		MANNFORD, OK 74044	
		(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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAC
Name		
		202
D	Instructions: List each separate community served by the cable system. A "community" is separate and distinct community or municipal entity (including unincorporated communit unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a community." Please use it as the first community on all future filings.	ties within unincorporated areas and including single, discuss a form of system identification hereafter known as the "
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	parks should be reported in parentheses below the identi
Served	city.	
		07475
		STATE
First Community	MANNFORD	OK
Community	CLEVELAND	OK OK
	OSAGE	OK OK
d Rows as Necessary	JENNINGS	OK
	PRUE	OK
	WESTPORT	OK
	UNINC. CREEK COUNTY	OK
	UNINC. TULSA COUNTY	ОК
	FAIRFAX	OK
	ENTERPRISE	OK
	WARNER	OK
	WEBBER FALLS	OK
	PORUM	ОК
	KEOTA	ОК
	KINTA	ОК
	MCCURTAIN	ОК
	KEEFETON	ОК
	WHITEFIELD	ОК
	STIGLER	OK
	PAWNEE	OK
	MARAMEC	OK
	HALLET	OK
	SKEDEE	OK
	BLACKBURN	OK
	LONGTOWN	OK
	QUINTON	OK
	EARLSBORO	OK
	BOWLEGS	OK
	SASAKWA	OK
	TRIBBEY	OK
	PEARSON	OK
	GORE	OK
	UNINC. PAWNEE COUNTY	OK
	UNINC. OSAGE COUNTY	OK
	CHECOTAH	ОК
	UNINC. SEMINOLE COUNTY	ОК
	ETOWAH	ОК
	UNINC. POTTAWATOMIE COUNTY	ОК

	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						515	TEM ID 2020
	CIM TEL CABLE, LLC								2020
_	SECONDARY TRANSMISSION	SERVICE: SL	JBSCR	IBERS AND RA	ATES				
E	In General: The information in s	pace E should	cover	all categories o	f secondar	•			
. .	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						those exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n		0	0,0			<i>,</i>	charged	
	separately for the particular serv Rate: Give the standard rate c							ne and the	
	unit in which it is generally billed	-							
	category, but do not include disc	ounts allowed	for adv	ance payment.					
	Block 1: In the left-hand block	•		0					
	systems most commonly provide that applies to your system. Note							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	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								
	sufficient.	,,	j						
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	
	Residential:	000001110							
	Service to first set		670	22.00-24.00	DIGITA	L TV (TULSA	A)	1,205	24.0
	Service to additional set(s)		804	10.00-40.00	DIGITA	L TV (OKC)		211	25.0
	• FM radio (if separate rate)				MOTEL	./HOTEL		1,817	3.77-
	Motel, hotel		238	10.00					
	Commercial								
	Converter								
	Residential								
	Non-residential								
				· · · · · · · · · · · · · · · · · · ·	-				
	SERVICES OTHER THAN SEC In General: Space F calls for rate					ll vour cable sve	stom's sorv	rices that were	
F	not covered in space E, that is, t								
	service for a single fee. There ar					,			
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		susually	/ billed. If any ra	ates are cr	harged on a var	lable per-pr	rogram basis,	
Transmissions:	Block 1: Give the standard rat		the cab	le system for ea	ach of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-	-	-		
	listed in block 1 and for which a	• •			ished. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	non and includ	ue the r	ale for each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:	40.00.40.00		ation: Non-res	idential				54.00
	• Pay cable	12.00-18.00	-	otel, hotel			•••••	DED (TULSA)	51.0
	Pay cable—add'l channel			mmercial			EXPAN	DED (OKC)	50.0
	Fire protection			y cable					
	•Burglar protection		-	y cable-add'l cl	nannel				
	Installation: Residential			e protection					
			∣ •Bu	rglar protection					
	• First set	50-185	1	•					
	• First set • Additional set(s)	50-185 75.00	-	services:					
	 First set Additional set(s) FM radio (if separate rate) 	•••••	• Re	services:					
	• First set • Additional set(s)	•••••	• Re • Dis	services: connect sconnect					
	 First set Additional set(s) FM radio (if separate rate) 	•••••	• Re • Dis • Ou	services:					

Namo	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTE		
Name	CIM TEL CABLE, LLC	;		2		
	PRIMARY TRANSMITTERS:	TELEVISION				
G	-	entify every television station (including tra	-			
G		m during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the	, .			
Primary ransmitters:	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.61(
ransmitters: Television	sion Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:					
		ules, regulations, or authorizations: e in space G—but do list it in space I (the	Special Statement and Program L	.oa)—if the		
	station was carried only on	n a substitute basis.				
	basis. For further information	also in space I, if the station was carried b on concerning substitute basis stations, se	ee page (v) of the general instruction	ons.		
		n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	-	-		
	"WETA-2" as the same on t	the form.	C 1 1 1			
	of license. For example, W	el number the FCC assigned to the televis /RC is channel 4 in Washington, D.C.	2	-		
		n case whether the station is a network sta ering the letter "N" (for network), "N-M" (fo	•			
	(for independent multicast),	, "E" (for noncommercial educational), or	"E-M" (for noncommercial education			
	Column 4: Give the locatio	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th	he community to which the station is			
	FCC. For Mexican or Canad	idian stations, if any, give the name of the	community with which the station i	is identified.		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		
	KJRH		N	TULSA, OK		
	κοτν	45	N	TULSA, OK		
Rows as Necessary	KOTV-DT3	45.3	I-M	TULSA, OK		
	KTUL	10	<u>N</u>	TULSA, OK		
	KTUL-DT2	10.2	I-M	TULSA, OK		
	KTUL-DT3	10.3	I-M	TULSA, OK		
				TULSA, OK		
	KTUL-DT4	10.4	I-M			
	KTUL-DT4 KDOR	10.4 17	I-M	BARTLESVILLE, OK		
			I-M I E	BARTLESVILLE, OK CLAREMORE, OK		
	KDOR	17	<u> </u>			
	KDOR KRSU	17 36	<u> </u>	CLAREMORE, OK		
	KDOR KRSU KMYT	17 36 41	I E I	CLAREMORE, OK TULSA, OK		
	KDOR KRSU KMYT KMYT-DT2	17 36 41 41.2	I E I I-M	CLAREMORE, OK TULSA, OK TULSA, OK		
	KDOR KRSU KMYT KMYT-DT2 KMYT-DT3	17 36 41 41.2 41.2	I E I I-M I-M	CLAREMORE, OK TULSA, OK TULSA, OK TULSA, OK		
	KDOR KRSU KMYT KMYT-DT2 KMYT-DT3 KMYT-DT4	17 36 41 41.2 41.2 41.4	I E I I-M I-M I-M	CLAREMORE, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK		
	KDOR KRSU KMYT KMYT-DT2 KMYT-DT3 KMYT-DT4 KOED	17 36 41 41.2 41.2 41.4 38	I E I I-M I-M I-M E	CLAREMORE, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK		
	KDOR KRSU KMYT KMYT-DT2 KMYT-DT3 KMYT-DT4 KOED KOED-DT2	17 36 41 41.2 41.2 41.4 38 38.2	I E I I-M I-M I-M E E E-M	CLAREMORE, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK		
	KDOR KRSU KMYT KMYT-DT2 KMYT-DT3 KMYT-DT4 KOED KOED-DT2 KOED-DT3	17 36 41 41.2 41.2 41.4 38 38.2 38.3	I E I I-M I-M E E E-M E-M	CLAREMORE, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK		
	KDOR KRSU KMYT KMYT-DT2 KMYT-DT3 KMYT-DT4 KOED KOED-DT2 KOED-DT3 KOED-DT4	17 36 41 41.2 41.2 41.4 38 38.2 38.3 38.4	I E I I-M I-M E E E-M E-M	CLAREMORE, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK		
	KDOR KRSU KMYT KMYT-DT2 KMYT-DT3 KMYT-DT4 KOED KOED-DT2 KOED-DT3 KOED-DT4 KTPX	17 36 41 41.2 41.2 41.2 41.4 38 38.2 38.3 38.4 28	I E I I-M I-M E E E-M E-M E-M I	CLAREMORE, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK OKMULGEE, OK		
	KDOR KRSU KMYT KMYT-DT2 KMYT-DT3 KMYT-DT4 KOED KOED-DT2 KOED-DT2 KOED-DT3 KOED-DT4 KTPX KTPX-DT2	17 36 41 41.2 41.2 41.4 38 38.2 38.3 38.4 28 28.2 20	I E I I-M I-M E E E-M E-M E-M I	CLAREMORE, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK OKMULGEE, OK OKMULGEE, OK		
	KDOR KRSU KMYT KMYT-DT2 KMYT-DT3 KMYT-DT4 KOED KOED-DT2 KOED-DT2 KOED-DT3 KOED-DT4 KTPX KTPX-DT2 KQCW KGEB	17 36 41 41.2 41.2 41.2 41.4 38 38.2 38.3 38.3 38.4 28 28.2 20 49	I E I I-M I-M E E E-M E-M E-M I	CLAREMORE, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK OKMULGEE, OK OKMULGEE, OK MUSKOGEE, OK TULSA, OK		
	KDOR KRSU KMYT KMYT-DT2 KMYT-DT3 KMYT-DT4 KOED KOED-DT2 KOED-DT2 KOED-DT4 KOED-DT4 KTPX KTPX-DT2 KQCW	17 36 41 41.2 41.2 41.4 38 38.2 38.3 38.4 28 28.2 20	I E I I-M I-M E E E-M E-M E-M I	CLAREMORE, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK OKMULGEE, OK OKMULGEE, OK		

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE
	CIM TEL CABLE, LLC			2(
	PRIMARY TRANSMITTERS:			
G	carried by your cable system	entify every television station (including train n during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the	(1) stations carried only on a part-tin	ne basis under
Primary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.61(
ansmitters: Television		s explained in the next paragraph. : With respect to any distant stations car	rried by your cable system on a sub	stitute program
		ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis.	e Special Statement and Program L	.og)—if the
	• List the station here, and a basis. For further informatio	also in space I, if the station was carried to n concerning substitute basis stations, so n's call sign. <i>Do not</i> report origination pro	see page (v) of the general instruction	ons.
	multicast stream associated	d with a station according to its over-the-a	-	-
	"WETA-2" as the same on the Column 2: Give the channed	the form. el number the FCC assigned to the televi	ision station for broadcasting over t	the air in its community
		RC is channel 4 in Washington, D.C.	tation an independent station, or a	noncommercial
	educational station, by enter	ring the letter "N" (for network), "N-M" (fo	or network multicast), "I" (for indepe	endent), "I-M"
	(for independent multicast),	"E" (for noncommercial educational), or rms, see page (iv) of the general instruct	"E-M" (for noncommercial education	
	Column 4: Give the location	n of each station. For U.S. stations, list th	the community to which the station is	3
	FCC. For Mexican or Canac	dian stations, if any, give the name of the	e community with which the station i	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КОКІ-ДТЗ	22.3	I-M	TULSA, OK
	KFOR	27	N	OKLAHOMA CITY, OK
	KFOR-DT2	27.2	I-M	OKLAHOMA CITY, OK
	KAUT	40	I	OKLAHOMA CITY, OK
	KAUT-DT2	40.2	I-M	OKLAHOMA CITY, OK
	KAUT-DT3	40.3	I-M	OKLAHOMA CITY, OK
	косв	33	I	OKLAHOMA CITY, OK
	KOCB-DT2	33.2	I-M	
			I-IVI	OKLAHOMA CITY, OK
	КОСВ-ДТЗ	33.3	I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	КОСВ-DT3 КОСО			
		33.3	I-M	OKLAHOMA CITY, OK
	косо	33.3 7	I-M N	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCO KOCO-DT2	33.3 7 7.2	I-M N I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	КОСО КОСО-DT2 КОКН	33.3 7 7.2 24	I-M N I-M N	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCO KOCO-DT2 KOKH KOKH-DT2	33.3 7 7.2 24 24.2	I-M N I-M N I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCO KOCO-DT2 KOKH KOKH-DT2 KOKH-DT3	33.3 7 7.2 24 24.2 24.3	I-M N I-M N I-M I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCO KOCO-DT2 KOKH KOKH-DT2 KOKH-DT3 KOPX	33.3 7 7.2 24 24.2 24.3 50	I-M N I-M I-M I-M I	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCO KOCO-DT2 KOKH KOKH-DT2 KOKH-DT3 KOPX KOPX-DT2	33.3 7 7.2 24 24.2 24.3 50 50.2	I-M N I-M I-M I-M I I I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCO KOCO-DT2 KOKH KOKH-DT2 KOKH-DT3 KOPX KOPX-DT2 KSBI	33.3 7 7.2 24 24.2 24.3 50 50.2 51	I-M N I-M I-M I-M I I I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCO KOCO-DT2 KOKH KOKH-DT2 KOKH-DT3 KOPX KOPX-DT2 KSBI KTBO	33.3 7 7.2 24 24.2 24.3 50 50.2 51 15	I-M N I-M N I-M I-M I I I-M I I I I	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCO KOCO-DT2 KOKH KOKH-DT2 KOKH-DT3 KOPX KOPX-DT2 KSBI KTBO KWTV	33.3 7 7.2 24 24.2 24.3 50 50.2 51 15 39	I-M N I-M I-M I-M I I I-M I I I I N	OKLAHOMA CITY, OK
	KOCO KOCO-DT2 KOKH KOKH-DT2 KOKH-DT3 KOPX KOPX-DT2 KSBI KTBO KWTV KWTV-DT2	33.3 7 7.2 24 24.2 24.3 50 50.2 51 15 39 39.2	I-M N I-M N I-M I-M I I I I I I I I I I I I I I I I	OKLAHOMA CITY, OK
	KOCO KOCO-DT2 KOKH KOKH-DT2 KOKH-DT3 KOPX KOPX-DT2 KSBI KTBO KWTV KWTV-DT2 KETA	33.3 7 7.2 24 24.2 24.3 50 50.2 51 15 39 39.2 32	I-M N I-M N I-M I-M I I I I I I I I I I I I I I I I	OKLAHOMA CITY, OK OKLAHOMA CITY, OK

				eveter
Name	LEGAL NAME OF OWNER OF			SYSTE
	CIM TEL CABLE, LLC			2(
	PRIMARY TRANSMITTERS:	TELEVISION		
C		ntify every television station (including t		,
G	,, ,	n during the accounting period, except (
Primary	0	n effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61	0 1 0	•
ansmitters:	substitute program basis, as	s explained in the next paragraph.		
elevision		: With respect to any distant stations ca	rried by your cable system on a sul	bstitute program
		iles, regulations, or authorizations: e in space G—but do list it in space I (the	e Special Statement and Program	l og)—if the
	station was carried only on			
		also in space I, if the station was carried		
		on concerning substitute basis stations, s		
		n's call sign. <i>Do not</i> report origination pr I with a station according to its over-the-	5	
	"WETA-2" as the same on t	8	-all designation. For example, repo	on multisti eam
	Column 2: Give the channe	el number the FCC assigned to the telev	vision station for broadcasting over	the air in its community
		RC is channel 4 in Washington, D.C.	4-41-m	
		case whether the station is a network s ring the letter "N" (for network), "N-M" (f	, , ,	
		"E" (for noncommercial educational), or		
		rms, see page (iv) of the general instruc		
		n of each station. For U.S. stations, list t	-	
	FCC. For Mexican or Canad	dian stations, if any, give the name of the	e community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER		
	KTUZ	2. B CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTUZ	2. B CAST CHANNEL NOMBER	3. TYPE OF STATION	4. LOCATION OF STATION SHAWNEE, OK
	косм			
		29		SHAWNEE, OK
	КОСМ	29 46	1 1	SHAWNEE, OK NORMAN, OK

	BLE, LLC							202
	t every radio s	tation ca	rried 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 abour m. lentify the call tate whether t the radio stati this by placing sive the station	y the sys be recein the Co sign of e he station ion's sign g a check n's locati	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FC0) it can b ertain sta eneral in parate a	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	
GALL SIGN		3/0	LOCATION OF STATION	GALL SIGN		3/0	LOCATION OF STATION	
						·		

Accounting Perio	d: 2021/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CIM TEL CABLE, LLC							20206
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
Cubatituta	In General: In space I, identi substitute basis during the average of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or au	thorizations.	For a further
Substitute Carriage:		-			general motif			2 101111.
Special	 1. SPECIAL STATEMENT • During the accounting per 					twork televi	sion program	a
Statement and	broadcast by a distant stat	-	r cable system	carry, on a substitute bas	is, any nonne			X
Program Log						L	YES	
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complet	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Lice abbreviations	wherever nos	sible if the	ir meaning is	
	clear. If you need more spa				wherever pos		ii meaning is	,
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							n.
	"NBA Basketball: 76ers vs. Column 2: If the program	Bulls." n was broad	lcast live, ente	"Yes." Otherwise enter "N	No."	,	,	
		0		sting the substitute progra			500	
	the case of Mexican or Can			e community to which the community with which the			e FCC or, in	
				em carried the substitute			with the mor	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your				ly
	stated as "6:00–6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.	• •						
	s	UBSTITUT	E PROGRAM			EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S CALL SIGN		5. MONTH AND DAY		TIMES — TO	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROM	— TO	
							_	
							_	
							_	
							_	
							_	
					1		_	
							_	

Accounting Period:	2021/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CIM TEL CABLE, LLC	SYSTEM ID# 20206
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	ission service
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 \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the accounting period is \$52.00 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 \$137,1 1. Base amount under statutory formula \$263,800.00 2. Enter amount of gross receipts from space K	00)
	0. Subtract line 5 from line 4 7. Multiply line 6 by .005 (enter figure here) . 8. Interest charge. Enter the amount from line 4, space Q, page 8 . 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 .	0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)
	1. Enter the amount of gross receipts from space K \$ 487,298.95 2. Base amount under statutory formula \$ 263,800.00 2. Output \$ 263,800.00	
	3. Subtract line 2 from line 1 \$ 223,498.95 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 \$	2,234.99 1,319.00 0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 3,553.99
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>3,553.99</u> 20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 3,573.99
	EFT Trace # or TRANSACTION ID #	

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM: E, LLC				SYSTEM ID# 20206
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's al number of channels on whic	total num ch the cab	is on which the cable system carried telev per of activated channels during the acco le	ounting period.	52
	on which the	I number of activated channe cable system carried televisio dcast services	on broadca	ast stations		250+
N Individual to Be Contacted		about this statement of accou		RMATION IS NEEDED (Identify an indivi	idual to whom	
for Further Information	Name Address	1714 DEER TRACK 1 (Number, street, rural route, apart			Telephone	314-462-9000
	Email	ST. LOUIS, MO 6313 (City, town, state, zip) bbeard@cinnar		er.com	Fax (optional	
O Certification	I, the undersigned (Ownee X (Agentee) (Office I have examined	ed, hereby certify that (Check or r other than corporation or p t of owner other than corpora in line 1 of space B and that th er or partner) I am an officer (in line 1 of space B. I the statement of account and te, and correct to the best of m	ne, <i>but on</i> artnershi ation or p e owner is if a corpor hereby dea y knowled <u>X</u> Enter an Enter sign	ified and signed in accordance with Copy y one, of the boxes.) b) I am the owner of the cable system as ide artnership) I am the duly authorized agent of not a corporation or partnership; or ation) or a partner (if a partnership) of the left clare under penalty of law that all statements ge, information, and belief, and are made in /s/ H. Gene Baldwin electronic signature on the line above to certi- nature using an "/s/ signature" (e.g., /s/ John H. Gene Baldwin	entified in line 1 of space B of the owner of the cable sy egal entity identified as own s of fact contained herein good faith.	rstem as identified
		Title:		resident position held in corporation or partnership)		
		Date:			July 24, 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.

ounting Period: 2021/1		FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
I TEL CABLE, LLC		20206
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSE. The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the lowing sentence: "In determining the total number of subscribers and the gross amounts paid to service of providing secondary transmissions of primary broadcast transmittee scribers and amounts collected from subscribers receiving secondary transmissions. For more information on when to exclude these amounts, see the note on page (vii) a located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross remade by satellite carriers to satellite dish owners? X NO 	e Copyright Act by adding the fol- to the cable system for the basic ers, the system shall not include sub- nissions pursuant to section 119." of the general instructions ecceipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. Name 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		Q
	located in the paper SA1-2 form.	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions	Iocated in the paper SA1-2 form.	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions Line 1 Enter the amount of late payment or underpayment	x days	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions Line 1 Enter the amount of late payment or underpayment	x days	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions Line 1 Enter the amount of late payment or underpayment	Iocated in the paper SA1-2 form. x <td>Q Interest Assessment</td>	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessment
 For an explanation of interest assessment, see page (viii) of the general instructions Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessment
 For an explanation of interest assessment, see page (viii) of the general instructions Line 1 Enter the amount of late payment or underpayment	<pre> I located in the paper SA1-2 form. x x x x days x 0.00274 \$ (interest charge) e.pdf. For further assistance please ne day late. hitted to the Copyright Office, please </pre>	Q Interest Assessment
 For an explanation of interest assessment, see page (viii) of the general instructions. Line 1 Enter the amount of late payment or underpayment	<pre> I located in the paper SA1-2 form. x x x x days x 0.00274 \$ (interest charge) e.pdf. For further assistance please ne day late. hitted to the Copyright Office, please </pre>	Q Interest Assessment
 For an explanation of interest assessment, see page (viii) of the general instructions. Line 1 Enter the amount of late payment or underpayment	<pre> I located in the paper SA1-2 form. x x x x days x 0.00274 x 0.0 x 0</pre>	Q Interest Assessment
 For an explanation of interest assessment, see page (viii) of the general instructions. Line 1 Enter the amount of late payment or underpayment	<pre> I located in the paper SA1-2 form. x x x x days x 0.00274 x 0.0 x 0</pre>	Q Interest Assessment
 For an explanation of interest assessment, see page (viii) of the general instructions. Line 1 Enter the amount of late payment or underpayment	<pre> I located in the paper SA1-2 form. x x x x days x 0.00274 x 0.0 x 0</pre>	Q Interest Assessment
 For an explanation of interest assessment, see page (viii) of the general instructions Line 1 Enter the amount of late payment or underpayment	<pre> I located in the paper SA1-2 form. x x x x days x 0.00274 x 0.0 x 0</pre>	Q Interest Assessment

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