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 by email to:
-				by email to.
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
·			•	For additional information, contact the U.S. Copyright
	ctions are located of this workbook	08/12/21	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
In the list tab			ALLOCATION NOMBER	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
		Devied 4 - January 4 June 20	Devied 2 - July 4 December 24	
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
Accounting				
Period				
	Instructions:	the cable system. If the owner is a subsidi	iary of another corporation, give the full corporate	a title of
B	the subsidiary, not that of the parent co		ary of unother corporation, give the fun corporate	
Owner	List any other name or names under wh	ich the owner conducts the business of the	e cable system.	
	If there were different owners during th	e accounting period, only the owner on th	e last day of the accounting period should submit	a single
	statement of account and royalty fee pa	yment covering the entire accounting peri	iod.	
	Check here if this is the system's first fili	ng. If not, enter the system's ID number as	ssigned by the Licensing Division.	27177
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	Adams CATV, Inc.			
	BUSINESS NAME(S) OF OWNER O	OF CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	19 North Main Street	a number)		
	(Multiber, Street, rurai route, apartment, of Suite			

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

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.

Carbondale, PA 18407

IDENTIFICATION OF CABLE SYSTEM:

Carbondale, PA 18407 (City, town, state, zip code)

Windsor System Adams CATV, Inc. MAILING ADDRESS OF CABLE SYSTEM: 19 North Main Street

(Number, street, rural route, apartment, or suite number)

(City, town, state, zip

С

System

1

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	Adams CATV, Inc.	27177
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	unities within unincorporated areas and including single, discrete te as a form of system identification hereafter known as the "first
Area Served	city.	me parks should be reported in parentneses below the identified
	CITY OR TOWN	STATE
First	Town of Afton	NY
Community	Town of Kirkwood	NY
	Village of Windsor	NY
d Rows as Necessary	Town of Windsor	NY
	Town of Colesville	NY
	Town of Sanford	NY
	Village of Deposit	NY
	Town of Deposit	

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM ID
Name	Adams CATV, Inc.	ADEL OTOTEM.						010	2717
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission (service of	the cable	
—	system, that is, the retransmissi	•		•		•			
Secondary	about other services (including p	oay cable) in spa	ace F,	not here. All the	facts you	state must be			
Transmission	last day of the accounting period							harden	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•					2		
Rates	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				iy stanua		s within a		
	Block 1: In the left-hand block				ies of sec	ondary transmis	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	0							
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	ngnt-i	nand Diock. A lw	o- or thre	e-word descript	ion of the s	service is	
		OCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	PS	RATE	САТИ	EGORY OF SEF		NO. OF SUBSCRIBERS	RA
	Residential:	SUBSCRIBE	NO		CAT		(VICL	SUBSCRIBERS	104
	Service to first set	1	.828	43.99					
	Service to additional set(s)		,	-					
	• FM radio (if separate rate)			-					
	Motel, hotel								
	Commercial		0	\$10 per set					
	Converter			·····					
	Residential	1	,828						
	Non-residential		0						
	SERVICES OTHER THAN SEC In General: Space F calls for rai						tom'o con	viene that wore	
F	not covered in space E, that is, t		,			, ,			
	service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	/ billed. If any ra	tes are ch	larged on a vari	able per-p	rogram basis,	
ransmissions:	Block 1: Give the standard rat		ie cabl	e system for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	t your cable syst	tem fu	rnished or offere	ed during	the accounting	period that	were not	
Ratoo	listed in block 1 and for which a				shed. List	these other ser	vices in the	e form of a	
natoo			e the ra						
hatoo	brief (two- or three-word) descrip	otion and include		ate for each.					
lator		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE	BLOC RATE	K 1 CATEO	GORY OF SER		RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	CATEGORY OF SERVICE Continuing Services:	BLOC RATE	K 1 CATE(nstall	GORY OF SER				ORY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOC RATE	K 1 CATEO nstall • Mo	GORY OF SER\ ation: Non-resi tel, hotel		40.00	Expan	ORY OF SERVICE	56.
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOC RATE	K 1 CATEO nstall • Mo • Co	GORY OF SER\ ation: Non-resi ttel, hotel mmercial			Expano HBO/M	DRY OF SERVICE ded Basic ax	56. 25.
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOC RATE	K 1 CATEC nstall • Mc • Co • Pa	GORY OF SER\ ation: Non-resi otel, hotel mmercial y cable	dential	40.00	Expano HBO/M Showti	ORY OF SERVICE	RAT 56. 25. 16.
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	BLOC RATE	K 1 CATEC Install • Mc • Co • Pa • Pa	GORY OF SERN ation: Non-resi otel, hotel mmercial y cable y cable-add'l ch	dential	40.00	Expano HBO/M Showti Starz	DRY OF SERVICE ded Basic ax me/TMC/Flix	56. 25. 16. 14.
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOC RATE	K 1 CATEC Install • Mo • Co • Pa • Pa • Fin	GORY OF SERV ation: Non-resi otel, hotel mmercial y cable y cable-add'l ch e protection	dential	40.00	Expano HBO/M Showti	DRY OF SERVICE ded Basic ax me/TMC/Flix	56. 25. 16. 14.
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC RATE (- - - - 40.00	K 1 CATEC nstall • Mo • Co • Pa • Pa • Fin • Bu	GORY OF SERN ation: Non-resi Itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	dential	40.00	Expano HBO/M Showti Starz	DRY OF SERVICE ded Basic ax me/TMC/Flix	56. 25. 16. 14.
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE (1 - - - - 40.00	K 1 CATEC Install • Mc • Co • Pa • Pa • Pa • Fin • Bu Other	GORY OF SERN ation: Non-resi Itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	dential	40.00 40.00 - - - - -	Expano HBO/M Showti Starz	DRY OF SERVICE ded Basic ax me/TMC/Flix	56. 25. 16. 14.
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC RATE (- - - - 40.00 15.00 (-	K 1 CATEC nstall • Mc • Co • Pa • Pa • Fir • Bu Other • Re	GORY OF SERN ation: Non-resi Itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	dential	40.00	Expano HBO/M Showti Starz	DRY OF SERVICE ded Basic ax me/TMC/Flix	56. 25.
	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) • Converter	BLOC RATE (- - - - 40.00	K 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu Other • Re • Dis	GORY OF SERV ation: Non-resi otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	dential	40.00 40.00 - - - - -	Expano HBO/M Showti Starz	DRY OF SERVICE ded Basic ax me/TMC/Flix	56. 25. 16. 14.

nting Period: 2	2021/1			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM
	Adams CATV, Inc.			271
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 Substitute Basis Station 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 Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eac educational station, by entu (for independent multicast For the meaning of these t Column 4: Give the location	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 d with a station according to its over-the-	(1) stations carried only on a part-tii e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instructi ogram services such as HBO, ESF air designation. For example, repo- rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indepen- tictions in the paper SA1-2 form. the community to which the station	me basis under ams [sections tions carried on a ostitute program .og)—if the o on some other ons. N, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBNG	12	N	Binghamton, NY
	WICZ	40	I	Binghamton, NY
ows as Necessary	WBGH-CA	20	N	Binghamton, NY
	WIVT	34	N	Binghamton, NY
	WBPN-LP	10	I	Binghamton, NY
	WVIA	44	E	Scranton, PA
	WBXI-CA	38	I	Binghamton, NY
	WBXI-CA WSKG	<u>38</u> 46	E	Binghamton, NY Binghamton, NY
			I E	
			E	
			E	
			I E	
			E	
			E	
			E	
			E	
			E	
			E	
			E	
			I E	
			I E	

EGAL NAME OF	OWNER OF	CABLE S	YSTEM:					SYSTEM I
Adams CAT	V, Inc.							271
	t every radio s	tation ca	nried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) in the basis of i for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stati this by placing	y the sys be recei t the Co sign of e he statio ion's sign g a checl	B-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright 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 th	t the system's hea system's FM ante his point, see pag ed by the cable s	adend, and (2) nna, during ce ge (v) of the ge ystem as a se) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
Aexican or Can	adian stations	s, if any,	the community with which the	station is identifie	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
/A								
		I						

	d: 2021/1						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Adams CATV, Inc.							27177
I	SUBSTITUTE CARRIAGE	ify every non	network televis	ion program, broadcast by a	a <i>distant</i> static			
Substitute	substitute basis during the a explanation of the programm	• •		•				
Carriage:	1. SPECIAL STATEMENT	-			0			
Special	 During the accounting per 				s, any nonnet	work telev	vision progran	n
Statement and Program Log	broadcast by a distant sta		-		•		YES	
	Note: If your anowar is "No	" loovo tho	reat of this nea	o blank. If your anower is '	"Voo " vou mi		-	
	Note: If your answer is "No log in block 2.	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist comple	te the program	m
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subs				wherever pos	sible, if the	eir meaning is	3
	clear. If you need more spa				program") the	t during th		
	period, was broadcast by a			sion program ("substitute ur cable system substitute				
	under certain FCC rules, re							
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I L	ove Lucy" or	
		n was broad		r "Yes." Otherwise enter "N sting the substitute progra				
				e community to which the		nsed by th	e FCC or, in	
	the case of Mexican or Car							
	first. Example: for May 7 give		when your syst	tem carried the substitute	program. Use	numerals	, with the mor	nth
			e substitute pro	gram was carried by your	cable system.	List the tir	mes accurate	ly
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	was substituted for progra	mming that v	our evetor	was require	d
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.							
	s	SUBSTITUT	E PROGRAM			N SUBST		7. REASON FOR
	S	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	

Accounting Period:	2021/1			FORM	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Adams CATV, Inc.				8YSTEM ID# 27177
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 explanati 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 re	system's se on of how to	condary transmi compute this a	ssion service mount, see \$ 4	46,285.98 pross receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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	but less that	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 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 yo	u must pay for thi	s 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 I	ines 1 and 2		· ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	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
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527,	600)	
	1. Enter the amount of gross receipts from space K	. \$	446,285.98		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	182,485.98		
	4. Multiply line 3 by .01		\$	1,824.86	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		· •	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6 .		\$	3,143.86
	FILING FEE AND TOTAL REMITTANCE D	JE			
Filing Fee and	4. Devicity For Deviction for Association Devict (form Directed Association)		¢	2 1 4 2 90	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)			3,143.86	
	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			\$	3,163.86
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				jhts!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C Adams CATV,	DWNER OF CABLE SYSTEM: Inc.				SYSTEM ID# 27177
M Channels	to its subscribe 1. Enter the tota system carrie 2. Enter the tota on which the	rs, and (2) the cable system's to al number of channels on which	otal numb the cabl s broadca	st stations	ounting period.	8 362
N Individual to Be Contacted		D BE CONTACTED IF FURTHI about this statement of accoun		RMATION IS NEEDED (Identify an indiv	vidual to whom	
for Further Information	Name	Wendy Hartman			Telephone	570-282-6121
	Address	19 North Main Street (Number, street, rural route, apartme Carbondale, PA 1840		e number)		
	Email	(City, town, state, zip) wendy@echoes.			Fax (optional 570-282-378	7
O Certification	I, the undersigned (Owned) (Agen X (Office) I have examined	ed, hereby certify that (Check one er other than corporation or pa t of owner other than corporati in line 1 of space B and that the ere or partner) I am an officer (if in line 1 of space B. d the statement of account and he te, and correct to the best of my	e, <i>but onl</i> rtnership ion or pa owner is a corpora	 ified and signed in accordance with Copy <i>c one</i>, of the boxes.) and the owner of the cable system as identified and the owner of the cable system as identified and the owner of the cable system as identified and the owner of the cable system as identified and the owner of the cable system as identified and the owner of the cable system as identified and the owner of the cable system as identified and the owner of the cable system as identified and the owner of the cable system as identified and the owner of the cable system as identified and the owner of the cable system as identified and the owner of the cable system as identified and the owner of the cable system as identified and the owner of the cable system as identified and the owner of the cable system as identified and the owner of the cable system as identified and the owner of the cable system as identified and the owner of the cable system as identified and the owner of the cable system as identified and the owner of the owner of the cable system and the owner of the cable system as identified and the owner of the cable system as identified and the owner of the owner owner of the cable system as identified and the owner ow	dentified in line 1 of space E of the owner of the cable s egal entity identified as own ts of fact contained herein	ystem as identified
		Typed or printed i Title:	Enter an e Enter sign name: Presid	/s/Douglas V.R. Adams electronic signature on the line above to cert ature using an "/s/ signature" (e.g., /s/ John Douglas V.R. Adams ent position held in corporation or partnership)	•	
		Date:			8/11/21	

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: 2021/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ims CATV, Inc.	27177
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessment
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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.