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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste	of this workbook	07/15/2021	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
	1			
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optiona	I - see instructions)	
Period				
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent o		idiary of another corporation, give the full co	rporate title
Owner	List any other name or names under whith the set of the		he cable system. the last day of the accounting period should s	submit a
	single statement of account and royalty f	fee payment covering the entire accoun	ting period.	
	Check here if this is the system's first filir	ng. If not, enter the system's ID number	assigned by the Licensing Division.	3929
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	EASTERN CABLE CORP			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	PO BOX 126			
	(Number, street, rural route, apartment, or suite CORBIN KY 40702-0126 (City, town, state, zip)	number)		
	INSTRUCTIONS: In line 1, give any busi	ness or trade names used to ide	atify the husiness and operation of the	system unless these
C	names already appear in space B. In line			
System	1		חו	
	EASTERN CABLE CORP d MAILING ADDRESS OF CABLE SYSTEM			
	2 (Number, street, rural route, apartment, or suite	number)		

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

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	EASTERN CABLE CORP	3929
	Instructions: List each separate community served by the cable system. A "con	
D	"a separate and distinct community or municipal entity (including unincorpora	
0	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	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or me	bbile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	GRAY	KY
Community	BARBOURVILLE	KY
	CORBIN	KY
dd Rows as Necessary		
ad nows as necessary		

	LEGAL NAME OF OWNER OF C	ARI E QVQTEMA					FORM SA1	TEM ID
Name	EASTERN CABLE COR						515	392
		-						
Е	SECONDARY TRANSMISSION In General: The information in s				ny transmission	convice of th		
-	system, that is, the retransmissi	•	-		•			
Secondary	about other services (including p							
Transmission	last day of the accounting period							
Service: Sub- scribers and	Number of Subscribers: Bot down by categories of secondar	•				· ·		
Rates	each category by counting the n		•		•			
	separately for the particular serv		, 0				enal gea	
	Rate: Give the standard rate of	-				-		
	unit in which it is generally billed category, but do not include disc	· ·	,		ard rate variation	is within a p	articular rate	
	Block 1: In the left-hand block				condary transmis	ssion servic	e that cable	
	systems most commonly provide	e to their subsc	ribers. Give the	number of subs	cribers and rate	for each list	ted category	
	that applies to your system. Not		-		-			
	categories, that person or entity subscriber who pays extra for ca					•		
	first set" and would be counted of					idel Selvic	e lo lite	
	Block 2: If your cable system	0		()		e different fr	om those	
	printed in block 1 (for example, t							
	with the number of subscribers a sufficient.	and rates, in the	e right-hand bloc	k. A two- or thre	ee-word descript	tion of the se	ervice is	
		DCK 1				BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE			EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:	CODOCIVIDI				WICE	SOBSCINDENS	IVAII
	Service to first set	BASIC - 69	8	5.00 BROAD	BROADCAST BASIC			95.0
	 Service to additional set(s) 			BASIC	UPGRADE		39	55.0
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC			DATES				
_	In General: Space F calls for ra				all your cable sy	stem's servi	ces that were	
F	not covered in space E, that is, t				,	,		
0	service for a single fee. There a							
Services Other Than	furnished at cost or (2) services amount of the charge and the ur							
Secondary	enter only the letters "PP" in the		actually billou. If				sgram saolo,	
ransmissions:	Block 1: Give the standard ra	• •			••			
Rates	Block 2: List any services tha listed in block 1 and for which a			-	-			
	brief (two- or three-word) descri					vices in the	101111 01 a	
		BLOO	CATEGORY OF		RATE	CATEGO	BLOCK 2 RY OF SERVICE	RATE
	CATEGORY OF SERVICE		OVUEDONU OI	OFICIAL	TUTE	0/TEGO		
	CATEGORY OF SERVICE Continuing Services:		Installation: No	on-residential				
	Continuing Services:		• Motel, hotel	on-residential				
	Continuing Services: • Pay cable		• Motel, hotel		5.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Motel, hotel • Commercial		5.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Motel, hotel • Commercial • Pay cable	dd'l channel	5.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		• Motel, hotel • Commercial • Pay cable • Pay cable-a	dd'l channel on	5.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	<u>19.95</u> 48.33	 Motel, hotel Commercial Pay cable Pay cable-a Fire protecti 	dd'l channel on ection	5.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	<u>19.95</u> 48.33	 Motel, hotel Commercial Pay cable Pay cable-a Fire protecti Burglar protecti 	dd'l channel on ection	5.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	<u>19.95</u> 48.33	 Motel, hotel Commercial Pay cable Pay cable-a Pire protecti Burglar prot 	dd'l channel on ection				
	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)	<u>19.95</u> 48.33	Motel, hotel Commercial Pay cable Pay cable-a Fire protecti Burglar prot Other services Reconnect	dd'l channel on ection :				

ccounting Period: 2	2021/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
-	EASTERN CABLE CO			3929
G Primary Transmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channer of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting to)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (f a substitute basis. Iso in space I, if the station was carrien in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th ne form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	translator stations and low power tele t (1) stations carried only on a part-tir he carriage of certain network prograr S1(e)(2) and (4))]; and (2) certain station carried by your cable system on a sub- state Special Statement and Program Lu- ed both on a substitute basis and also as page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a main (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WYMT	27	N	HAZARD KY
	WTVQ	36	N	
Rows as Necessary	wkso	29	E	SOMERSET KY
lows as necessary	WVLY	8	N	
	WKLEX	18	N	
	WDKY	56	N	DANVILLE KY
	WKYT	27	N	LEXINGTON KY

LEGAL NAME O			ISIEM:					SYSTEM I 39
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing	y the sys be recein the Co sign of the static ion's sig g a check	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa this point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	!) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
Mexican or Car	nadian stations	s, if any,	the community with which the	station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
WKDP	FM		CORBIN KY					

Accounting Perio	od: 2021/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	EASTERN CABLE CO	RP						3929
	SUBSTITUTE CARRIAG				G			
I I	In General: In space I, ident	-	-			tion that you	r ooblo ovo	tom carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0		• •	
Special	During the accounting per	-			sis anv noni	network telev	vision nroa	ram
Statement and		-		frouny, on a substitute be	515, any 11611			
Program Log	broadcast by a distant sta	uon?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	Column 1: Give the title period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.					•		
				er "Yes." Otherwise enter				
				asting the substitute prog			- 500	·
	the case of Mexican or Car			the community to which the			e FCC or,	In
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		······					
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	n was substituted for prog	romming that	t vour eveter	was requ	uired
	to delete under FCC rules							
	was substituted for program							ogram
	effect on October 19, 1976					U U		
						N SUBSTIT		
	S		E PROGRAM			AGE OCCU 6. TIN		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	FROM -	- TO	
		100 01 110	0/122 01011		7.110 0711		10	
							-	
							-	
						_		
							-	
						_		
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1				I				1

Accounting Period:	2021/1 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID
	EASTERN CABLE CORP 392
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.
_	COPYRIGHT ROYALTY FEE
L 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 \$263,80(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.
	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 this six-month 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
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	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
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K
	2. Base amount under statutory formula
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00
	EFT Trace # or TRANSACTION ID # 26SN7BIH
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2021/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: SLE CORP	SYSTEM ID# 3929
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	bu 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	7
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		∍ 606-528-6400
	Address	PO BOX 126 (Number, street, rural route, apartment, or suite number) CORBIN KY 40702-0126 (City, town, state, zip)	
	Email	cablecsr@2geton.net Fax (optional) 606-523-04	27
O Certification	I, the undersigned (Owne (Agenti in I X (Offici in I . I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) or other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as of line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained here e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	e B; or e system as identified wner of the cable system
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	-
		Typed or printed name: DALLAS EUBANKS Title: PRESIDENT (Title of official position held in corporation or partnership)	
		Date: 7/15/21	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
STERN CABLE CORP	392
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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 located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessme
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