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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
01/14/2022	\$ ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
	20212 Barcode Data Filing Period (optional - see instructions)								
Accounting Period									
	Instructions:								
В	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.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	Television Association of Republic								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	PO Box 555 (Number, street, rural route, apartment, or suite numbe								
	Republic, WA, 99166 (City, town, state, zip)								
С	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								
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite numbe								
	(City, town, state, zip code)								

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 filing, a determination that would be made by a court of law.

	LEGAL NAME OF CIVINED OF CARLE CVOTER	OVOTEM II					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II 2056					
	Television Association of Republic						
_	Instructions: List each separate community served by the cable system. A "communit						
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including unincorporated communities within unincorporated areas are also also also also also also also also						
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	will serve as a form of system identification hereafter known					
	as the "first community." Please use it as the first community on all future filings.						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
First							
Community							
Rows as Necessary							
nows as inecessary							

Accounting Period: 2021/2 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 20563 **Television Association of Republic** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E In General: The information in space E should cover all categories of secondary transmission service of the cabl system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give informatio

Secondary **Transmission** Service: Subscribers and

Rates

about other services (including pay cable) in space F, not here. All the facts you state must be those existing on th last day of the accounting period (June 30 or December 31, as the case may be)

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broker down by categories of secondary transmission service. In general, you can compute the number of subscribers i each category by counting the number of billings in that category (the number of persons or organizations charge separately for the particular service at the rate indicated—not the number of sets receiving service

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and th unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rat category, but do not include discounts allowed for advance paymen

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed categor that applies to your system. Note: Where an individual or organization is receiving service that falls under differen categories, that person or entity should be counted as a subscriber in each applicable category. Example: a resident subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s).

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, togethe with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	150		Expanded Basic	75	7.50		
 Service to additional set(s) 			НВО	14	18.00		
 FM radio (if separate rate) 							
Motel, hotel							
Commercial							
Converter							
 Residential 							
 Non-residential 							
		4		† · · · · · · · · · · · · · · · · · · ·			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmissio service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) service furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services lister Block 2: List any services that your cable system furnished or offered during the accounting period that were no listed in block 1 and for which a separate charge was made or established. List these other services in the form of brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set		Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

counting Period:	2021/2			FORM SA1-2E. PAGE 3.						
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#						
	Television Association of Republic 205									
	PRIMARY TRANSMITTERS:	RIMARY TRANSMITTERS: TELEVISION								
G	carried by your cable system	entify every television station (includin m during the accounting period <i>excep</i>	t (1) stations carried only on a part-	time basis unde						
Primary Transmitters: Television	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program									
		ules, regulations, or authorizations e in space G—but do list it in space I a substitute basis.	(the Special Statement and Progran	n Log)—if th						
	basis. For further information Column 1: List each station	also in space I, if the station was carr on concerning substitute basis station o's call sign. <i>Do not</i> report origination	s, see page (v) of the general instru program services such as HBO, ES	ction PN, etc. Identify eacl						
	"WETA-2" as the same on to Column 2: Give the channel	el number the FCC assigned to the te								
	Column 3: Indicate in each educational station, by enter	RC is channel 4 in Washington, D.C case whether the station is a networ ring the letter "N" (for network), "N-M	" (for network multicast), "I" (for inde	pendent), "I-!						
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 forn Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified									
	1. CALL SIGN 2. B'CAST CHANNEL NUMBE		3. TYPE OF STATION	4. LOCATION OF STATION						
	KREM	2	N	SPOKANE, WA						
	KXLY	4	N	SPOKANE, WA						
Add Rows as Necessary	KHQ	6	N	SPOKANE, WA						
	KSPS	7	Е	SPOKANE, WA						
	KAYU	9	l	SPOKANE, WA						
	1	i								

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Television Association of Republic

20563

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

			T	T	T =	I	T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						 	
							
						[
						 	
							<u> </u>
							

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Name	Television Association	of Repub	olic					20563	
 Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:									
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.								
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?								
Program Log	-						YES	X NO	
	Note: If your answer is "No,"	leave the r	est of this page	blank. If your answer is "	res," you mus	st complete t	ne program		
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear. If you need more space, please add additional rows to the table Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the account period, was broadcast by a distant station and that your cable system substituted for the programming of another state under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information to not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy "NBA Basketball: 76ers vs. Bulls. Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "Nc Column 3: Give the call sign of the station broadcasting the substitute program Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or the case of Mexican or Canadian stations, if any, the community with which the station is identifie Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the mofirst. Example: for May 7 give "5/7. Column 6: State the times when the substitute program was carried by your cable system. List the times accurated to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system warequired to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was substituted for programming that your system was permitted to delete under FCC rules and regulations.								
	effect on October 19, 1976.	0 ,	,	•		Ü			
					П ми	EN SURSTI	TUTE		
	S	UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REAS			7. REASON FOR	
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. T	TIMES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то		
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Accounting Period: 2	2021/2		1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Television Association of Republic	Sì	STEM ID# 20563					
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 transmi (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	ssion service mount, se	,442.27					
		(Amount or gros	за гесенра)					
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 informatior	63,80						
	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	\$	52.00					
İ	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	. \$	52.00					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	•						
	1. Base amount under statutory formula							
	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)		0.00					
	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 \$263,800 (but less than \$527,6	00)						
	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	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		F0 00						
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00						
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 #							
l	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo							

Accounting Period: 2	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF Television Association					SYSTEM ID# 20563
M Channels	CHANNELS Instructions: You must gi to its subscribers, and (2) ti 1. Enter the total number o system carried televis 2. Enter the total number o	5				
	on which the cable sy and nonbroadcast se			Cast Stations		55
N Individual to Be Contacted	we can contact about this s	tatement of account		MATION IS NEEDED (Identify an ind	ividual	
for Further Information	Name Amber	Maycumber			Telephone	509-775-3822
	(Number, s	N. Clark Ave / treet, rural route, apartm lic, WA, 99166 state, zip)				
	Email	billing@rcabletv	.com		Fax (optional)	
	CERTIFICATION (This state	ement of account mu	ust be cert	ified and signed in accordance with Cop	pyright Office regulations)	
O Certification	(Agent of owner in line of the control of the contr	other than corporation or particle of space B and that the particle of space B. The particle of space B. The particle of account and bect to the best of my	tion or pa the owner f a corpora hereby dec	rtnership) I am the duly authorized agent is not a corporation or partnership; or tion) or a partner (if a partnership) of the later under penalty of law that all statemen, information, and belief, and are made in	t of the owner of the cable solegal entity identified as own	ystem as identifie
				/s/ Amber Maycumber electronic signature on the line above to cer ature using an "/s/ signature" (e.g., /s/ Joh		
		Typed or printed		Amber Maycumber		
		Title:	Manag (Title of o	er fficial position held in corporation or partnership)		
		Date:			1/14/2022	

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Accounting Period: 2021/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
elevision Association of Republic	20563
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 fo lowing 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."	Special Statement Concerning Gross Receipts Exclusion
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 transmission made by satellite carriers to satellite dish owners'	
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	^L Q
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	-
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	3
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	е
Owner Address	
Addiese	
ID number	
First community served	
Accounting period	

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