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						
2/24/22	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	TWIN VALLEY COMMUNICATIONS, INC.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO BOX 369 [Number, street, rural route, apartment, or suite number)
	MILTONVALE, KS 67466-0368 (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 B
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 suffciency of the fling, a determination that would be made by a court of law.

Namo		LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
"a separate and distinct community or municipal entity (including unincorporated areas) and including sin 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 k as the "first community." Please use it as the first community on all future filings. Note: Entitites and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN	Name	TWIN VALLEY COMMUNICATIONS, INC.	281 ⁻
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 k as the "first community." Please use it as the first community on all future filings. Note: Entitities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN			
discrete unincorporated areas).* 47 C.F.K. 76.5(a). The first community that you list will serve as a form of system identification nereatter k as the "first community." Read of the community of the community of all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN	D '		
Area Served CITY OR TOWN STATE	_		Il serve as a form of system identification hereafter known
CITY OR TOWN			
CITY OR TOWN STATE	ΔτΔ2		e parks should be reported in parentheses below the
CITY OR TOWN		identified city.	
First MILTONVALE KS Community BENNINGTON KS GREENLEAF KS TESCOTT KS BARNARD KS BEVERLY KS MILFORD KS RILEY KS OLSBURG KS CLYDE KS GREEN KS DELPHOS KS LONGFORD KS WAKEFIELD KS LEONARDVILLE KS CLIFTON KS MORGANVILLE KS GLASCO KS CLAYCENTER KS KEATS KS SOLOMON KS MINNEAPOLIS KS CHAPMAN KS	!		
First MILTONVALE KS Community BENNINGTON KS GREENLEAF KS TESCOTT KS BARNARD KS BEVERLY KS MILFORD KS RILEY KS OLSBURG KS CLYDE KS GREEN KS DELPHOS KS LONGFORD KS WAKEFIELD KS LEONARDVILLE KS CLIFTON KS MORGANVILLE KS GLASCO KS CLAYCENTER KS KEATS KS SOLOMON KS MINNEAPOLIS KS CHAPMAN KS	!		
Community BENNINGTON KS GREENLEAF KS ROWS AS NECESSARY TESCOTT KS BARNARD KS BEVERLY KS MILFORD KS RILEY KS OLSBURG KS CLYDE KS GREEN KS DELPHOS KS LONGFORD KS WAKEFIELD KS LEONARDVILLE KS CLIFTON KS MORGANVILE KS GLASCO KS CLAYCENTER KS KEATS KS SOLOMON KS MINNEAPOLIS KS ABILENE KS CHAPMAN KS			
GREENLEAF			
Rows as Necessary TESCOTT KS BARNARD KS BEVERLY KS MILFORD KS RILEY KS OLSBURG KS CLYDE KS GREEN KS DELPHOS KS LONGFORD KS WAKEFIELD KS LEONARDVILLE KS MORGANVILLE KS AURORA KS GLASCO KS CLAYCENTER KS KEATS KS SOLOMON KS MINNEAPOLIS KS ABILENE KS CHAPMAN KS	Community		
BARNARD KS BEVERLY KS MILFORD KS RILEY KS OLSBURG KS CLYDE KS GREEN KS DELPHOS KS LONGFORD KS WAKEFIELD KS LEONARDVILLE KS MORGANVILLE KS AURORA KS GLASCO KS CLAYCENTER KS KEATS KS SOLOMON KS MINNEAPOLIS KS ABILENE KS CHAPMAN KS	!		
BEVERLY KS MILFORD KS RILEY KS OLSBURG KS CLYDE KS GREEN KS DELPHOS KS LONGFORD KS WAKEFIELD KS LEONARDVILLE KS GLIFTON KS MORGANVILLE KS AURORA KS GLASCO KS CLAYCENTER KS SOLOMON KS MINNEAPOLIS KS ABILENE KS CHAPMAN KS	Rows as Necessary		
MILFORD KS RILEY KS OLSBURG KS CLYDE KS GREEN KS DELPHOS KS LONGFORD KS WAKEFIELD KS LEONARDVILLE KS CLIFTON KS MORGANVILLE KS GLASCO KS CLAYCENTER KS KEATS KS SOLOMON KS MINNEAPOLIS KS ABILENE KS CHAPMAN KS	!		
RILEY KS OLSBURG KS CLYDE KS GREEN KS DELPHOS KS LONGFORD KS WAKEFIELD KS LEONARDVILLE KS CLIFTON KS MORGANVILLE KS AURORA KS GLASCO KS CLAYCENTER KS KEATS KS SOLOMON KS MINNEAPOLIS KS ABILENE KS CHAPMAN KS	!		
OLSBURG KS CLYDE KS GREEN KS DELPHOS KS LONGFORD KS WAKEFIELD KS LEONARDVILLE KS CLIFTON KS MORGANVILLE KS AURORA KS GLASCO KS CLAYCENTER KS KEATS KS SOLOMON KS MINNEAPOLIS KS ABILENE KS CHAPMAN KS	!		KS
OLSBURG KS CLYDE KS GREEN KS DELPHOS KS LONGFORD KS WAKEFIELD KS LEONARDVILLE KS CLIFTON KS MORGANVILLE KS AURORA KS GLASCO KS CLAYCENTER KS KEATS KS SOLOMON KS MINNEAPOLIS KS ABILENE KS CHAPMAN KS	!	RILEY	KS
CLYDE KS GREEN KS DELPHOS KS LONGFORD KS WAKEFIELD KS LEONARDVILLE KS CLIFTON KS MORGANVILLE KS AURORA KS GLASCO KS CLAYCENTER KS KEATS KS SOLOMON KS MINNEAPOLIS KS ABILENE KS CHAPMAN KS	!		
GREEN KS DELPHOS KS LONGFORD KS WAKEFIELD KS LEONARDVILLE KS CLIFTON KS MORGANVILLE KS AURORA KS GLASCO KS CLAYCENTER KS KEATS KS SOLOMON KS MINNEAPOLIS KS ABILENE KS CHAPMAN KS	!		
DELPHOS KS LONGFORD KS WAKEFIELD KS LEONARDVILLE KS CLIFTON KS MORGANVILLE KS AURORA KS GLASCO KS CLAYCENTER KS KEATS KS SOLOMON KS MINNEAPOLIS KS ABILENE KS CHAPMAN KS	!		
LONGFORD KS WAKEFIELD KS LEONARDVILLE KS CLIFTON KS MORGANVILLE KS AURORA KS GLASCO KS CLAYCENTER KS KEATS KS SOLOMON KS MINNEAPOLIS KS ABILENE KS CHAPMAN KS	!		
WAKEFIELD KS LEONARDVILLE KS CLIFTON KS MORGANVILLE KS AURORA KS GLASCO KS CLAYCENTER KS KEATS KS SOLOMON KS MINNEAPOLIS KS ABILENE KS CHAPMAN KS	!		
LEONARDVILLE KS CLIFTON KS MORGANVILLE KS AURORA KS GLASCO KS CLAYCENTER KS KEATS KS SOLOMON KS MINNEAPOLIS KS ABILENE KS CHAPMAN KS	!		
CLIFTON KS MORGANVILLE KS AURORA KS GLASCO KS CLAYCENTER KS KEATS KS SOLOMON KS MINNEAPOLIS KS ABILENE KS CHAPMAN KS	!		
MORGANVILLE KS AURORA KS GLASCO KS CLAYCENTER KS KEATS KS SOLOMON KS MINNEAPOLIS KS ABILENE KS CHAPMAN KS	!		
AURORA KS GLASCO KS CLAYCENTER KS KEATS KS SOLOMON KS MINNEAPOLIS KS ABILENE KS CHAPMAN KS	!		
GLASCO KS CLAYCENTER KS KEATS KS SOLOMON KS MINNEAPOLIS KS ABILENE KS CHAPMAN KS	!		
CLAYCENTER KS KEATS KS SOLOMON KS MINNEAPOLIS KS ABILENE KS CHAPMAN KS	!		
KEATS KS SOLOMON KS MINNEAPOLIS KS ABILENE KS CHAPMAN KS	!		
SOLOMON KS MINNEAPOLIS KS ABILENE KS CHAPMAN KS	į		
MINNEAPOLIS KS ABILENE KS CHAPMAN KS	,		
ABILENE KS CHAPMAN KS	,		
CHAPMAN KS	!	MINNEAPOLIS	
CHAPMAN KS	!	ABILENE	KS
	!	CHAPMAN	
	!		
	!		
	!		
	!		
	!		
	!		
	!		
	!		
	!		
	!		
	!		
	!		
	!		
	!		
	!		
	!		
	!		
	!		
	!		
	!		
	!		
	!		
	!		
	!		
	•		
	,		
	·		

Accounting Period: 2021/1
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28112

TWIN VALLEY COMMUNICATIONS, INC.

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the 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, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged 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 the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

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 category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential 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, together 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	
	NO. OF		NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATI	E
Residential:				
Service to first set	1,364	47.99		
 Service to additional set(s) 				
• FM radio (if separate rate)				
Motel, hotel				
Commercial				
Converter				
Residential				
Non-residential				

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 transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services 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 listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a 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	104.99	Motel, hotel			
 Pay cable—add'l channel 	119.99	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	25.00		
Converter		Disconnect			
		Outlet relocation			
		 Move to new address 	50.00		
),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28112

TWIN VALLEY COMMUNICATIONS, INC.

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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 a 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 basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KSNW	3	N	WICHITA, KS
KOOD	9	E	BUNKER HILL, KS
KAKE	10	N	WICHITA, KS
KTWU	11	E	TOPEKA, KS
кwсн	12	N	WICHITA, KS
KSAS FOX	26	N	WICHITA, KS
KMTW MYTV	17	N-M	WICHITA, KS
KSCW	33	N-M	WICHITA, KS
KWCH WEATHE	24	N	WICHITA, KS
WIBW	13	N-M	TOPEKA, KS
KSNT	27	N	TOPEKA, KS
WIBW METV	22	N-M	TOPEKA, KS
KTMJ	43	N	TOPEKA, KS
KTKA	49	N	TOPEKA, KS
KTKA CW	20	N-M	TOPEKA, KS
KSAS2 DABL	44	N-M	WICHITA, KS
KMTW3 CHARGE	19	N-M	WICHITA, KS
KSCW DECADES	7	N-M	WICHITA, KS
KAKE METV	2	N-M	WICHITA, KS
KMTW2 STADIUM	18	N-M	WICHITA, KS
KSAS2 ANTENNA TV	8	N-M	WICHITA, KS
KSAS3 COMET	14	N-M	WICHITA, KS
KTMJ COURT TV	45	N-M	WICHITA & TOPEKA, KS
WIBW HEROS & ICON	47	N-M	TOPEKA, KS

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TWIN VALLEY COMMUNICATIONS, INC.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#

28112

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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 a 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 basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

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 NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTMJ GRIT	46	N-M	WICHITA & TOPEKA, KS
KWCH3 HEROES & IC	5	N-M	WICHITA, KS
KWCH CIRCLE	4	N-M	WICHITA, KS
KWCH START	6	N-M	WICHITA, KS
TELEMUNDO	39	N-M	WICHITA, KS
WIBW CIRCLE	23	N-M	TOPEKA, KS
WIBW START	48	N-M	TOPEKA, KS
KSAS MYNETWORK	16	N-M	WICHITA, KS

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TWIN VALLEY COMMUNICATIONS, INC.

28112

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.

H

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	T						
							
							
	 						
	 						
	L						
	 						
	•	•	·	•			•

Accounting Dage	1 14									
Accounting Perio		CABLE CVC	ETEM:				FOR	M SA1-2E. PAGE 5.		
Name	TWIN VALLEY COMM							SYSTEM ID# 28112		
	TVIII VALLET COMM	UNICATIO)NO, INO.					20112		
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	OG					
	In General: In space I, iden	tifv everv no	nnetwork telev	ision program, broadcast b	v a distant sta	tion, that v	our cable sv	stem carried on a		
-	substitute basis during the									
Substitute	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:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and	 During the accounting pe 	riod, did yo	ur cable systei	m carry, on a substitute ba	asis, any nonr	network te	elevision pro	gr <u>am</u>		
Program Log	broadcast by a distant sta	ation?					YES	X NO		
	Note: If your answer is "No	o" leave the	reet of this no	age blank. If your answer	ie "Vee " vou i	muet com	-			
		J, leave the	e rest of this pe	age blatik. If your allower	is res, your	nust com	piete trie pro	grain		
	log in block 2. 2. LOG OF SUBSTITUT	E DROGR	AMS.							
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if	their meanir	na is		
	clear. If you need more sp	ace, please	add additiona	I rows to the tables.						
				vision program ("substitut						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general catego									
	"NBA Basketball: 76ers vs									
				er "Yes." Otherwise enter casting the substitute proc						
				the community to which the		censed by	the FCC or	, in		
	the case of Mexican or Ca	nadian stati	ons, if any, the	e community with which th	ie station is id	entified).				
			when your sy	stem carried the substitut	e program. U	se numer	als, with the	month		
	first. Example: for May 7 g		e substitute nr	ogram was carried by you	ır cahle syste	m List the	e times accu	rately		
	to the nearest five minutes									
	stated as "6:00-6:30 p.m."									
	Column 7: Enter the let to delete under FCC rules			n was substituted for prog						
	was substituted for program							logiam		
	effect on October 19, 1976	•	,	'		3				
					TT					
		LIDOTITLIT	WHEN SUBSTITUTE							
	5			4	1 1			7 DEASON FOD		
		1	E PROGRAM	1 	CARRI	AGE OC	CURRED	7. REASON FOR DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.				
	1. TITLE OF PROGRAM	1		4. STATION'S LOCATION	CARRI	AGE OC	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			

ccounting Period:	2021/1 FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TWIN VALLEY COMMUNICATIONS, INC. 281
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. \$ 392,750.16
	IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)
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 \$263,800 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 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
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	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)
	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)
	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)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3
	EFT Trace # or TRANSACTION ID # 66252000
	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 OWNER OF CABLE SYSTEM: TWIN VALLEY COMMUNICATIONS, INC.	SYSTEM ID# 28112
M Channels	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	211
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Janice Hoelscher Telephone 7	85-427-9277
Information	Address 22 Spruce St (Number, street, rural route, apartment, or suite number)	
	Miltonvale, KS 67466 (City, town, state, zip) Email janice.hoelscher@tvtinc.net Fax (optional) 785-427-2216	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;	; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner.	
	in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	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: Scott Leitzel	
	Title: COO / GM (Title of official position held in corporation or partnership) Date: 2/24/2022	

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.

Accounting Period: 2021/1 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 28112 TWIN VALLEY COMMUNICATIONS, INC. 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 fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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 transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ 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. **Interest Assessment** davs 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 * 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. ** 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. Owner Address

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 th 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.

ID number

First community served Accounting period