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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	FOR COPYRIGHT OFFICE USE ONLY						
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov					
General instru	ems (Short Form) uctions are located o of this workbook	02/25/2022	02/25/2022 \$						
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	'YYY/(Period))						
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
		Barcode Data Filing Period (optiona	I - see instructions)						
Accounting Period									
В	Instructions: Give the full legal name of the owner title of the subsidiary, not that of the		sidiary of another corporation, give the full	corporate					
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/MAI	LING ADDRESS OF CABLE SYSTEM	Λ						
	Lycom Communications								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	Lycom Connects								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM 305 E. Pike Street								
	(Number, street, rural route, apartment, or suite number)								
	Louisa, KY 41230 (City, town, state, zip)								
С	INSTRUCTIONS: In line 1, give any but names already appear in space B. In line								
System	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 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYST	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or su								
		ne 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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Lycom Communications	38
D	Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you l as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including singl
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Louisa (38751)	Kentucky
Community	Lawrence County (36933)	Kentucky
	Charley (39598)	Kentucky
dd Rows as Necessary	Prichard (25335)	West Virgina
,		

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	Lycom Communications										
_	SECONDARY TRANSMISSION	SERVICE: SI	IBSCR	BERS AND RA	TES						
E	In General: The information in s					y transmission	service of	the cable			
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Transmission Service: Sub-											
scribers and	down by categories of secondary	•									
Rates	each category by counting the n	•		•		•					
	separately for the particular serv					•	,	-			
	Rate: Give the standard rate c	-	-					-			
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variation	is within a	particular rate			
	Block 1: In the left-hand block				ies of sec	ondarv transmi	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 o					d in the count u	nder "Serv	ice to the			
	Block 2: If your cable system	0			· · ·	service that are	e different	from those			
	printed in block 1 (for example, t	-		•							
	with the number of subscribers a	and rates, in th	e right-l	hand block. A tw	/o- or thre	e-word descrip	tion of the	service is			
	sufficient.										
	BLC	DCK 1					BLOC				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT		
	Residential:	COBCOTUB		TUTE	0/11		(III)	CODCONDENCO	1011		
	Service to first set		647	51.00							
	Service to additional set(s)		• • •								
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SSIONS: RATES	S						
F	In General: Space F calls for rat										
Г	not covered in space E, that is, t										
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• •	,			
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the	rate column.		-		-		-			
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	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.							e ionn or a			
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	//05	RATE	CATEO	BLOCK 2 ORY OF SERVICE	RAT		
	Continuing Services:	RAIE		ation: Non-resi		RATE	CATEG	ORT OF SERVICE	- RAI		
	Pay cable	35.00		otel, hotel	aentiai		нво		18.		
	Pay cable—add'l channel	16.00		mmercial			CMAX		15.0		
	Fire protection	10.00		y cable			Showti	me	15.0		
	•Burglar protection			y cable-add'l ch	annel		Starz		15.0		
	Installation: Residential			e protection			Juiz				
	• First set			rglar protection							
	Additional set(s)			services:							
	• FM radio (if separate rate)			connect							
	• Converter			sconnect							
	- Converter										
				that ralaanting							
			_	itlet relocation							

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	Lycom Communication			38				
<u> </u>	PRIMARY TRANSMITTERS: TELEVISION							
G Primary ransmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a <b>Substitute Basis Stations</b> 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 informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	also in space I, if the station was carried b on concerning substitute basis stations, se n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	1) stations carried only on a part- carriage of certain network progr e)(2) and (4))]; and (2) certain state and by your cable system on a sur- Special Statement and Program both on a substitute basis and als be page (v) of the general instruc- gram services such as HBO, ES ir designation. For example, rep- sion station for broadcasting over ation, an independent station, or network multicast), "I" (for indep E-M" (for noncommercial educate ons in the paper SA1-2 form. e community to which the station	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other tions. iPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).				
				4. LOCATION OF STATION				
	14/6 4 7	23	N	Huntington \\/\/				
	WSAZ WSAZ-2	23	N-M	Huntington, WV				
Down of Necessary	WSAZ-2	23	N-M	Huntington, WV				
Rows as Necessary								
Rows as Necessary	WSAZ-2 WYMT	23 12	N-M N	Huntington, WV Hazard, KY				
Rows as Necessary	WSAZ-2 WYMT WYMT-2 WKMR	23 12 12 15	N-M N N-M	Huntington, WV Hazard, KY Hazard, KY Morehead, KY				
Rows as Necessary	WSAZ-2 WYMT WYMT-2	23 12 12 15 15	N-M N N-M E E-M	Huntington, WV Hazard, KY Hazard, KY Morehead, KY Morehead, KY				
Rows as Necessary	WSAZ-2 WYMT WYMT-2 WKMR WKMR-2 WKMR-3	23 12 12 15 15 15 15	N-M N N-M E E-M E-M	Huntington, WV Hazard, KY Hazard, KY Morehead, KY Morehead, KY				
Rows as Necessary	WSAZ-2 WYMT WYMT-2 WKMR WKMR-2 WKMR-3 WKMR-4	23 12 12 15 15 15 15 15	N-M N N-M E E-M E-M E-M	Huntington, WV Hazard, KY Hazard, KY Morehead, KY Morehead, KY Morehead, KY				
Rows as Necessary	WSAZ-2 WYMT WYMT-2 WKMR WKMR-2 WKMR-3 WKMR-4 WLPX	23 12 12 15 15 15 15 15 21	N-M N N-M E E-M E-M E-M I	Huntington, WV Hazard, KY Hazard, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY				
I Rows as Necessary	WSAZ-2 WYMT WYMT-2 WKMR WKMR-2 WKMR-3 WKMR-4 WLPX WLPX	23 12 12 15 15 15 15 15 21 21	N-M N N-M E E-M E-M E-M I N-M	Huntington, WV Hazard, KY Hazard, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY				
Rows as Necessary	WSAZ-2 WYMT WYMT-2 WKMR WKMR-2 WKMR-3 WKMR-4 WLPX WLPX-2 WLPX-3	23 12 12 15 15 15 15 21 21 21 21	N-M N N-M E E-M E-M I I N-M N-M	Huntington, WV Hazard, KY Hazard, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY				
Rows as Necessary	WSAZ-2 WYMT WYMT-2 WKMR WKMR-2 WKMR-3 WKMR-4 WLPX WLPX-2 WLPX-3 WCHS	23 12 12 15 15 15 15 21 21 21 21 21 41	N-M N N-M E E-M E-M I I N-M N-M N-M	Huntington, WV Hazard, KY Hazard, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Charleston, WV				
Rows as Necessary	WSAZ-2 WYMT WYMT-2 WKMR WKMR-2 WKMR-3 WKMR-4 WLPX WLPX-2 WLPX-2 WLPX-3 WCHS-2	23 12 12 15 15 15 15 21 21 21 21 41 41	N-M N N-M E E-M E-M i E-M i N-M N-M N-M N-M	Huntington, WV Hazard, KY Hazard, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Charleston, WV Charleston, WV				
Rows as Necessary	WSAZ-2 WYMT WYMT-2 WKMR WKMR-2 WKMR-3 WKMR-3 WKMR-4 WLPX WLPX-2 WLPX-3 WLPX-3 WCHS WCHS-2 WVAH	23 12 12 15 15 15 15 21 21 21 21 21 41 41 41 19	N-M N N-M E E-M E-M I I N-M N-M N-M N N-M	Huntington, WV Hazard, KY Hazard, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Charleston, WV Charleston, WV Huntington, WV				
Rows as Necessary	WSAZ-2 WYMT WYMT-2 WKMR WKMR-2 WKMR-3 WKMR-4 WLPX-2 WLPX-2 WLPX-2 WLPX-3 WCHS WCHS-2 WCHS-2 WVAH	23 12 12 15 15 15 15 21 21 21 21 21 21 41 41 41 19 19	N-M N N-M E E-M E-M I E-M I N-M N-M N-M N-M I N-M	Huntington, WV Hazard, KY Hazard, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Charleston, WV Charleston, WV Huntington, WV				
Rows as Necessary	WSAZ-2 WYMT WYMT-2 WKMR WKMR-2 WKMR-3 WKMR-3 WKMR-4 WLPX WLPX-2 WLPX-2 WLPX-3 WCHS WCHS-2 WCHS-2 WVAH WVAH-2 WVAH-3	23 12 12 15 15 15 15 21 21 21 21 21 41 41 41 41 19 19 19	N-M N N-M E E-M E-M I I N-M N-M N-M I N-M I N-M N-M N-M	Huntington, WV Hazard, KY Hazard, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Charleston, WV Charleston, WV Huntington, WV Huntington, WV				
Rows as Necessary	WSAZ-2 WYMT WYMT-2 WKMR WKMR-2 WKMR-3 WKMR-3 WKMR-4 WLPX WLPX-2 WLPX-3 WLPX-3 WCHS WCHS-2 WCHS-2 WVAH WVAH-2 WVAH-3 WQCW	23 12 12 15 15 15 15 21 21 21 21 21 21 21 41 41 41 41 19 19 19 19 19	N-M N N N-M E E-M E-M I N-M N-M N N N-M I N-M I N-M I N-M I I I N-M I I I N-M I I I I N-M I I I I N-M I I I I	Huntington, WV Hazard, KY Hazard, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Charleston, WV Charleston, WV Huntington, WV Huntington, WV Huntington, WV				
Rows as Necessary	WSAZ-2 WYMT WYMT-2 WKMR WKMR-2 WKMR-3 WKMR-3 WKMR-4 WLPX-2 WLPX-2 WLPX-3 WCHS-2 WCHS-2 WVAH WVAH-2 WVAH-3 WVAH-3 WQCW	23 12 12 15 15 15 15 21 21 21 21 21 21 21 21 21 21 21 21 21	N-M N N-M E E E-M E-M I E-M I N-M N-M N-M I N-M I N-M I N-M I N-M I N-M	Huntington, WV Hazard, KY Hazard, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Charleston, WV Charleston, WV Huntington, WV Huntington, WV Huntington, WV Huntington, WV				
Rows as Necessary	WSAZ-2 WYMT WYMT-2 WKMR WKMR-2 WKMR-3 WKMR-3 WKMR-4 WLPX WLPX-2 WLPX-3 WLPX-3 WCHS WCHS-2 WCHS-2 WVAH WVAH-2 WVAH-3 WQCW	23 12 12 15 15 15 15 21 21 21 21 21 21 21 41 41 41 41 19 19 19 19 19	N-M N N N-M E E-M E-M I N-M N-M N N N-M I N-M I N-M I N-M I I I N-M I I I N-M I I I I N-M I I I I N-M I I I I	Huntington, WV Hazard, KY Hazard, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Charleston, WV Charleston, WV Huntington, WV Huntington, WV Huntington, WV				
Rows as Necessary	WSAZ-2 WYMT WYMT-2 WKMR WKMR-2 WKMR-3 WKMR-3 WKMR-4 WLPX-2 WLPX-2 WLPX-3 WCHS-2 WCHS-2 WVAH WVAH-2 WVAH-3 WVAH-3 WQCW	23 12 12 15 15 15 15 21 21 21 21 21 21 21 21 21 21 21 21 21	N-M N N-M E E E-M E-M I E-M I N-M N-M N-M I N-M I N-M I N-M I N-M I N-M	Huntington, WV Hazard, KY Hazard, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Morehead, KY Charleston, WV Charleston, WV Huntington, WV Huntington, WV Huntington, WV Huntington, WV				
Rows as Necessary	WSAZ-2 WYMT WYMT-2 WKMR WKMR-2 WKMR-3 WKMR-4 WLPX WLPX-2 WLPX-3 WCHS WCHS-2 WVAH WVAH-2 WVAH-3 WQCW WOWK WPBS	23 12 12 15 15 15 21 21 21 21 41 41 41 19 19 19 19 19 19 19 19 17 47 33	N-M N N-M E E-M E-M I E-M I N-M N-M I N-M I N-M I N-M I N-M I N-M I N-M I N-M I N-M E I N-M	Huntington, WVHazard, KYHazard, KYMorehead, KYMorehead, KYMorehead, KYMorehead, KYMorehead, KYMorehead, KYMorehead, KYMorehead, KYCharleston, WVCharleston, WVCharleston, WVHuntington, WVHuntington, WVHuntington, WVHuntington, WVHuntington, WVHuntington, WVHuntington, WVHuntington, WVHuntington, WV				

_ycom Com	OWNER OF C							SYSTEM I 387
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing sive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	the system's he system's FM ante his point, see pay ed by the cable s e station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0	) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2021/2						FOF	RM SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#		
	Lycom Communicatio	ons				38751				
I	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									
I Substitute	substitute basis during the a	accounting p	period, under sp	pecific present and former l	- FCC rules, reg	ulations, o	or authorization	ons. For a further		
Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. <b>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</b>									
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant station?									
	<b>Note:</b> If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.									
	clear. If you need more space, please add additional rows to the tables. <b>Column 1:</b> Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." <b>Column 2:</b> If the program was broadcast live, enter "Yes." Otherwise enter "No." <b>Column 3:</b> Give the call sign of the station broadcasting the substitute program. <b>Column 4:</b> Give the broadcast 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). <b>Column 5:</b> Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." <b>Column 6:</b> State the times when the substitute program was carried by your cable system. List the times accurately 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 be stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> 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 permitted to delete under FCC rules and regulations in									
	effect on October 19, 1976		E PROGRAM	4				7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
		+	+		-					
		+			-					
							_			
							_			
							_			
							_			
					1					
					-					
		+			-					
					-					
							_ _			

Accounting Period:	<b>2021/2</b> FORM SA1-2E. PA	AGE 6.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	I ID#							
Name	Lycom Communications 38	8751							
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 for subscribers for secondary transmission service(s)         during the accounting period.       161,928.0         IMPORTANT: You must complete a statement in space P concerning gross receipts.       (and the general instructions located in the space P concerning 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 \$263,80( • 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	0							
	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 \$ 263,800.00								
	2. Enter amount of gross receipts from space K <b>\$ 161,928.00</b>								
	3. Subtract line 2 from line 1								
	4. Enter the amount of gross receipts from space K \$ 161,928.00								
	5. Enter the amount from line 3								
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)	8							
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0							
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	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) \$ 20.00								
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 320.2	8							
	EFT Trace # or TRANSACTION ID # 26V3DG4M								
	<b>Important:</b> 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:	2021/2						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER Lycom Communication						SYSTEM ID# 38751
M Channels	to its subscribers, and (2 1. Enter the total numbe	t) the cable system's	total num	nber o	which the cable system carried to of activated channels during the a	ccounting period.	20
	2. Enter the total numbe on which the cable sys	r of activated channe tem carried televisior	ls 1 broadca:	ast sta			267
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about thi			ORMA	ATION IS NEEDED (Identify an ir	ndividual to whom	
for Further Information	Name Bob	Ward				Telephone 6	06-297-9163
	(Number Staff	Ky Rt 40w r, street, rural route, apar fordsville, KY 4' wn, state, zip)		suite nur	mber)		
	Email	bob@foothills.	соор			Fax (optional)	
	CERTIFICATION (This st	atement of account m	nust be ce	certified	d and signed in accordance with (	Copyright Office regulations)	
O Certification	I, the undersigned, here     (Owner other				ne , of the boxes.) am the owner of the cable system	as identified in line 1 of space B;	; or
					ership) I am the duly authorized a corporation or partnership; or	gent of the owner of the cable sy	rstem as identified
	in line 1 of <ul> <li>I have examined the state</li> </ul>	space B. tement of account and prrect to the best of m	d hereby d	declar	n) or a partner (if a partnership) of re under penalty of law that all state nformation, and belief, and are ma	ements of fact contained herein	er of the cable system
				an elect	s/Robert Ward tronic signature on the line above to tre using an "/s/ signature" (e.g., /s/		
		Typed or printe			obert Ward		
		Title: (Title of e			ervices Manager		
		Date:				Feb. 25, 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 fing, a determination that would be made by a court of law.

unting Period: 2021/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
om Communications	3875
<ul> <li>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."     </li> <li>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.</li> <li>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?     </li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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	
Address ID number	и и
Address	

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