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	Return completed workbook by email to:					
-	ary Transmissions by	DATE RECEIVED	AMOUNT	-				
	ems (Short Form)	DATE RECEIVED		coplicsoa@copyright.gov				
-	uctions are located	2/16/22	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:				
	of this workbook	2/ 10/22	ALLOCATION NUMBER	Tel: (202) 707-8150				
				-				
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: ()	YYYY/(Period))					
		-						
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		_1						
		7						
		Barcode Data Filing Period (optiona	I - see instructions)					
Accounting Period								
T CHOU								
В	Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the pa		osidiary 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 th	e accounting period, only the owner o	n the last day of the accounting period shoul	d submit a				
	single statement of account and royalty							
	Check here if this is the system's first fili	ng. If not, enter the system's ID numbe	er assigned by the Licensing Division.	4829				
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTE	И					
	Summer Communications							
	Swayzee Communications BUSINESS NAME(S) OF OWNER 0		Τ \					
	BUSINESS NAME(S) OF OWNER (OF CABLE STSTEM (IF DIFFEREN	11)					
	MAILING ADDRESS OF OWNER O							
	214 S Washington St, PO							
	(Number, street, rural route, apartment, or suite							
	Swayzee, IN 46986 (City, town, state, zip)							
	INSTRUCTIONS: In line 1, give any bus	incor or trade names used to id	antify the hypinese and eneration of t	he avatam unlaga thasa				
С	names already appear in space B. In line		,	5				
System	IDENTIFICATION OF CABLE SYSTEM:							
-	1							
	MAILING ADDRESS OF CABLE SYSTE	М:						
	2							
	2 (Number, street, rural route, apartment, or suite	number)						
	(City, town, state, zip code)							
Privacy Act Notic	ce: Section 111 of title 17 of the United States Code a	uthorizes the Copyright Offce to collect the	ne personally identifying information (PII) reque	ested on this				

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	Swayzee Communications	4829							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in F "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereaft as the "first community." Please use it as the first community on all future filings.								
Area Served	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	STATE							
First	Swayzee	IN							
Community									
Rows as Necessary									

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM I		
Name	Swayzee Communication	ons							482		
_	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										
Secondary	about other services (including p						those exis	ting on the			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						blo evetor	n brokon			
scribers and	down by categories of secondar	•									
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	ondary transmi	ssion serv	ice that cable			
	systems most commonly provide			-							
	that applies to your system. Not										
	categories, that person or entity										
	subscriber who pays extra for ca					d in the count u	nder "Serv	ice to the			
	first set" and would be counted of Block 2: If your cable system					service that are	different	from those			
	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 a										
	sufficient.			<u> </u>							
	BLC	DCK 1					BLOCI				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RA		
	Residential:	SUBSCRIB	EKS	NATE	CAT	EGORT OF SEI	VICE	SUBSCRIBERS	TVA		
	Service to first set		120	79.95/mo.							
	Service to additional set(s)		120	79.93/110.							
	()										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SSIONS: RATES	3						
F	In General: Space F calls for rat	te (not subscri	ber) info	ormation with res	spect to a	Il your cable sy	stem's ser	vices that were			
Г	not covered in space E, that is, t										
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		0 (,			
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the		aoaanj	,		la gou on a rai		neg.am zaele,			
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										
	brief (two- or three-word) description and include the rate for each.										
	CATEGORY OF SERVICE	BLO RATE		GORY OF SERV		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RA		
	Continuing Services:	NATE		ation: Non-resi		NATE	CATEG	OKT OF SERVICE	TVA		
	Pay cable	79.95		otel, hotel	acintiai						
	• Pay cable—add'l channel	. 5.55		mmercial							
	• Fire protection			y cable							
	•Burglar protection			y cable-add'l cha	annel						
	Installation: Residential			e protection							
	First set	20.00		rglar protection							
	Additional set(s)	20.00 50.00		services:							
	• FM radio (if separate rate)	50.00		connect		40.00					
	• Converter					40.00					
			- DIS	sconnect							
				that releastion		50.00					
			-	itlet relocation		50.00 20.00					

ounting Period: 2	-			FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 4829				
	Swayzee Communica PRIMARY TRANSMITTERS:							
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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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), "" (for independent), "I-M" (for independent multicast). For for noncommercial educational hulticast). For the meaning of these terms, see page (iv) of the general instructions in the							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WTTV	4	N	INDIANAPOLIS				
	WRTV	6	N	INDIANAPOLIS				
lows as Necessary	WISH	8	N	INDIANAPOLIS				
	WNDY	23	I					
	WXIN	59	Ν	INDIANAPOLIS				
	WTHR	13	N					
	WIPB	49	E	MUNCIE				
	WHMB	40	<u>–</u> I	INDIANAPOLIS				
	WSOT	57	······	MARION				
	WSCI	U I						

EGAL NAME O								SYSTEM I 48
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive the station	y the sys be recei t the Cc sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. In is AM or FM. Inal was electronically process of mark in the "S/D" column. In (the community to which the the community with which the	t the system's he system's FM ante this point, see par red by the cable s ne station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	ertain st 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									01/07551		
Name	LEGAL NAME OF OWNER OF Swayzee Communicat		EM:						SYSTEM ID 4829		
	SUBSTITUTE CARRIAG	E: SPECIAL	L STATEME	NT AND PROGRAM L	OG						
I	In General: In space I, identify <i>every nonnetwork television program</i> , broadcast by a <i>distant</i> station, that your cable system carried <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furl explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Substitute					the general in	structions i	n the p	aper SA	A1-2 form.		
Carriage: Special	1. SPECIAL STATEMEN										
Statement and	During the accounting per		r cable syster	n carry, on a substitute t	asis, any non	network te		. ĭ			
Program Log	broadcast by a distant sta							'ES	NO		
	Note: 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.										
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: 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." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." 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, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: 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." Column 6: 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." Column 7: 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 permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was permitted to delete under FCC										
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	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	ter "R" if the li and regulation mming that yo 3.	listed program ons in effect d our system w	n was substituted for pro luring the accounting per as permitted to delete un	gramming tha iod; enter the nder FCC rules	t your syst letter "P" if s and regu	the lis lations	as <i>requi</i> i sted pro s in			
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Accounting Period:	2021/2 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Name	Swayzee Communications 4829
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 \$ 263,800.00
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00
Duc	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 \$ 67.00
	EFT Trace # or TRANSACTION ID #
	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:	: 2021/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Swayzee Communications	SYSTEM ID# 4829
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broat 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 . on which the cable system carried television broadcast stations and nonbroadcast services .	od.
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to wh we can contact about this statement of account.)	om
for Further Information	Name Tim Miles	Telephone 765-922-7916
	Address 214 S Washington St, PO Box 97 (Number, street, rural route, apartment, or suite number) Swayzee, IN 46986 (Citly, town, state, zip)	
	Email Fax (option	nal)
O	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in (Agent of owner other than corporation or partnership) I am the duly authorized agent of the own in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity 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 are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good failt [18 U.S.C., Section 1001(1986)]	a line 1 of space B; or ner of the cable system as identified r identified as owner of the cable system contained herein h.
	Date: 02/16/2	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#
ayzee Communications	4829
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- 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P 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 transmissions made by satellite carriers to satellite dish owners?	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	
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	

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 the 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.