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 COPYRIGH	T OFFICE USE ONLY
DATE RECEIVED	AMOUNT
02/09/22	\$ 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							
Accounting	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							
	OTEC Communication							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 427							
	(Number, street, rural route, apartment, or suite number)							
	Ottoville OH 45876 (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 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.

	LECAL MAME OF OWNER OF CARLE CYCTEM	FORM SA1-2E. PAGI SYSTEM
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	OTEC Communication	52
	Instructions: List each separate community served by the cable system. A "community" is	
D	separate and distinct community or municipal entity (including unincorporated community	
	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a community." Please use it as the first community on all future filings.	a form of system identification hereafter known as the fir
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	marks should be reported in persentherse helps, the identity
Area	city.	parks should be reported in parentheses below the identifi
Served	orty.	
	CITY OR TOWN	STATE
First	Ottoville	OH
Community	Cloverdale	ОН
	Monterey Twp - Putnam	OH
Rows as Necessary	Jackson Twp - Putnam	OH
tows as ivecessary	Perry Twp - Putnam	OH
	Jennings Twp - Putnam	OH
	Washington Twp - Paulding	OH
	Latty Twp - Paulding	OH
	Grover Hill	OH
	Jackson Twp - Van Wert	OH
	Hoaglin Twp - Van Wert	OH
	Dupont	OH
	Washington Twp - Van Wert	

Accounting Period: 2021/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA1-2E. PAGE 2.

SYSTEM ID#

5274

OTEC Communication

Ε

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	RATE	
Residential:						
Service to first set	515	31.95	IPTV	316	31.95	
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
1		T				

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	10.99	Motel, hotel		Expanded Basic	44.50
 Pay cable—add'l channel 	17.25	Commercial		IPTV Expanded Basic	54.05
Fire protection		• Pay cable		IPTV Digital Basic	12.25
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	35.00	Burglar protection			
 Additional set(s) 	T&M	Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM:

5274

4. LOCATION OF STATION

Name

OTEC Communication

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

Add Rows as Necessary

WBGU	27.1	Е	BOWLING GREEN-LIMA OH
WBGU	27.2	E-M	BOWLING GREEN-LIMA OH
WBGU	27.3	E-M	BOWLING GREEN-LIMA OH
сw3-wвон	47	N	LIMA OH
WLIO	8.1	N	LIMA OH
WLIO	8.2	I	LIMA OH
WOHL	35.1	N	LIMA OH
WOHL	35.2	N	LIMA OH
WTOL	11	N	TOLEDO OH
WTLN	14	I	LIMA OH
EWTN	26	I	LIMA OH
WOSN	58	I	LIMA OH
WTOL	59	I	LIMA OH

3. TYPE OF STATION

SYSTEM ID#

OTEC Communication 5274

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			T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
					 	 	
							
					†	t	
					†	 	
					 	 	
					†	†	
					 	†	
					 	 	
					 	 	
					 		
					†	 	
						 	
							
							
						_	

Accounting Perio									FORM	SA1-2E. PAGE 5.	
Name	OTEC Communication		EM:							SYSTEM ID# 5274	
	SUBSTITUTE CARRIAGE	: SPECIAL	_ STATEMEN	T AND PROGRAM LO	 3						
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	fy every none ecounting pe	network televisi riod, under spe	on program, broadcast by cific present and former F	a <i>distant</i> s CC rules, r	egulation	ns, or au	thorizati	ons. F	or a further	
Carriage:	arriage: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special					sis anv no	nnetwo	rk televi	sion nro	naram		
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	TES LINO										
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program							ogram			
	log in block 2.	PROGRAI	MS.								
	In General: List each subst clear. If you need more spar Column 1: Give the title of period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs.	2. LOG OF SUBSTITUTE PROGRAMS 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 4: Give the broa	•				license	ed by the	e FCC o	r in		
	the case of Mexican or Cana							71000	1, 111		
	Column 5: Give the mon	th and day \						with the	mont	h	
	first. Example: for May 7 giv					1:-	. 4 4 4 !		41.	_	
	Column 6: State the time to the nearest five minutes.		. ,		•				,	′	
	stated as "6:00–6:30 p.m."	<u> глапіріс.</u> а	program came	ou by a system from 0.0	. 10 p.iii. t	0.20.3	о р.п. з	niouiu b	C		
	Column 7: Enter the lette				-	-	-				
	to delete under FCC rules a was substituted for program								orogra	m	
	effect on October 19, 1976.	iriling triat y	our system wa	s permitted to delete und	lei FCC iu	es anu	regulati	OHS III			
					-11						
		LIDOTITLIT			1 1		SUBST			7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MOI			URRED		DELETION	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION			ROM		то		
		ļ 									
								_			

Accounting Period:	2021/2		FORM S.	A1-2E. PAGE 6.
N	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
Name	OTEC Communication			5274
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the am all amounts (gross receipts) paid to your cable system by subscribers for the system's s (as identified in space E) during the accounting period. For a further explanation of how 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.	econdary transm to compute this a	ission service imount, see	9,204.84 pss 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 the block 3 if the amount of gross receipts in space K is more than \$263,800 but less the See page (vi) of the general instructions located in the paper SA1-2 form for more information.	han \$527,600.	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that y accounting period is \$52.00. Line 1. Royalty fee for accounting period		nis six-month	
	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	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but n			
	,			
	Base amount under statutory formula	263,800.00	-	
	2. Enter amount of gross receipts from space K	159,204.84	-	
	3. Subtract line 2 from line 1	104,595.16	_	
	4. Enter the amount of gross receipts from space K	\$	159,204.84	
	5. Enter the amount from line 3	\$	104,595.16	
	6. Subtract line 5 from line 4	\$	54,609.68	
	7. Multiply line 6 by .005 (enter figure here)		\$	273.05
	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		\$	273.05
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	it less than \$527	,600)	
		•	,	
	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)	\$	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 Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$	273.05	
Due	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		\$	293.05
	EFT Trace # or TRANSACTION ID #]	
	<u>Important:</u> Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form and the Excel inst			

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: OTEC Communication	SYSTEM ID# 5274					
M Channels	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	13					
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	13					
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)						
for Further Information	Name Telephone Address						
	(Number, street, rural route, apartment, or suite number) (City, town, state, zip)						
	Email Fax (optional						
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 system as ide 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 of the call.						
	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)]						
	X /s/William J Honigford						
	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: William J Honigford						
	Title: General Manager (Title of official position held in corporation or partnership)						
	Date: 2/9/2022						

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ounting Period: 2021/2	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EC Communication	5274
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	L
Name Mailing Address Name 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
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.	
** 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	
ID number	
First community served	"
Accounting period	"

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