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						
02/25/2022	\$ 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	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20212 Barcode Data Filling 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
		BR CABLEVISION CO CORP
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1805 N DIXIE HWY (Number, street, rural route, apartment, or suite number)
		LIMA, OH 45801 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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 sufficiency of the fling, a determination that would be made by a court of law.

Name  BECALL NAME OF OWNER OF CALLE SYSTEM  BROWNERS  CALLE VISION CO CO CORP  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" and entitle discrete unincorporated areas, 1" at C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafts at the "first community". Piese use it as it not first community and unifurus filiage.  First Community. "First BENTON RIDGE  CITY OR TOWN  BENTON RIDGE  OH  UNININCORPORATED AREA SORROUNDING  BENTON RIDGE  OH  UNININCORPORATED ANEA SORROUNDING  BENTON RIDGE  OH  UNININCORPORATED ANEA SORROUNDING  BENTON RIDGE  OH  UNININCORPORATED ANEA SORROUNDING  BENTON RIDGE  OH  LIBERTY TOWNSHIP  OH  LIBERTY TOWNSHIP  OH  LIBERTY TOWNSHIP  OH  OH  OH  OH  OH  OH  OH  OH  OH  O		LEGAL NAME OF OWNER OF CARLE SYSTEM	FORM SA1-2E. PAG
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FC "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 hereafted as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below to identified city.  CITY OR TOWN STATE  BENTON RIDGE OH  UNINCORPORATED AREA SORROUNDING  BENTON RIDGE OH  UNION TOWNSHIP OH  BLANCHARD TOWNSHIP  OH	Name		SYSTEM 613
"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 hereafter as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below to dentified city.  Community  UNINCORPORATED AREA SORROUNDING  BENTON RIDGE  OH  UNION TOWNSHIP  OH  BLANCHARD TOWNSHIP  OH			
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafts as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below to identified city.  CITY OR TOWN STATE  BENTON RIDGE OH  UNINCORPORATED AREA SORROUNDING BENTON RIDGE OH  UNION TOWNSHIP OH  BLANCHARD TOWNSHIP OH	_		
as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below to identified city.  CITY OR TOWN STATE  First BENTON RIDGE OH  UNINCORPORATED AREA SORROUNDING BENTON RIDGE OH  UNION TOWNSHIP OH  BLANCHARD TOWNSHIP OH	ט		
Area Served identified city.  CITY OR TOWN STATE  First BENTON RIDGE OH  Community  UNINCORPORATED AREA SORROUNDING  BENTON RIDGE OH  UNION TOWNSHIP OH  BLANCHARD TOWNSHIP OH			
CITY OR TOWN   STATE     First	<b>A</b>		
CITY OR TOWN   STATE		identified city.	
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ows as Necessary BENTON RIDGE OH UNION TOWNSHIP OH BLANCHARD TOWNSHIP OH	ommunity		
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BLANCHARD TOWNSHIP OH	ows as Necessary	BENTON RIDGE	
		UNION TOWNSHIP	ОН
LIBERTY TOWNSHIP  OH  LIBERTY TOWNSHIP  OH		BLANCHARD TOWNSHIP	ОН

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61339

### **BR CABLEVISION CO CORP**

# 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.

BLO	OCK 1		BLOCK 2			
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
Service to first set	156	20.00				
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	67.00	Motel, hotel		ADDITIONAL STB	6.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		DVR SERVICE	7.00
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	17.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	29.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61339

# BR CABLEVISION CO CORP PRIMARY TRANSMITTERS: TELEVISION

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WTOL	11.1	N	TOLEDO, OH
WTOL	11.2	N-M	TOLEDO, OH
WTVG	13.1	N	TOLEDO, OH
WTVG	13.2	N-M	TOLEDO, OH
WTVG	13.3	N-M	TOLEDO, OH
WFND	22.1	N	FINDLAY, OH
WNWO	24.1	N	TOLEDO, OH
WNWO	24.2	N-M	TOLEDO, OH
WNWO	24.3	N-M	TOLEDO, OH
WBGU	27.1	E	BOWLING GREEN, OH
WBGU	27.02	E-M	BOWLING GREEN, OH
WBGU	27.3	E-M	BOWLING GREEN, OH
WGTE	30.1	E	TOLEDO, OH
WGTE	30.2	E-M	TOLEDO, OH
WGTE	30.3	E-M	TOLEDO, OH
WUPW	36.1	N	TOLEDO, OH
WUPW	36.2	N-M	TOLEDO, OH
WLMB	40.1	I	TOLEDO, OH
WTLW	44.1	I	LIMA, Oh
WOSN	44.2	I-M	LIMA, Oh
	***************************************		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

61339

### **BR CABLEVISION CO CORP**

### 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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	od: 2021/2						FOR	M SA1-2E. PAGE 5.
Mana	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	BR CABLEVISION CO	CORP						61339
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, ider substitute basis during the explanation of the program  1. SPECIAL STATEMEN • During the accounting per broadcast by a distant stance Note: If your answer is "Note in block 2.  2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal	E: SPECIA titiy every no accounting p ming that mu T CONCEI triod, did yo ation?  D", leave the titute prograce, please of every no ac gulations, uries like "mo Bulls." m was broa sign of the	ernetwork televiberiod, under spatial be included RNING SUBS ur cable system erest of this paragraph on a separa add additional annetwork televition and that your authorization ovies" or "bask addast live, entitation broadd	age blank. If your answer is rate line. Use abbreviations I rows to the tables.	a distant starCC rules, reg he general ins sis, any nonr s "Yes," you r s wherever po e program") the ted for the pro- neral instruct am titles, for e	ulations, of structions network temust compossible, if the pogrammin to the composition of the example, if the	relevision progression progres	stem carried on a ons. For a further SA1-2 form.  gram  X NO  gram  ig is  iting station ation.
	first. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m.' Column 7: Enter the let to delete under FCC rules	nth and day ive "5/7." nes when the Example: ter "R" if the and regulate mming that	when your sy e substitute pr a program car e listed program ions in effect o	stem carried the substitute ogram was carried by your	e program. Use r cable systen :15 p.m. to 6 ramming that d; enter the I	m. List the :28:30 p.i your sysetter "P" i	e times accur m. should be tem was <i>requ</i> f the listed pr	rately
	WHEN SUBSTITUTE							
		II IRSTITI IT		4				7 REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM  3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRED TIMES	7. REASON FOR DELETION
					CARRI	AGE OC	CURRED	
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRED TIMES	
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		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRED TIMES	
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		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OC	CURRED TIMES	

ccounting Period:	T		1-2E. PAGE <b>'STEM I</b> [
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  BR CABLEVISION CO CORP	31	6133
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, se	,760.00
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	ss 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: 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.	\$263,80(	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula		
	Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	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		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	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		
	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 otal Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 3061814467		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2021/2		FORM SA1-2E. PAGE 7.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BR CABLEVISION CO CORP		SYSTEM ID# 61339				
<b>M</b> Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broato its subscribers, and (2) the cable system's total number of activated channels during the accounting per		138				
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to we can contact about this statement of account.)		440.950.2444 EVT 445				
for Further Information	Address  1805 N DIXIE HWY (Number, street, rural route, apartment, or suite number)  LIMA, OH 45801	Telephone	419-859-2144 EXT 115				
	(City, town, state, zip)	onal) 419-859-215	0				
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)						
	(Title of official position held in corporation or partnership)  Date: 2/22/	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: 2021/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 61339 **BR CABLEVISION CO CORP** 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

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ID number

First community served Accounting period