This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2/24/22	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.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						
		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							
	Western Montana CommunityTel Inc							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	312 Main St SW ((Number, street, rural route, apartment, or suite number)							
		Ronan, MT 59864 (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:						
	1	St. Ignatius						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or suite number)						
		(City, town, state, zip code)						

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

	LEGAL NAME OF OWNER OF OARLE OVERTEN	FORM SA1-2E. PAG								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM								
	Western Montana CommunityTel Inc	614								
	Instructions: List each separate community served by the cable system. A									
D	"a separate and distinct community or municipal entity (including unincorp	porated communities within unincorporated areas and including single								
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification he									
	as the "first community." Please use it as the first community on all future									
Area	Note: Entities and properties such as hotels, apartments, condominiums, c	or mobile home parks should be reported in parentheses below the								
Served	identified city.									
	CITY OR TOWN	STATE								
First	St. Ignatius	MT								
Community										
Rows as Necessary										

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61443

Western Montana CommunityTel Inc

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 RA	·ΤΕ		
Residential:						
Service to first set	42	73.15				
 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		
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	50.00	Burglar protection			
Additional set(s)	24.95	Other services:			
• FM radio (if separate rate)		Reconnect	50.00		
Converter		Disconnect			
		Outlet relocation	35.95		
		Move to new address	50.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61443

Western Montana CommunityTel Inc

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

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

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

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

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

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTMF	23	N	MISSOULA, MT
KECI	13	N	MISSOULA, MT
KPAX	8	N	MISSOULA, MT
KUKL	46	E	MISSOULA, MT

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Western Montana CommunityTel Inc

61443

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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UBSTITUTE CARRIAGING General: In space I, identifubstitute basis during the accollanation of the programm. SPECIAL STATEMEN' During the accounting percoadcast by a distant sta	E: SPECIA ify every no ccounting p ning that mu	AL STATEME nnetwork televi period, under sp	ision program, broadcast by		tion, that your cable sy	61443	
General: In space I, ident ubstitute basis during the a collaration of the programm. SPECIAL STATEMEN. During the accounting per roadcast by a distant state.	ify every no ccounting p ning that mu	nnetwork televi period, under sp	ision program, broadcast by		tion. that vour cable sv		
g in block 2. LOG OF SUBSTITUTE General: List each subsear. If you need more spa Column 1: Give the title	ition? ", leave the PROGRA titute prograce, please of every no	e rest of this pa AMS am on a separadd additional	n carry, on a substitute bange blank. If your answer is ate line. Use abbreviations rows to the tables.	ne general ins sis, any nonr s "Yes," you r s wherever po e program") ti	ulations, or authorizations in the paper network television processible, if their meaning that, during the accourt	pons. For a further SA1-2 form. gram NO ogram ogram ogram ogram ogram ogram ogram ogram	
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 required 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.							
S						7. REASON FOR DELETION	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM — TO		
e en col	General: List each substant. If you need more spaced for the title wind, was broadcast by a der certain FCC rules, report use general categor BA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broad case of Mexican or Carcolumn 5: Give the more to Example: for May 7 gir Column 6: State the time the nearest five minutes. The time the nearest five minutes are discovered as "6:00–6:30 p.m." Column 7: Enter the letted delete under FCC rules are substituted for program fect on October 19, 1976.	General: List each substitute progress. If you need more space, please Column 1: Give the title of every not priod, was broadcast by a distant stander certain FCC rules, regulations, to not use general categories like "me BA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast statice case of Mexican or Canadian statice Column 5: Give the month and day st. Example: for May 7 give "5/7." Column 6: State the times when the nearest five minutes. Example: ated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the delete under FCC rules and regulates substituted for programming that fect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	General: List each substitute program on a separar. If you need more space, please add additional Column 1: Give the title of every nonnetwork televiod, was broadcast by a distant station and that your certain FCC rules, regulations, or authorization on to use general categories like "movies" or "bask BA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, entered Column 3: Give the call sign of the station broadce Column 4: Give the broadcast station's location (recase of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your systematic terms of the substitute program of the station of the station of the column 5: Give the month and day when your systematic terms of the substitute program of the substitute program of the substitute program of the substitute program of the substitute of the nearest five minutes. Example: a program can deted as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program delete under FCC rules and regulations in effect of as substituted for programming that your system we fect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	General: List each substitute program on a separate line. Use abbreviations car. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute riod, was broadcast by a distant station and that your cable system substituted cretain FCC rules, regulations, or authorizations. See page (v) of the get on to use general categories like "movies" or "basketball." List specific program BA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "Column 3: Give the call sign of the station broadcasting the substitute program of the case of Mexican or Canadian stations, if any, the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute st. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your the nearest five minutes. 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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 like case of Mexican or Canadian stations, if any, the community with which the station is like case of Mexican or Canadian stations, if any, the community with which the station is like case of Mexican or Canadian stations, if any, the community with which the station is like case of Mexican or Canadian stations, if any, the community with which the station is like case of Mexican or Canadian stations, if any, the community with which the station is like case of Mexican or Canadian stations, if any the community with which the station is like case of Mexican or Canadian stations, if any the community with which the station is like case of Mexican or Canadian stations, if any the community with which the station is like case of Mexican or Canadian stations, if any the community to which the station is like case of Mexican or Canadian stations, if any the community to which the station is like case of Mexican or Canadian stations, if any the community to which the station is like case of Mexican or Canadian stations, if any the community to which the station is like case of Mexican or Canadian stations, if any the community with which the station is like case of Mexican or Canadian stations, if any the community wi	General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning art. 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 accounted was broadcast by a distant station and that your cable system substituted for the programming of another on the certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further inform on the general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy BA 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 identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the st. 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LEGAL NAME OF OWNER OF CABLE SYSTEM: Western Montana CommunityTel Inc	SYSTEM II 614								
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the to	tal of								
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, see									
Gross receipts from subscribers for secondary transmission service(s)	40.440.00								
	19,110.96 nt of gross receipts)								
nstructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600									
	ion'								
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 \$137,100)									
1. Base amount under statutory formula									
2. Enter amount of gross receipts from space K									
3. Subtract line 2 from line 1									
4. Enter the amount of gross receipts from space K									
5. Enter the amount from line 3									
6. Subtract line 5 from line 4									
7. Multiply line 6 by .005 (enter figure here)									
8. Interest charge. Enter the amount from line 4, space Q, page 8	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)									
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	.00_								
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6									
FILING FEE AND TOTAL REMITTANCE DUE									
1 Royalty Fee Payable for Accounting Period (from Block 1.2 or 3 above) \$ 52	.00								
	.00								
3 TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00								
The state of the s	07.00								
	Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the to all amounts (gross receipts) and to your cable system by subscribers for the system's secondary transmission os (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, spage (viii) 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 Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 file amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 2 if the amount of gross receipts in space K is more than \$263,800 but less than \$27,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-maccounting period is \$52.00. Line 1. Royalty fee for accounting period. \$ BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) 1. Base amount under statutory formula. \$ BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) 1. Base amount from line 4. 2. Enter the amount of gross receipts from space K. 3. Subtract line 5 from line 4. 4. Enter the amount of gross receipts from space K. 5. Enter the amount of gross receipts from space K. 6. Enter the amount of gross receipts from space K. 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8. BLOCK 2: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) 1. Enter the amount of gross receipts from space K. 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin								

Accounting Period:	: 2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Western Montana CommunityTel Inc	SYSTEM ID# 61443
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadca to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Michelle Marengo	Telephone (406) 676-9218
Information	Address 312 Main St SW (Number, street, rural route, apartment, or suite number) Ronan, MT 59864	
	(City, town, state, zip) Email michellem@ronan.net Fax (optional)	(406) 676-8889
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office	regulations)
Certification	• 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 lin	e 1 of space B; or
	X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner in line 1 of space B and that the owner is not a corporation or partnership; or	of the cable system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identify in line 1 of space B.	entified as owner of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact cor 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)]	ntained herein
	X /s/ Michelle Marengo	
	Enter an electronic signature on the line above to certify this staten Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	nent.
	Typed or printed name: Michelle Marengo	
	Title: Accounting Mananger (Title of official position held in corporation or partnership)	
	Date: 01/28/202	2

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: 61443 Western Montana CommunityTel Inc SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? 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@loc.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