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	Return completed workbook by email to	
DATE RECEIVED	<ul><li>coplicsoa@copyright.gov</li></ul>	
02/14/2022	\$ ALLOCATION NUMBER	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 2021/2 Barcode Data Filing Period (optional - see instructions) Accounting Period 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 В 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. 62618 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 CANBY TELEPHONE ASSOCIATION BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM **PO BOX 1189** (Number, street, rural route, apartment, or suite number) MT ANGEL OR 97362 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these C 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 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.

		FORM SA1-2E. PAGE								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I								
	CANBY TELEPHONE ASSOCIATION 626									
	Instructions: List each separate community served by the cable system.									
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including si									
0	as the "first community." Please use it as the first community on all future filings.									
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parenthese									
Served	identified city.									
	CITY OR TOWN	STATE								
First	CANBY	OR								
Community										
d Rows as Necessary										
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	000000000000000000000000000000000000000									
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Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62618

## **CANBY TELEPHONE ASSOCIATION**

# 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.

BL	BLOCK 1 BLOCK 2			BLOCK 2				
	NO. OF			NO. OF				
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Residential:								
<ul> <li>Service to first set</li> </ul>	687	20.00/mth	People's choice/EZVideo	804	85.00			
<ul> <li>Service to additional set(s)</li> </ul>	104	5/10/mth	HD DVR	64	15.00			
<ul> <li>FM radio (if separate rate)</li> </ul>			SD DVR	25	10.00			
Motel, hotel			WHOLE HOME DVR	29	17.00			
Commercial								
Converter								
Residential								
Non-residential								
		1						

# 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	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		НВО	14.50
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		CINEMAX	17.00
Fire protection		• Pay cable		SHOWTIME/TMC	17.00
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		STARZ/ENCORE	15.00
Installation: Residential		<ul> <li>Fire protection</li> </ul>		NFL REDZONE	5.00
• First set		<ul> <li>Burglar protection</li> </ul>		LATINO	7.00
<ul><li>Additional set(s)</li></ul>	45.00	Other services:		PAY PER VIEW	PP
<ul> <li>FM radio (if separate rate)</li> </ul>		<ul> <li>Reconnect</li> </ul>	10.00		
Converter	9.95	Disconnect			
		<ul> <li>Outlet relocation</li> </ul>	25.00		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62618

## **CANBY TELEPHONE ASSOCIATION**

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
KATU	2	l	PORTLAND OR
KRCW	3	<u> </u>	PORTLAND OR
KOIN	6	N	PORTLAND OR
KGW		N	PORTLAND OR
КОРВ	10	<b>E</b>	PORTLAND OR
KPTV	12	<u> </u>	PORTLAND OR
KPDX	13	1	VANCOUVER WA
KUNP	16	<u> </u>	LAGRANDE OR
KPXG	22	<u>l</u>	SALEM OR
KNMT	24	I	PORTLAND OR
	1111		
	11111 <b>1</b> 111111111111111111111111111111		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **CANBY TELEPHONE ASSOCIATION**

62618

#### 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 =	I o:-	I	1	I	I o:-	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio		CARLEST	TEM			_ <del></del> _	FOR	M SA1-2E. PAGE 5.		
Name	CANBY TELEPHONE							SYSTEM ID# 62618		
ı	SUBSTITUTE CARRIAGI	_	_			tion that s	vour ooblo ove	otom carried on a		
•	<b>In General:</b> In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log										
	log in block 2.									
	2. LOG OF SUBSTITUTE			ata lina. I laa abbraviatians		oosible if	th air maanin	~ i~		
	In General: List each subst clear. If you need more spa				s wherever p	ossidie, ii	meir meanin	g is		
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general categor									
	"NBA Basketball: 76ers vs.		deast live ant	or "Voo." Othomuico ontor '	"NIo."					
				er "Yes." Otherwise enter ' casting the substitute progr						
	Column 4: Give the broa	adcast stati	on's location (	the community to which th	e station is li		the FCC or,	in		
	the case of Mexican or Car			e community with which the stem carried the substitute			ale with the	month		
	first. Example: for May 7 gi		wileli your sy	stem camed the substitute	program. O	se numer	ais, with the i	monu		
				ogram was carried by you						
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.r	m. snould be			
	Column 7: Enter the lett			n was substituted for prog						
	to delete under FCC rules a was substituted for progran							rogram		
	effect on October 19, 1976	•	your system w	as permitted to delete und	iei roo iules	and regu	liauoris iri			
	,				П					
	C.	I IDOTITI IT	E PROGRAM	4		N SUBS		7. REASON FOR		
		ı	3. STATION'S		CARRIAGE OCCURRED  5. MONTH 6. TIMES			DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
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Accounting Period:	2021/2			FORM SA1-2E. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CANBY TELEPHONE ASSOCIATION			SYSTEM ID# 62618							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	system's tion of ho	secondary trans w to compute this	mission service							
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less.  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800  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 \$A1-2 form for more information.										
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalf accounting period is \$52.00.	ty fee that	you must pay for	this six-month							
	Line 1. Royalty fee for accounting period										
	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 lin	nes 1 and	2								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	nore than \$137,1	00)							
	Base amount under statutory formula	\$	263.800.00								
	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 \$26	3.800 (bu	t less than \$527	.600)							
	5200110.011000112021110011110112111111111	0,000 (24	11000 tilaii \$02.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	Enter the amount of gross receipts from space K	. \$	388,359.71	-							
	Base amount under statutory formula	\$	263,800.00	_							
	3. Subtract line 2 from line 1	\$	124,559.71								
				1 245 60							
	4. Multiply line 3 by .01			1,245.60							
	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		\$ 2,564.60							
	FILING FEE AND TOTAL REMITTANCE DU	JE									
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		\$	2,564.60							
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		<u></u> \$	20.00							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$ 2,584.60							
	EFT Trace # or TRANSACTION ID #	2	6UVL3PV								
	<u>Important:</u> Your remittance must be in the form of an electronic payr. See page i of the general instructions in the paper SA1-2 form and the		-								

Accounting Period:	2021/2								FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER O								SYSTEM ID: 62618
M Channels	CHANNELS Instructions: You must g to its subscribers, and (2)  1. Enter the total number system carried television	the cable system's to	total num	nber of ac	tivated chann	els during the	e accounting period.	t stations	10
	Enter the total number     on which the cable syste     and nonbroadcast service	em carried television	broadca						189
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORMATIC	ON IS NEEDE	ED (Identify an	n individual		
for Further Information	Name Diane Address PO Bo	Ori ox 1189					Т	elephone 5	03 845-4442
	(Number,	street, rural route, apart gel OR 97362 n, state, zip)	ment, or su	suite number	r)				
	Email	dori@cbsorego	n.com				Fax (optional) 50	3 845-4445	
O Certification	(Agent of owne	y certify that (Check on an corporation or pure or other than corporation of pace B and that the content of the pace B and an officer (ther) I am an officer (	one,but o partnersh ation or p owner is r	only one, on this is a second of the contract of the corporation of th	of the boxes.) the owner of the owner.	ne cable syste luly authorized tnership; or	m as identified in line I agent of the owner of	1 of space B	
	I have examined the state are true, complete, and co [18 U.S.C., Section 1001(1	rrect to the best of m						ained herein	
				n electroni	-	the line above nature" (e.g., /	to certify this statemer s/ John Smith)	nt.	
		Typed or printed	d name:	Paul	Hauer				
		Title: (Title of o	Presion of the President P		corporation or pa	artnership)			
		Date:					2/14/22		

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Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 62618 **CANBY TELEPHONE ASSOCIATION** 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 ID number First community served

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Accounting period