This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEM		CCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
-	ry Transmiss		DATE RECEIVED	AMOUNT	-
	ems (Short Fo				<u>coplicsoa@copyright.gov</u>
				\$	For additional information, contact the U.S. Copyright
-	ictions are locat		02/28/2022		Office Licensing Division at:
in the first tab	of this workboo	ok		ALLOCATION NUMBER	Tel: (202) 707-8150
A	ACCOUNTING	B PERIOD COVERED	BY THIS STATEMENT: (Y	'YYY/(Period))	
			-		
	2021/2		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			_		
			Bernarda Data Filing Barlad (antional		
			Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
Feriod					
_	Instructions Give the ful		the cable system. If the owner is a sub	sidiary of another corporation, give the full	corporate
B		subsidiary, not that of the par		, , , , , ,	•
Owner	List any oth	er name or names under whi	ch the owner conducts the business of	the cable system.	
	If there wer	re different owners during the	e accounting period, only the owner or	the last day of the accounting period shoul	d submit a
			fee payment covering the entire accou		
	Check here	if this is the system's first filir	ng. If not, enter the system's ID numbe	r assigned by the Licensing Division.	63196
	LEGAL N	NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	Λ	
	Central In	diana Communications, I	nc.		
			F CABLE SYSTEM (IF DIFFEREN	Т)	
	MAILING	ADDRESS OF OWNER OF	F CABLE SYSTEM		
		Main Street			
		et, rural route, apartment, or suite r eId, IN 46140	number)		
	(City, town, st				
С				entify the business and operation of t	
			e 2, give the mailing address of t	he system, if different from the addre	ss given in space B
System	1 1 1	ATION OF CABLE SYSTEM:			
	Mailing A	DRESS OF CABLE SYSTEM	1:		
	2 (Number, stre	et, rural route, apartment, or suite r	number)		
	(City, town, st	ate, zip code)			
	<u> </u>				
Privacy Act Notic	e: Section 111 of title 1	17 of the United States Code at	uthorizes the Copyright Offce to collect th	ne personally identifying information (PII) reque	ested on this

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

		FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Central Indiana Communications, Inc.	63 ⁻
	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated co	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	st will serve as a form of system identification hereafter kr
	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 h	nome parks should be reported in parentheses below the
Served	identified city.	
Ocived		
	CITY OR TOWN	STATE
First	Cadiz	Indiana
Community	Knightstown	Indiana
	Markleville	Indiana
	Markieville	Indiana
dd Rows as Necessary		
	McCordsville	Indiana
	Shirley	Indiana
	Sulphur Springs	Indiana
	Wilkinson	Indiana

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM					FORM SA1	TEM ID
Name	Central Indiana Commu		10.				010	6319
		inicationic, ii						
Е	SECONDARY TRANSMISSION							
-	In General: The information in s system, that is, the retransmission	•	-					
Secondary	about other services (including p							
Transmission	last day of the accounting period						5	
Service: Sub-	Number of Subscribers: Both	•						
scribers and	down by categories of secondary	•	• •	•				
Rates	each category by counting the nu separately for the particular serv						nargeo	
	Rate: Give the standard rate c						and the	
	unit in which it is generally billed			ny standard	rate variations	within a pa	articular rate	
	category, but do not include disc							
	Block 1: In the left-hand block systems most commonly provide	•	-		•			
	that applies to your system. Not						0,	
	categories, that person or entity		-		-			
	subscriber who pays extra for ca				n the count unc	er "Service	e to the	
	first set" and would be counted o							
	Block 2: If your cable system printed in block 1 (for example, t	•	•					
	with the number of subscribers a					,.		
	sufficient.		nght hand blook. / th					
	BL	OCK 1				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS RATE	CATE	GORY OF SEF	VICE	NO. OF SUBSCRIBERS	RATE
	Residential:							
	Service to first set		400 20.95					
	 Service to additional set(s) 	2	2,213 -					
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC							
F	In General: Space F calls for rat							
•	not covered in space E, that is, the service for a single fee. There are				,	,		
Services	furnished at cost or (2) services	•		0		• • •		
Other Than	amount of the charge and the un		usually billed. If any ra	ates are cha	rged on a varia	ble per-pro	gram basis,	
Secondary	enter only the letters "PP" in the					- 1:-41		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that						vere not	
Ratos				-				
Rates		separate charge	e was made or establ					
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip							
Rates	listed in block 1 and for which a	otion and includ	e the rate for each.				BLOCK 2	
Rates	listed in block 1 and for which a	otion and includ	e the rate for each.		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip	otion and include BLOC RATE	e the rate for each. CK 1	VICE	RATE	CATEGO		RATE
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	otion and include BLOC RATE	e the rate for each. CK 1 CATEGORY OF SEF	VICE	RATE	CATEGO	ORY OF SERVICE	
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	otion and include BLOC RATE	e the rate for each. CK 1 CATEGORY OF SER Installation: Non-res	VICE	RATE		ORY OF SERVICE	20.9
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	otion and include BLOC RATE	e the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel	VICE	RATE	Broadc	ORY OF SERVICE	20.9 49.2
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	otion and include BLOC RATE	e the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial	VICE sidential	RATE	Broadc Bronze	ORY OF SERVICE	RATE 20.9 49.2 ####
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	otion and include BLOC RATE	e the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable	VICE sidential	RATE	Broadc Bronze Silver	ast	20.9 49.2 ####
Kates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	otion and include BLOC RATE	e the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l c	VICE idential	RATE	Broadca Bronze Silver Gold	ast	20.9 49.2 #### ####
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOC RATE 99.99	e the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l cl • Fire protection	VICE idential	RATE	Broadca Bronze Silver Gold Platinui	n	20.9 49.2 ####
Kates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC RATE 99.99	e the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l cl • Fire protection • Burglar protectior	VICE idential	RATE	Broadc Bronze Silver Gold Platinui HBO	n n x	20.9 49.2 #### #### 17.0
Kates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE 99.99	e the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l cl • Fire protection • Burglar protectior Other services:	VICE idential	RATE	Broadca Bronze Silver Gold Platinui HBO Cinema	n n n n x ne	20.9 49.2 #### #### 17.0 13.0
Kates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOC RATE 99.99	e the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l cl • Fire protection • Burglar protection Other services: • Reconnect	VICE idential	RATE	Broadca Bronze Silver Gold Platinui HBO Cinema Showtir	n n n n x ne	20.9 49.2 #### #### 17.0 13.0 13.0

Inting Period:	-			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O			SYSTEM ID 6319
	Central Indiana Com PRIMARY TRANSMITTERS:	•		0010
G Primary ansmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carrier on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progr an (2) and (4))]; and (2) certain state arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repre- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep pr "E-M" (for noncommercial education uctions in the paper SA1-2 form.	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WCLJ-DT	42		Bloomington, IN
	тсс	151	I-M	Bloomington, IN
ows as Necessary	JCV	152	I-M	Bloomington, IN
iows as necessary	Enlace	153	I-M	Bloomington, IN
	SOAC	154	I-M	Bloomington, IN
	WFYI-1	20	E	Indianapolis, IN
	WFYI-2	148	E-M	Indianapolis, IN
	WFYI-3	149	E-M	Indianapolis, IN
	WHMB-DT	40	<u> </u>	Indianapolis, IN
	WIPB-DT	49	E	Muncie, IN
	IION	17		Indianapolis IN
	ION	17	1	Indianapolis, IN Bloomington, IN
	ION	149	l	Bloomington, IN
	ION QUBO	149 147	I I-M	Bloomington, IN Bloomington, IN
	ION QUBO WISH-HD	149 147 23	I I-M N	Bloomington, IN Bloomington, IN Indianapolis, IN
	ION QUBO WISH-HD LWS	149 147 23 44	I I-M N N-M	Bloomington, IN Bloomington, IN Indianapolis, IN Indianapolis, IN
	ION QUBO WISH-HD LWS WNDY-HD	149 147 23 44 23	I I-M N N-M I	Bloomington, IN Bloomington, IN Indianapolis, IN Indianapolis, IN Marion, IN
	ION QUBO WISH-HD LWS WNDY-HD WNDY-2	149 147 23 44 23 150	I I-M N N-M I I-M	Bloomington, IN Bloomington, IN Indianapolis, IN Indianapolis, IN Marion, IN Marion, IN
	ION QUBO WISH-HD LWS WNDY-HD WNDY-2 WNDY-3	149 147 23 44 23 150 157	I I-M N N-M I I I-M I-M	Bloomington, IN Bloomington, IN Indianapolis, IN Indianapolis, IN Marion, IN Marion, IN Marion, IN
	ION QUBO WISH-HD LWS WNDY-HD WNDY-2 WNDY-3 WRTV-HD	149 147 23 44 23 150 157 6	I I-M N N-M I I I-M I-M N	Bloomington, IN Bloomington, IN Indianapolis, IN Indianapolis, IN Marion, IN Marion, IN Marion, IN Indianapolis, IN
	ION QUBO WISH-HD LWS WNDY-HD WNDY-2 WNDY-3 WRTV-HD WTHR-HD	149 147 23 44 23 150 157 6 13	I I-M N N-M I I I-M I-M N N	Bloomington, IN Bloomington, IN Indianapolis, IN Indianapolis, IN Marion, IN Marion, IN Marion, IN Indianapolis, IN Indianapolis, IN
	ION QUBO WISH-HD LWS WNDY-HD WNDY-2 WNDY-3 WRTV-HD WTHR-HD Skytrak	149 147 23 44 23 150 157 6 13 27	i i-M N N-M i i-M i-M N N N N N N-M	Bloomington, IN Bloomington, IN Indianapolis, IN Indianapolis, IN Marion, IN Marion, IN Indianapolis, IN
	ION QUBO WISH-HD LWS WNDY-HD WNDY-2 WNDY-3 WRTV-HD WTHR-HD	149 147 23 44 23 150 157 6 13	I I-M N N-M I I I-M I-M N N	Bloomington, IN Bloomington, IN Indianapolis, IN Indianapolis, IN Marion, IN Marion, IN Marion, IN Indianapolis, IN Indianapolis, IN

Name	LEGAL NAME OF OWNER OF Central Indiana Comn			SYSTEM II 6319
	PRIMARY TRANSMITTERS:	· · · · · · · · · · · · · · · · · · ·		
G Primary Transmitters:	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	 t (1) stations carried only on a part-tin the carriage of certain network program 	me basis under ms [sections
Television	basis under specific FCC ru	With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis.		
	basis. For further informatio Column 1: List each station	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination	, see page (v) of the general instruction program services such as HBO, ESPI	ons. N, etc. Identify each
	"WETA-2" as the same on the Column 2: Give the channed of license. For example, WI	I number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over t	he air in its community
	educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru- to of each station. For U.S. stations, lis	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is	ndent), "I-M" nal multicast). s licensed by the
		lian stations, if any, give the name of t		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WXIN-DT	11		Indianapolis, IN
	AntTV	155	I-M	Indianapolis, IN

receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Train	SYSTEM II 631								LEGAL NAME O
 Train the basis of monitoring, to be received at the headend, with the system's headend, and (2) it can be expected, for 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. 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). 	н						tation ca	t every radio s	n General: Lis
	Primary iransmitters Radio	e expected, ited intervals. structions in the. nd discrete) it can b ertain sta eneral in parate a	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC	the system's he ystem's FM ante his point, see pa ed by the cable s e station is licens	tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process a mark in the "S/D" column. on (the community to which th	y the syst be receivent t the Co sign of e he statio on's sign g a check i's locatio	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stati this by placing sive the station	eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G
		LOCATION OF STATION	S/D				-		
			0,0		OALL DIGIN		0,0		OALL DIGIN
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	LEGAL NAME OF OWNER OF		-M-				FORM	I SA1-2E. PAGE 5
Name	Central Indiana Comm							63196
	SUBSTITUTE CARRIAG	E: SPECIAL	STATEME	NT AND PROGRAM LC	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	accounting peri	iod, under sp	ecific present and former F	CC rules, reg	ulations, or au	uthorization	ns. For a further
Carriage:	1. SPECIAL STATEMEN	-						
Special Statement and	• During the accounting pe	riod, did your o	cable syster	n carry, on a substitute ba	isis, any noni	network televi	sion progr	ram
Program Log	broadcast by a distant sta	ation?					YES	× NO
	Note: If your answer is "No	o", leave the re	est of this pa	ge blank. If your answer i	s "Yes," you i	must complete	e the prog	ram
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call Column 4: Give the broo the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	e of every nonr a distant station egulations, or a ries like "movie . Bulls." m was broadc sign of the sta adcast station nadian stations nth and day w ive "5/7." nes when the s . Example: a p ter "R" if the lis and regulation	network tele n and that y authorization es" or "bask east live, entr ation broadc 's location (t s, if any, the then your sy substitute pro- program carr sted program as in effect d	vision program ("substitute our cable system substitute our cable system substitut ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter asting the substitute prog- the community to which the community with which the stem carried the substitute ogram was carried by you ied by a system from 6:07 n was substituted for prog- uring the accounting period	ted for the prineral instruct am titles, for of "No." e station is li- e station is id e program. U r cable syste l:15 p.m. to for ramming that od; enter the	ogramming of ions for furthe example, "I Lo censed by the lentified). se numerals, m. List the tin S:28:30 p.m. s t your system letter "P" if the	f another s er informat ove Lucy" e FCC or, i with the m nes accura hould be was <i>requ</i> i e listed pro	station tion. or in nonth ately <i>ired</i>
	effect on October 19, 1976		ur system w	as permitted to delete und	ler FCC rules	s and regulation	ons in	
	effect on October 19, 1976). 		·	WHE	N SUBSTITU	JTE	7 REASON FO
		UBSTITUTE	PROGRAM		WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUI 6. TIM	JTE RRED ES	7. REASON FC DELETION
	s	UBSTITUTE	PROGRAM	·	WHE	N SUBSTITU	JTE RRED	
	s	UBSTITUTE	PROGRAM		WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUI 6. TIM	JTE RRED ES	
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	s	UBSTITUTE	PROGRAM		WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUI 6. TIM	JTE RRED ES	
	s	UBSTITUTE	PROGRAM		WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUI 6. TIM	JTE RRED ES	
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	s	UBSTITUTE	PROGRAM		WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUI 6. TIM	JTE RRED ES	
	s	UBSTITUTE	PROGRAM		WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUI 6. TIM	JTE RRED ES	
	s	UBSTITUTE	PROGRAM		WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUI 6. TIM	JTE RRED ES	
	s	UBSTITUTE	PROGRAM		WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUI 6. TIM	JTE RRED ES	7. REASON FO DELETION
	s	UBSTITUTE	PROGRAM		WHE CARRI 5. MONTH	N SUBSTITU AGE OCCUI 6. TIM	JTE RRED ES	

Accounting Period:	2021/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Central Indiana Communications, Inc.	63196
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service
		· · · · · · · · · · · · · · · · · · ·
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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,80(
	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-montł
	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 lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	0)
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	
		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 \$527,6	600)
	1. Enter the amount of gross receipts from space K \$ 338,531.05	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	747.31
		1,319.00
		0.00
	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	\$ 2,066.31
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2,066.31
Due	2. 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	\$ 2,086.31
	EFT Trace # or TRANSACTION ID # 26V48J11	
	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 mo	

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Central Indiana Communications, Inc.	SYSTEM ID# 63196
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station 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	15 29
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	188
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kimberly Gerard Telephone	e (317) 323-2105
	Address 2243 E Main Street (Number, street, rural route, apartment, or suite number) Greenfield, IN 46140 (City, town, state, zip)	
	Email kgerard@ninestarconnect.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulation I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 	
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as o 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 here 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)] 	e system as identified wner of the cable system
	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: Kimberly Gerard	
	Title: Assistant Secretary (Title of official position held in corporation or partnership)	
	Date: 02/28/2021	

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 th 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 telephon 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 i 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 th 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

unting Period: 2021/2				FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:				SYSTEM I
tral Indiana Communications, Inc.				6319
 SPECIAL STATEMENT CONCERNING GROSS RECEIPT The Satellite Home Viewer Act of 1988 amended Title 17, section 111(clowing sentence: "In determining the total number of subscribers and the gross an service of providing secondary transmissions of primary broadca scribers and amounts collected from subscribers receiving second For more information on when to exclude these amounts, see the note of located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amount made by satellite carriers to satellite dish owners? NO 	I)(1)(A), of the Copyrig nounts paid to the cab ast transmitters, the sy- ndary transmissions pu on page (vii) of the ger as of gross receipts for	le system for the basic stem shall not include s ursuant to section 119. neral instructions	sub-	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	\$			
Name Name Name Name Mailing Address	ne Iing Address			
INTEREST ASSESSMENT				
You must complete this worksheet for those royalty payments submitted	•	• • •		Q
	•	• • •		Q
You must complete this worksheet for those royalty payments submitted	l instructions located ir	• • •		Q Interest Assessme
You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the genera	l instructions located ir	• • •		Q Interest Assessme
You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the genera Line 1 Enter the amount of late payment or underpayment	I instructions located in	• • •		Q Interest Assessme
You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the genera	I instructions located in	• • •		Q Interest Assessme
You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	I instructions located in	• • •		Q Interest Assessme
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You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here Line 4 Multiply line 3 by 0.00274** and enter here	I instructions located in	xx xx x 0.00274 ; (interest charge	 days 	Q Interest Assessme
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 You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line * To view the interest rate chart click on <i>www.copyright.gov/licensin</i> contact the Licensing Division at (202) 707-8150 or licensing@cop ** This is the decimal equivalent of 1/365, which is the interest assessment	I instructions located ir	x x x x 0.00274 (interest charge r further assistance ple e.	days days a) ease	Q Interest Assessme
You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment	I instructions located in	x x x x 0.00274 (interest charge or further assistance ple e. e. e Copyright Office, ple	days days - e) ease	Q Interest Assessme
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