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
02/09/22	\$ 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	ACCOUNTING 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
	Waldron Communication Company
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	P.O. Box 197 (Number, street, rural route, apartment, or suite number)
	Waldron, MI 49288
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	IDENTIFICATION OF CABLE SYSTEM:
- Cystem	1 DENTITION OF SABLE STOTEM.
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number street nural route apartment or suite number)
	(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.

Accounting Period:	2021/2	
	1	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Waldron Communication Company	63239
	Instructions: List each separate community served by the cable system. A "con	
D	separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	will sorve as a form of system identification hereafter known as the "first
	community." Please use it as the first community on all future filings.	will serve as a form of system identification hereafter known as the first
	Note: Entities and properties such as hotels, apartments, condominiums, or mo	ohile home parks should be reported in parentheses below the identified
Area	city.	oblic nome parks should be reported in parentneses below the identified
Served		
	CITY OR TOWN	STATE
First	Village of Waldron	MI
Community	Medina Township	MI
	Wright Township	MI
Add Rows as Necessary		

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: Waldron Communication Company

SYSTEM ID# 63239

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.

BLO	OCK 1		BLOCK	(2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	45	33.09	Expanded Basic	33	55.20
Service to additional set(s)			HDBasic alone or w/variety	6	0.00
• FM radio (if separate rate)			Variety Tier	13	8.24
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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		Cinemax	15.79
Pay cable—add'l channel		Commercial		НВО	18.53
Fire protection		• Pay cable		Showtime	16.25
•Burglar protection		Pay cable-add'l channel		Starz	12.99
Installation: Residential		Fire protection			
• First set	24.95	Burglar protection			
Additional set(s)	19.95	Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation	45.00		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Waldron Communication Company

SYSTEM ID# 63239

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
WBGU-DT	27	E	Bowling Green, OH
WBGU-CREATE	27.1	E-M	Bowling Green, OH
WBGU-ENCORE	27.2	E-M	Bowling Green, OH
WBGU-HD	27.3	E-M	Bowling Green, OH
WGTE-DT	29	E	Toledo, OH
WGTE-CREATE	29.1	E-M	Toledo, OH
WGTE-FAMILY	29.2	E-M	Toledo, OH
WGTE-HD	29.3	E-M	Toledo, OH
WLMB-DT	5	<u> </u>	Toledo, OH
WNWO-DT	49	N	Toledo, OH
WNWO-TBD	49.1	N-M	Toledo, OH
WNWO-HD	49.3	N-M	Toledo, OH
WNWO-Comet	49.4	N-M	Toledo, OH
WTOL-DT	11	N	Toledo, OH
WTOL-Justice	11.1	N-M	Toledo, OH
WTOL-HD	11.2	N-M	Toledo, OH
WTOL-GRIT	11.3	N-M	Toledo, OH
WTVG-DT	13	N	Toledo, OH
WTVG-CW	13.1	N-M	Toledo, OH
WTVG-WEATHER	13.2	N-M	Toledo, OH
WTVG-MeTV	13.4	N-M	Toledo, OH
WTVG-HD	13.3	N-M	Toledo, OH
WUPW-DT	46	l	Toledo, OH
WUPW-BOUNCE	46.1	I-M	Toledo, OH

Accounting Period: 2021/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Waldron Communication Company

FORM SA1-2E. PAGE 3.

SYSTEM ID#

63239

G

PRIMARY TRANSMITTERS: TELEVISION

substitute program basis, as explained in the next paragraph.

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 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WUPW-HD	46.2		Toledo, OH
WUPW-Escape	46.3	I-M	Toledo, OH

SYSTEM ID#

63239

Waldron Communication Company

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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Accounting Perio	d: 2021/2 LEGAL NAME OF OWNER OF (ADIE OVOT	EM.						FORI	M SA1-2E. PAGE 5.
Name	Waldron Communication									SYSTEM ID# 63239
	SUBSTITUTE CARRIAGE	· SDECIA	I STATEMEN	T AND PROGRAM I O	<u></u>					
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	y every non counting pe	network televis	ion program, broadcast by cific present and former F	y a d CC r	rules, regula	ations, or au	uthor	izations. F	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				-	-	
Special	During the accounting peri				sis	any nonne	work telev	ision	program	,
Statement and	broadcast by a distant stat	•	r cable cyclem	ourry, orra oubotitato ba	0.0,	arry mornio		10101	1	
Program Log	Note: If your answer is "No"		rest of this pag	ie blank. If vour answer is	s "Ye	es " vou mi	ıst comple	te th	J YES e progran	NO n
	log in block 2.	,		,		, you			o p. og. a.	
	2. LOG OF SUBSTITUTE In General: List each substitclear. If you need more space Column 1: Give the title of period, was broadcast by a funder certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call secolumn 4: Give the broadcast by the call secolumn 4: Give the broadcast column 4: Give the broadcast column 4: Give the substitution of the call secolumn 4: Give the broadcast column 4: Give the broadcast column 4: Give the substitution of the call secolumn 4: Give the broadcast column 4: Give the broadcast column 4: Give the call secolumn 4: Give the broadcast column 4: Give the call secolumn 4: Give the broadcast column 4: Give the call secolumn tute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broac sign of the s	m on a separa add additional ranetwork televi on and that your authorizations vies" or "baske deast live, enterstation broadca	rows to the tables. sion program ("substitute ur cable system substitut s. See page (v) of the ge tball." List specific progra r "Yes." Otherwise enter sting the substitute progra	e pro ted f nera am ti "No. ram.	ogram") that for the prog al instruction itles, for ex	it, during th ramming c ns for furth ample, "I L	ne ac of and er in ove	ecounting other stat formatior Lucy" or	ion	
	the case of Mexican or Cana							CIC	O 01, III	
	Column 5: Give the mon	th and day						, with	the mon	nth
	first. Example: for May 7 giv		aubatituta mea	arene was sarried by you		bla avatama	list the time			
	Column 6: State the time to the nearest five minutes.					•				ly
	stated as "6:00–6:30 p.m."	<u> глаптріс.</u> а	program cam	ca by a system from 0.0	1.10	p.iii. to 0.2	0.00 p.m.	31100	iid bC	
	Column 7: Enter the lette						•			
	to delete under FCC rules a was substituted for program									am
	effect on October 19, 1976.	ming mar y	our system wa	s permitted to delete und	iei r	CC fules a	inu regulat	10115	Ш	
					- 1 1					
	Q.	I IBSTITI IT	E PROGRAM				N SUBST			7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		$\exists \vdash$	5. MONTH	ı	TIME		DELETION
	1. 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 S	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Waldron Communication Company	\$	SYSTEM ID: 63239
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 transm (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 mount, see	9,000.48 ross 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 \$2 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.	63,800	
	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 th accounting period is \$52.00	is 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. 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	· <u> </u>	
	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	-	
	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		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
	TIENGTEE AND TOTAL NEWITTANGE DOL		
Filing Fee and Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. 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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2021/2 FORM SA1-2E. PA	AGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Waldron Communication Company 63	M ID# 3239
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	
	on which the cable system carried television broadcast stations and nonbroadcast services	
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 Mark Bernath Telephone 517-286-6400	
	Address P.O. Box 197 (Number, street, rural route, apartment, or suite number) Waldron, MI 49288	
	(City, town, state, zip) Email Fax (optional	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O 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 line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 owner of the cable system	
	in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein	
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X /s/ Mark Bernath	
	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: Mark Bernath	
	Title: President (Title of official position held in corporation or partnership)	
	Date: 2/09/2022	

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.

ounting Period: 2021/2				F	ORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYS	TEM:				SYSTEM ID#
Idron Communication Comp	pany				63239
service of providing second scribers and amounts collected for more information on when to ellocated in the paper SA1-2 form. During the accounting period, did made by satellite carriers to satellim.	1988 amended Title 17, section imber of subscribers and the grodary transmissions of primary bracted from subscribers receiving exclude these amounts, see the the cable system exclude any and	oss amounts paid to the roadcast transmitters, to secondary transmission note on page (vii) of the amounts of gross receip	pyright Act by adding the fol- e cable system for the basic he system shall not include st ons pursuant to section 119." e general instructions ts for secondary transmission	F	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address		Name Mailing Address			
INTEREST ASSESSMENT					
INTEREST ASSESSMENT					
You must complete this workshee For an explanation of interest asse	• • •			nt.	Q
You must complete this workshee For an explanation of interest asse	essment, see page (viii) of the g	general instructions loca			Q nterest Assessment
You must complete this workshee	essment, see page (viii) of the g	general instructions loca	ated in the paper SA1-2 form.		Q nterest Assessment
You must complete this workshee For an explanation of interest asset Line 1 Enter the amount of late p	essment, see page (viii) of the g	general instructions loca	ated in the paper SA1-2 form.		Q nterest Assessment
You must complete this workshee For an explanation of interest asse	essment, see page (viii) of the g	general instructions loca	ated in the paper SA1-2 form.		Q nterest Assessment
You must complete this workshee For an explanation of interest asset Line 1 Enter the amount of late p	essment, see page (viii) of the g	general instructions loca	ated in the paper SA1-2 form.		Q nterest Assessment
You must complete this workshee For an explanation of interest asset Line 1 Enter the amount of late p	essment, see page (viii) of the go ayment or underpayment	general instructions loca	xxx	In	Q nterest Assessment
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CONTROL #: REMITTANCE #:

Radio

 \square Accepted

C	Cable Worksheet	Total amount of remittance	Number of SAs	rec'd Initials	
		Date of remittance	Check □EFT	☐FILING FEES	
Cable ID #				Amount Initials	
Examined by	Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period			1		
	☐January 1 - June 30, 2017	□July 1 - December 31, 2017			
	☐Letter sent	☐Information received			
	□Accepted]	☐Phone call/Date/Contact		
Space B Owner					
	☐Letter sent		☐Information received		
	□Accepted]	Phone call/Date/Contact		
Space D Area Served					
	☐Letter sent		☐Information received		
	□Accepted]	☐Phone call/Date/Contact		
Space E Secondary Transission					
Service Subscribers:	Letter sent	[☐Information received		
and Rates	□Accepted	[Phone call/Date/Contact		
Space G Primary Transmitters:					
Television	☐Letter sent		☐Information received		
	□Accepted		Phone call/Date/Contact		
Space H Primary Transmitters:					

 $\hfill {\sf Phone call/Date/Contact}$

		Space I
		Substitute Carriage
	☐Information received	
□Accepted	□Phone call/Date/Contact	Space J
		Part-time
		Carriage Log (SA3 only)
☑Letter sent	☐Information received	(5/15/5111)
□Accepted	☐Phone call/Date/Contact	
		Space K Gross Receipts
		dioss receipts
Letter sent	☐Information received	
Letter sent	☐Phone call/Date/Contact	
		Space L
		Copyright Filing and Royalty Fees
Royalty Fee should be	☐Refund request to fiscal	
	□Information received	
Accepted	□Phoe call/Date/Contact	
		Space M
		Channels
	Trafe-weaking seasings	
☐Letter sent	☐Information received	
☐Accepted	☐Phone call/Date/Contact	S 0
		Space O Certification
☐Letter sent	☐Information received	
□Accepted	□Phone call/Date/Contact	
		Space P Statement of
		Gross Receipts
Letter sent	☐Information received	
Accepted	□Phone call/Date/Contact	1
		Space Q
		Interest Assessment
Letter sent	□Info/add'l fee received	-
□Accepted	□Phone call/Date/Contact	1