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	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru	ems (Short Form) actions are located of this workbook	02/25/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2021	2 Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the pa		sidiary of another corporation, give the full	corporate
Owner	List any other name or names under wh	nich the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty		n the last day of the accounting period shou nting period.	ld submit a
	Check here if this is the system's first fil	ing. If not, enter the system's ID numbe	r assigned by the Licensing Division.	63416
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM	Λ	
	COMMUNITY FIBER SOLUTIONS	INC		
l	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	T)	
		OF CABLE SYSTEM		
	(Number, street, rural route, apartment, or suite	number)		
	LIMA, OH 45801 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any bus			
System	names already appear in space B. In lin	e 2, give the mailing address of t	he system, if different from the addre	ess given in space B
oystem				
	MAILING ADDRESS OF CABLE SYSTE	M:		
	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 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.

Form	SA1-2E	Short	Form	(Pov	05 17
FUIII	SAT-SE	SHOLL	FUIII	(Rev.	03-17

FORM SA1-2E. PAGE 1b. SYSTEM ID#

63416

	COMMONITY FIBER SOLUTIONS INC	the came as a "community unit" as defined in ECC vulges
_	Instructions: List each separate community served by the cable system. A "community" is	
D	"a separate and distinct community or municipal entity (including unincorporated community of a separate and distinct comm	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will	serve as a form of system identification hereafter knowr
	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 parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	ADAMS COUNTY	IN
Community	BERNE	IN
	DECATUR	IN
dd Rows as Necessary	VILLAGE OF GENEVA	IN
	VILLAGE OF MONROE	IN
	MONROE TWP (UNINCORPORATED)	IN
	PREBLE TWP (UNINCORPORATED)	IN
	ROOT TWP (UNINCORPORATED)	IN
	WABASH TWP (UNINCORPORATED)	IN
	WASHINGTON TWP (UNINCORPORATED)	IN
	ALLEN COUNTY	IN
	NEW HAVEN	IN
	ADAMS TWP (UNINCORPORATED)	IN
	MARION TWP (UNINCORPORATED)	IN
	BLACKFORD COUNTY	IN
		IN IN
		IN
		IN
	UNION TWP (UNINCORPORATED)	IN
		IN
	VILLAGE OF DUNKIRK	IN
	VILLAGE OF BRYANT	IN
	PORTLAND	IN
	BEARCREEK TWP (UNINCORPORATED)	IN
	GREENE TWP (UNINCORPORATED)	IN
	JEFFERSON TWP (UNINCORPORATED)	IN
	NOBLE TWP (UNINCORPORATED)	IN
	RICHLAND TWP (UNINCORPORATED)	IN
	WAYNE TWP (UNINCORPORATED)	IN
	WELLS COUNTY	IN
	VILLAGE OF MARKLE	IN
	UNION TWP (UNINCORPORATED)	IN
		ОН
	BLUFFTON	ОН
	RICHLAND TWP (UNINCORPORATED)	ОН
	AUGLAIZE COUNTY	ОН
	ST. MARY TWP (UNINCORPORATED)	OH
		ОН
		ОН
		OH
		OH
	HARRISON TWP (UNINCORPORATED)	ОН

Accounting Period: 2021/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

COMMUNITY FIBER SOLUTIONS INC

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C							515	TEM ID 6341
	COMMUNITY FIBER SO	LUTIONS I	NC						0341
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	pace E should	cover a	Il categories of	fseconda				
Secondary	system, that is, the retransmission								
Transmission	about other services (including p last day of the accounting period						liiose exisi	ing on the	
Service: Sub-	Number of Subscribers: Both	-					-		
scribers and	down by categories of secondary	•		•		•			
Rates	each category by counting the n separately for the particular serv			•••		•		charged	
	Rate: Give the standard rate c					•	,	ge and the	
	unit in which it is generally billed				iny standa	ard rate variation	is within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of sec	condary transmi	ssion servi	ce that cable	
	systems most commonly provide			-		•			
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		c ngnt-n						
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCIE	ENG		CAI		(VICL	SUBSCRIBERS	10411
	Service to first set		280	20.00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
_	SERVICES OTHER THAN SEC In General: Space F calls for rate					all your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t	hose services	that are	not offered in	combinati	on with any sec	ondary trar	ismission	
Comisso	service for a single fee. There ar	•			0				
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		5 ,	
Transmissions:	Block 1: Give the standard rat Block 2: List any services that	• •				••		wara nat	
Rates	listed in block 1 and for which a				•	•	•		
	brief (two- or three-word) descrip	• •							
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	99.00		el, hotel				ONAL STB	6.0
	 Pay cable—add'l channel 			nmercial			DVR		6.0
				cable					
	Fire protection			a a la la 1 - 1 - 1 - 1 - 1					
	•Burglar protection		-	cable-add'l ch	lannei				
	•Burglar protection Installation: Residential		• Fire	protection					
	•Burglar protection Installation: Residential • First set		• Fire • Burg	protection glar protection					
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fire • Burg Other s	protection glar protection ervices:		29.00			
	•Burglar protection Installation: Residential • First set		• Fire • Burg Other s • Rec	protection glar protection		29.00			
	•Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Fire • Burg Other s • Rec • Disc	protection glar protection ervices: onnect		29.00			

	LEGAL NAME OF OWNER OF	- CABLE SYSTEM:		SYSTEM
Name	COMMUNITY FIBER S			634
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(c substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carried 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-ti- he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi- program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form.	ime basis under ams [sections tions carried on a bostitute program Log)—if the b on some other ions. PN, etc. Identify each ort multistream the air in its community in 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
dd Rows as Necessary	WINM	12.1	<u> </u>	ANGOLA, IN
	WANE	15.1	N	FORT WAYNE, IN
	WANE	15.3	I-M	FORT WAYNE, IN
	WPTA	21.1	N	FORT WAYNE, IN
	WPTA	21.2	N-M	FORT WAYNE, IN
	WPTA	21.3	N-M	FORT WAYNE, IN
	WISE	33.2	N-M	FORT WAYNE, IN
	WFWA	39.1	E	FORT WAYNE, IN
	WFWA	39.2	E-M	FORT WAYNE, IN
	WFWA	39.3	E-M	FORT WAYNE, IN
	WFWA	39.4	E-M	FORT WAYNE, IN
	WTLW	44.1	<u> </u>	LIMA, OH
	WFFT	55.1	N	FORT WAYNE, IN
	WTOL	11.1	<u>N</u>	TOLEDO, OH
	WTOL	11.2	N-M	TOLEDO, OH
	WTVG	13.1	N	TOLEDO, OH
	WTVG	13.2	N-M	TOLEDO, OH
	WTVG	13.3	N-M	TOLEDO, OH
	WNWO	24.01	N	TOLEDO, OH
	WNWO	24.2	N-M	TOLEDO, OH
	WNWO	24.3	N-M	TOLEDO, OH
	WBGU	27.1	Е	BOWLING GREEN, OH

	LEGAL NAME OF OWNER OF	- CABLE SYSTEM:		SYSTEM
Name	COMMUNITY FIBER S	SOLUTIONS INC		63
	PRIMARY TRANSMITTERS:	TELEVISION		
G		entify every television station (including m during the accounting period, <i>except</i>		,
	FCC rules and regulations i	in effect on June 24, 1981, permitting th	ne carriage of certain network progra	ams [sections
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain stat	tions carried on a
Television	Substitute Basis Stations	: With respect to any distant stations ca	arried by your cable system on a sub	ostitute program
	• Do not list the station here	ules, regulations, or authorizations: e in space G—but do list it in space I (th	ne Special Statement and Program I	_og)—if the
	 station was carried only on List the station here, and a 	a substitute basis. also in space I, if the station was carried	d both on a substitute basis and also	o on some other
	basis. For further information	on concerning substitute basis stations,	see page (v) of the general instructi	ons.
		n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	-	•
	"WETA-2" as the same on t	the form.	.	
		el number the FCC assigned to the tele	vision station for broadcasting over	the air in its community
		/RC is channel 4 in Washington, D.C. n case whether the station is a network s	station, an independent station, or a	noncommercial
	educational station, by ente	ering the letter "N" (for network), "N-M" (for network multicast), "I" (for indepe	endent), "I-M"
		, "E" (for noncommercial educational), o erms, see page (iv) of the general instru	i i	onal multicast).
		on of each station. For U.S. stations, list		is licensed by the
		dian stations, if any, give the name of th		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBGU	27.2	E-M	BOWLING GREEN, OH
	WBGU	27.3	E-M	BOWLING GREEN, OH
	WGTE	30.1	E	TOLEDO, OH

	WGTE	30.2	E-M	TOLEDO, OH
	WGTE WGTE	30.2 30.3	E-M E-M	TOLEDO, OH TOLEDO, OH
		++		
	WGTE	30.3	E-M	TOLEDO, OH
·	WGTE WUPW	30.3 36.1	E-M N	TOLEDO, OH TOLEDO, OH
······	WGTE WUPW WUPW	30.3 36.1 36.2	E-M N N-M	TOLEDO, OH TOLEDO, OH TOLEDO, OH
······	WGTE WUPW WUPW WLMB	30.3 36.1 36.2 40.1	E-M N N-M I	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
······	WGTE WUPW WUPW WLMB	30.3 36.1 36.2 40.1	E-M N N-M I	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
······	WGTE WUPW WUPW WLMB	30.3 36.1 36.2 40.1	E-M N N-M I	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
······	WGTE WUPW WUPW WLMB	30.3 36.1 36.2 40.1	E-M N N-M I	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
	WGTE WUPW WUPW WLMB	30.3 36.1 36.2 40.1	E-M N N-M I	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
	WGTE WUPW WUPW WLMB	30.3 36.1 36.2 40.1	E-M N N-M I	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
	WGTE WUPW WUPW WLMB	30.3 36.1 36.2 40.1	E-M N N-M I	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
	WGTE WUPW WUPW WLMB	30.3 36.1 36.2 40.1	E-M N N-M I	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
	WGTE WUPW WUPW WLMB	30.3 36.1 36.2 40.1	E-M N N-M I	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
	WGTE WUPW WUPW WLMB	30.3 36.1 36.2 40.1	E-M N N-M I	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
	WGTE WUPW WUPW WLMB	30.3 36.1 36.2 40.1	E-M N N-M I	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
	WGTE WUPW WUPW WLMB	30.3 36.1 36.2 40.1	E-M N N-M I	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
	WGTE WUPW WUPW WLMB	30.3 36.1 36.2 40.1	E-M N N-M I	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH

COMMUNIT	FOWNER OF (SYSTEM I 634
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he static ion's sign g a checl n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM anto his point, see pa ed by the cable s e station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral ir eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	AWIOTIW	0/0		UALL DIGIN		0,0		
						 		
								
						 		
								
						 		
						 		

Accounting Perio								
Name	LEGAL NAME OF OWNER OF							SYSTEM ID: 63410
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LC	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	tify every non accounting pe	network televi eriod, under sp	<i>ision program,</i> broadcast b becific present and former F	y a <i>distant</i> sta CC rules, reg	ulations, or a	authorizatio	ns. For a further
Carriage:	1. SPECIAL STATEMEN				ino gonorai inc			
Special	During the accounting pe	-			isis, any nonr	network tele	vision prog	Iram
Statement and Program Log	broadcast by a distant sta	ation?					YES	× NO
	Note: If your answer is "No	o", leave the	rest of this pa	ige blank. If your answer i	s "Yes," you r	nust comple	ete the pro	
	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 prograt Column 3: Give the call Column 4: Give the broot the case of Mexican or Cat Column 5: Give the mot first. Example: for May 7 gi Column 6: State the time	a distant stati egulations, ou ries like "mov . Bulls." m was broad l sign of the s vadcast statio nadian statio nth and day ive "5/7." mes when the	ion and that y r authorizatio vies" or "bask dcast live, ente station broadc on's location (to ons, if any, the when your sy e substitute pr	ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter casting the substitute prog the community to which th	ted for the pro neral instruct am titles, for e "No." ram. e station is lid e station is id e program. Us r cable system	ogramming ions for furt example, "I I censed by ti entified). se numerals m. List the t	of another her informa Love Lucy" he FCC or, s, with the r imes accur	station ation. or in month rately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program	ter "R" if the and regulation mming that y	ons in effect d		od; enter the l	etter "P" if t	he listed pr	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulatic mming that y 3.	ons in effect d our system w	luring the accounting perions are permitted to delete und	od; enter the l der FCC rules WHE	etter "P" if t and regula	he listed pr tions in	ogram
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	E PROGRAM 3. STATION'S	luring the accounting perions as permitted to delete und	bd; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if t and regula N SUBSTIT AGE OCCU	he listed pr tions in FUTE JRRED MES	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b.	ons in effect d our system w	luring the accounting perions are permitted to delete und	od; enter the l der FCC rules WHE CARRI	etter "P" if t and regula N SUBSTIT	he listed pr tions in FUTE JRRED	ogram 7. REASON FC
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	E PROGRAM 3. STATION'S	luring the accounting perions as permitted to delete und	wher the left of t	etter "P" if t and regula N SUBSTIT AGE OCCU	he listed pr tions in FUTE JRRED MES	ogram 7. REASON FC
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	E PROGRAM 3. STATION'S	luring the accounting perions as permitted to delete und	wher the left of t	etter "P" if t and regula N SUBSTIT AGE OCCU	he listed pr tions in FUTE JRRED MES	ogram
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	E PROGRAM 3. STATION'S	luring the accounting perions as permitted to delete und	wher the left of t	etter "P" if t and regula N SUBSTIT AGE OCCU	he listed pr tions in FUTE JRRED MES	ogram
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	E PROGRAM 3. STATION'S	luring the accounting perions as permitted to delete und	wher the left of t	etter "P" if t and regula N SUBSTIT AGE OCCU	he listed pr tions in FUTE JRRED MES	ogram
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	E PROGRAM 3. STATION'S	luring the accounting perions as permitted to delete und	wher the left of t	etter "P" if t and regula N SUBSTIT AGE OCCU	he listed pr tions in FUTE JRRED MES	ogram
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	E PROGRAM 3. STATION'S	luring the accounting perions as permitted to delete und	wher the left of t	etter "P" if t and regula N SUBSTIT AGE OCCU	he listed pr tions in FUTE JRRED MES	ogram
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	E PROGRAM 3. STATION'S	luring the accounting perions as permitted to delete und	wher the left of t	etter "P" if t and regula N SUBSTIT AGE OCCU	he listed pr tions in FUTE JRRED MES	ogram
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	E PROGRAM 3. STATION'S	luring the accounting perions as permitted to delete und	wher the left of t	etter "P" if t and regula N SUBSTIT AGE OCCU	he listed pr tions in FUTE JRRED MES	ogram
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	E PROGRAM 3. STATION'S	luring the accounting perions as permitted to delete und	wher the left of t	etter "P" if t and regula N SUBSTIT AGE OCCU	he listed pr tions in FUTE JRRED MES	ogram
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	E PROGRAM 3. STATION'S	luring the accounting perions as permitted to delete und	wher the left of t	etter "P" if t and regula N SUBSTIT AGE OCCU	he listed pr tions in FUTE JRRED MES	ogram
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	E PROGRAM 3. STATION'S	luring the accounting perions as permitted to delete und	wher the left of t	etter "P" if t and regula N SUBSTIT AGE OCCU	he listed pr tions in FUTE JRRED MES	ogram
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	E PROGRAM 3. STATION'S	luring the accounting perions as permitted to delete und	wher the left of t	etter "P" if t and regula N SUBSTIT AGE OCCU	he listed pr tions in FUTE JRRED MES	ogram
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Accounting Period:	2021/2 F	ORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
		63416
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amoun 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.	service
_	COPYRIGHT ROYALTY FEE	
L 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 \$263,80 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. 	D
	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-r accounting period is \$52.00	nonth
	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 \$ 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	
	o. interest charge. Enter the amount from line 4, space Q, page 6	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	
	2. Base amount under statutory formula	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing For and		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52	2.00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$	5.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$	67.00
	EFT Trace # or TRANSACTION ID # 2016203404	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copy See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more infor	

Accounting Period:	2021/2			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: IBER SOLUTIONS INC		SYSTEM ID# 63416
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	a, and (2) the cable system's t number of channels on whic television broadcast stations number of activated channel able system carried television	s	ations 31 184
N Individual to Be Contacted		BE CONTACTED IF FURTH	IER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name	ANGELA FINNERTY	Tele	phone 419-859-2144
	Address	1805 N DIXIE HWY (Number, street, rural route, apart LIMA, OH 45801 (City, town, state, zip)	ment, or suite number)	
	Email	angelafinnerty(Dwatchcomm.net Fax (optional) 419-8	159-2150
O Certification	I, the undersigned (Owne (Agenting (Agenting (Afficient (Afficient (Agenting (Agenting (Agenting (Agenting (Agenting	ed, hereby certify that (Check or r other than corporation or p t of owner other than corpor ine 1 of space B and that the or er or partner) I am an officer ine 1 of space B. I the statement of account and e, and correct to the best of m	ust be certified and signed in accordance with Copyright Office regulations, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable system as identified in line 1 of a ation or partnership) I am the duly authorized agent of the owner of the owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified the owner of the variant of the owner of the legal entity identified the owner of the legal, information, and belief, and are made in good faith. X /s/ Mark Miller Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	space B; or e cable system as identified d as owner of the cable system
		Typed or printer Title: (Title of c	d name: MARK MILLER VICE PRESIDENT fficial position held in corporation or partnership)	
		Date:	2/25/2022	

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 fing, a determination that would be made by a court of law.

ounting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
MMUNITY FIBER SOLUTIONS INC	6341
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system sha scribers and amounts collected from subscribers receiving secondary transmissions pursuant to For more information on when to exclude these amounts, see the note on page (vii) of the general inst located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary	ructions
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment For an explanation of interest assessment, see page (viii) of the general instructions located in the pap	
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	
x	
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment days days days x 0.00274 nterest charge) assistance please ght Office, please
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment days days days x 0.00274
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment days days days

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