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

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

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2/10/22	\$ 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
Accounting	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
	Holston Electric Cooperative
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	HolstonConnect, LLC
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	1200 W. Main Street (Number, street, rural route, apartment, or suite number)
	Rogersville, TN 37857 (City, town, state, zip)
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	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	1 IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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. PAGE						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I						
Name	Holston Electric Cooperative 6378							
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rule						
D	"a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	t will serve as a form of system identification hereafter kno						
Area		ome parks should be reported in parentheses below the						
Served	identified city.							
		T						
	CITY OR TOWN	STATE						
First	Rogersville	TN						
Community								
Rows as Necessary		(minimum)						
nons as necessary		•						
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Accounting Period: 2021/2 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63785 **Holston Electric Cooperative** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and 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 Rates 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	1,624	39.95			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	19	59.95			
Converter					
Residential					
Non-residential					
	I	T		I	l

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1					BLOCK 2	
CATEGORY OF SERVICE	ATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
• Pay cable		Motel, hotel				
 Pay cable—add'l channel 		Commercial				
 Fire protection 		• Pay cable				
Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
 First set 		Burglar protection				
Additional set(s)		Other services:				
 FM radio (if separate rate) 		Reconnect	15.00			
 Converter 		Disconnect				
		Outlet relocation	60.00			
		Move to new address				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63785

Holston Electric Cooperative PRIMARY TRANSMITTERS: TELEVISION

G

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
WAPK	43	N	TRI-CITIES
WATE	6	N	KNOXVILLE
WBIR	10	N	KNOXVILLE
WBIR.2	44	N-M	KNOXVILLE
WCYB.2	4	N-M	TRI-CITIES
WCYB	5	N	TRI-CITIES
WEMT	13	N	TRI-CITIES
WETP	2	E	TRI-CITIES
WETP.2	49	E-M	TRI-CITIES
WETP.3	41	E-M	TRI-CITIES
WJHL	11	N	TRI-CITIES
WJHL.2	32	N-M	TRI-CITIES
WKNX	7	N	KNOXVILLE
WKOP	30	E	KNOXVILLE
WKOP.2	47	E-M	KNOXVILLE
WKOP.3	48	E-M	KNOXVILLE
WKPT	9	N	TRI-CITIES
WKPT.2	29	N-M	TRI-CITIES
WPXK	12	N	KNOXVILLE
WTNZ	14	N	KNOXVILLE
WTNZ.3	42	N-M	KNOXVILLE
WVLR	7	N	KNOXVILLE
WVLT	3	N	KNOXVILLE

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Holston Electric Cooperative

63785

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
						ļ 	
						ļ 	
						ļ 	
						 	
		1		<u> </u>	l	1	<u> </u>

Accounting Paris	nd: 2021/2						FORM	A SA1 2E DACE E
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURIN	SYSTEM ID#
Name	Holston Electric Coop	erative						63785
		- op-ou		THE AND DOCUMENT				
1	SUBSTITUTE CARRIAG	_	_			tion that your	aabla ayat	tom corried on a
•	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:	1. SPECIAL STATEMEN	T CONCER	RNING SUBS	TITUTE CARRIAGE				
Special Statement and	During the accounting per	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	network televis	sion progr	am
Program Log	broadcast by a distant sta	ition?					YES	NO
	Note: If your answer is "No	o", leave the	rest of this pa	nge blank. If your answer is	"Yes," you r	nust complete	the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUTI					_		
	In General: List each subsclear. If you need more spa				s wherever po	ossible, if their	r meaning	y is
				vision program ("substitute	program") tl	nat, during the	accounti	ing
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ed for the pro	ogramming of	another s	station
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		7 VICO OI DUON	cibali. List specific progra		mampio, 1 Lo	vo Lucy	
				er "Yes." Otherwise enter "				
		•		casting the substitute progr the community to which the		censed by the	FCC or	in
	the case of Mexican or Car	nadian stati	ons, if any, the	community with which the	station is id	entified).		
			when your sy	stem carried the substitute	program. Us	se numerals, v	with the m	nonth
	first. Example: for May 7 gi		e substitute nr	ogram was carried by your	cable syste	m List the tim	es accura	ately
	to the nearest five minutes							1.0.1
	stated as "6:00-6:30 p.m."	"D":(1)	P. L. L.					to a d
	to delete under FCC rules			n was substituted for progr				
	was substituted for prograr							og. a.m
	effect on October 19, 1976							
					WHF	N SUBSTITU	ITF	
	S	UBSTITUT	E PROGRAM	1		AGE OCCUR		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIME	ES	DELETION
	1. THEE OF THOOFWIN	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
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ccounting Period:	2021/2				SA1-2E. PAG				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Holston Electric Cooperative			;	SYSTEM I 637				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you all amounts (gross receipts) paid to your cable system by subscribers for (as identified in space E) during the accounting period. For a further exp page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service	or the system planation of h	's secondary trans ow to compute thi	mission serv s amount, se	ce e				
	during the accounting period				96,108.00 gross receipts)				
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 les Use block 2 if the amount of gross receipts in space K is more than \$13' Use block 3 if the amount of gross receipts in space K is more than \$26' See page (vi) of the general instructions located in the paper SA1-2 form for	7,100 but les 3,800 but les	s than \$527,600	\$263,800					
	BLOCK 1: GROSS RECEIPTS OF	\$137,100 C	R LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the accounting period is \$52.00		, , , ,		nti				
	Line 1. Royalty fee for accounting period				0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD	Add lines 1 a	and 2						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OF								
	Base amount under statutory formula	\$	263,800.00						
	2. Enter amount of gross receipts from space K	· · · · · <u> </u>		-					
	3. Subtract line 2 from line 1			_					
	4. Enter the amount of gross receipts from space K				-				
	5. Enter the amount from line 3		· · · <u> </u>		<u>-</u>				
	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 (b	out less than \$52	7,600)					
	Enter the amount of gross receipts from space K	\$	396,108.00	_					
	2. Base amount under statutory formula	\$	263,800.00						
	3. Subtract line 2 from line 1	\$	132,308.00	_					
	4. Multiply line 3 by .01		<u>\$</u>	1,323.08	<u>-</u>				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory form	nula)	\$	1,319.00	-				
	6. Interest charge. Enter the amount from line 4, space Q, page 8		· · · <u> </u>	0.00	<u>-</u>				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add	lines 4, 5, an	d 6	\$	2,642.08				
	FILING FEE AND TOTAL REMITTANCE	E DUE							
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above	9)	\$	2,642.08	-				
Due	2. Filing Fee (See the instructions for more information on filing fee calcula	itions)	\$	20.00	<u> </u>				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and	d 3		\$	2,662.08				
	Important: Your remittance must be in the form of an electronic See page i of the general instructions in the paper				rights!				

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.			
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM:			SYSTEM ID# 63785			
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 ca	number of activated channel able system carried television ast services	n broadcast stations		48			
N Individual to Be Contacted		BE CONTACTED IF FURTH	HER INFORMATION IS NEEDED (Identify an int.)	individual to whom				
for Further Information	Name	Terri K Firestein		Telephone 301-7	788-6889			
	Address	(Number, street, rural route, apart	tment, or suite number)					
		Clear Spring, MD 217 (City, town, state, zip)	[ZZ					
	Email	tfireccg@myact	tv.net	Fax (optional)				
0	CERTIFICATION	(This statement of account m	nust be certified and signed in accordance with	n Copyright Office regulations)				
Certification	• I, the undersigne	ed, hereby certify that (Check o	one, but only one, of the boxes.)					
	(Owne	r other than corporation or p	partnership) I am the owner of the cable system	as identified in line 1 of space B; or				
			ation or partnership) I am the duly authorized a owner is not a corporation or partnership; or	gent of the owner of the cable system	as identified			
		er or partner) I am an officer (i ine 1 of space B.	if a corporation) or a partner (if a partnership) of	the legal entity identified as owner of t	the cable system			
		e, and correct to the best of my	hereby declare under penalty of law that all state / knowledge, information, and belief, and are ma					
			X /s/ Terri K. Firestein					
			Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/	•				
		Typed or printed	d name: Terri K. Firestein					
		Title: (Title of c	Sr. Director & Consultant official position held in corporation or partnership)					
		Date:		February 10, 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 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 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	FORM SA1-2E. PAGE 8.
AL NAME OF OW	VNER OF CABLE SYSTEM:	SYSTEM ID#
Iston Electric	c Cooperative	63785
The Satellite Howing sentend "In dete	ATATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the folce: ermining the total number of subscribers and the gross amounts paid to the cable system for the basic e of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- ers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
	rmation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	Receipts Exclusion
-	counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions lite carriers to satellite dish owners?	
X NO		
YES. Ente	er the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST	ASSESSMENT	
You must com	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter	the amount of late payment or underpayment	Interest Assessment
	x	
Line 2 Multip	ly line 1 by the interest rate* and enter the sum here	
	xdays	
Line 3 Multip	ly line 2 by the number of days late and enter the sum here	
	x 0.00274	
•	lly line 3 by 0.00274** and enter here ce L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ -	
шорас	(interest charge)	
	the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is t	he decimal equivalent of 1/365, which is the interest assessment for one day late.	
•	are filing this worksheet covering a statement of account already submitted to the Copyright Office, please owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner		
Address		
ID number		
First communi	ity served	
Accounting pe		

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 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.