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					
01/28/2022	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	CCOUNTING PERIOD COVERED BY	THIS STATEMENT: (YYYY/(Period))
	2021/2 Pe	riod 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Ва	rcode Data Filing Period (optional - see instructions)
Accounting Period		
В	Instructions: Give the full legal name of the owner of the citile of the subsidiary, not that of the parent	able system. If the owner is a subsidiary of another corporation, give the full corporate corporation.
Owner	List any other name or names under which th	e owner conducts the business of the cable system.
		ounting period, only the owner on the last day of the accounting period should submit a ayment 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 A	DDRESS OF CABLE SYSTEM
	Standard Tobacco Company, Inc.	
	BUSINESS NAME(S) OF OWNER OF C	ABLE SYSTEM (IF DIFFERENT)
	Bracken Cablevision	
	MAILING ADDRESS OF OWNER OF CA	BLE SYSTEM
	PO Box 100 (Number, street, rural route, apartment, or suite numb	31)
	Maysville, KY 41056	
С		s or trade names used to identify the business and operation of the system unless these give the mailing address of the system, if different from the address given in space B
System	IDENTIFICATION OF CABLE SYSTEM:	
	Bracken Cablevision	
	MAILING ADDRESS OF CABLE SYSTEM:	
	PO Box 100 (Number, street, rural route, apartment, or suite numb	r)
	Maysville, KY 41056 (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.

	T	FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
	Standard Tobacco Company, Inc.	8						
	Instructions: List each separate community served by the cable system. A "commun							
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 list will serve as a form of system identification he							
	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 l	nome parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	Augusta	KY						
Community	Brooksville	KY						
	Germantown	KY						
Rows as Necessary	Mt. Olivet	KY						

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: Standard Tobacco Company, Inc.

SYSTEM ID#

867

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	483	49.95			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
				1	j''''''

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	14.95	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) 	15.00	Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation	15.00		
		 Move to new address 	15.00		

Accounting Period: 2021/2

FORM SA1-2E. PAGE 3.

SYSTEM ID#

Name

Name

867

PRIMARY TRANSMITTERS: TELEVISION

Standard Tobacco Company, Inc.

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 othe
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 multistrean "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	
WKYT	21	N	Lexington, KY	
WKYT-3	21-3	N-M	Lexington, KY	
WKYT-4	21-4	N-M	Lexington, KY	
WKYT-5	21-5	N-M	Lexington, KY	
WLEX	28	N	Lexington, KY	
WLEX-2	28-2	N-M	Lexington, KY	
WKMR	30	E	Lexington, KY	
WKMR-2	30-2	E-M	Lexington, KY	
WKMR-3	30-3	E-M	Lexington, KY	
WKRM-4	30-4	E-M	Lexington, KY	
WLWT	20	N	Cincinnati, OH	
WLWT-2	20-2	N-M	Cincinnati, OH	
WXIX	29	N	Cincinnati, OH	
WXIX-2	29-2	N-M	Cincinnati, OH	
WXIX-3	29-3	N-M	Cincinnati, OH	
WXIX-4	29-4	N-M	Cincinnati, OH	
WCPO	26	N	Cincinnati, OH	
WCPO-2	26-2	N-M	Cincinnati, OH	
WCPO-3	26-3	N-M	Cincinnati, OH	
WCPO-4	26-4	N-M	Cincinnati, OH	
NCPO-5	26-5	N-M	Cincinnati, OH	
WSTR	18	N	Cincinnati, OH	
WSTR-2	18-2	N-M	Cincinnati, OH	
WSTR-3	18-3	N-M	Cincinnati, OH	
WSTR-4	18-4	N-M	Cincinnati, OH	

Accounting Period: 2021/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Standard Tobacco Company, Inc.

FORM SA1-2E. PAGE 3.

SYSTEM ID#

867

In General: In space G

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 othe 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 multistrean "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
WSTR-5	18-5	N-M	Cincinnati, OH
WKRC	12	N	Cincinnati, OH
WKRC-2	12-2	N-M	Cincinnati, OH
WKRC-3	12-3	N-M	Cincinnati, OH
WCET	34	E	Cincinnati, OH
WCET-2	34-2	E-M	Cincinnati, OH
WCET-3	34-3	E-M	Cincinnati, OH
WCET-4	34-4	E-M	Cincinnati, OH

Accounting Period: 2021/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Standard Tobacco Company, Inc.

86

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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	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID:					
Name	Standard Tobacco Co	mpany, lı	nc.					86					
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LO	G								
	In General: In space I. iden	tifv everv no	nnetwork telev	rision program, broadcast by	a distant sta	tion. that v	our cable sv	stem carried on a					
	substitute basis during the	accounting p	eriod, under s	pecific present and former F	CC rules, reg	ulations, o	r authorizatio	ons. For a further					
ubstitute				in this log, see page (v) of the	ne general ins	tructions i	n the paper s	SA1-2 form.					
arriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program												
tement and													
rogram Log	broadcast by a distant station?												
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program												
	log in block 2.												
	2. LOG OF SUBSTITUT												
	clear. If you need more sp			rate line. Use abbreviations Il rows to the tables	s wnerever po	ossible, it	tneir meanir	ng is					
				evision program ("substitute	program") tl	nat, during	the accoun	nting					
				our cable system substitut									
				ons. See page (v) of the ger ketball." List specific progra									
	"NBA Basketball: 76ers vs		0 1 100 01 10001	totsan. Elet epeeme progra		жатрю,	. Love Lucy	0.					
				ter "Yes." Otherwise enter "									
				casting the substitute progr (the community to which the		rensed hy	the ECC or	in					
				e community with which the			lile i CC oi	, 111					
		,	when your sy	stem carried the substitute	program. Us	se numera	als, with the	month					
	first. Example: for May 7 g		e cubetitute n	rogram was carried by your	cable eveter	n liet the	times accu	rately					
				rried by a system from 6:01									
	stated as "6:00-6:30 p.m."		-										
				m was substituted for progr									
				during the accounting perio vas permitted to delete und				rogram					
	effect on October 19, 1976	•	, ,	F	was substituted for programming that your system was permitted to delete under FCC rules and regulations in								
					T WHE	N SLIBST	TITLITE	1					
	s	SUBSTITUT	E PROGRAM	Л		N SUBST		7. REASON FO					
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES	7. REASON FO					
					CARRI	AGE OCC	CURRED						
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES						
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES						
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES						
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES						
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES						
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES						
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES						
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES						
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES						
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES						
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES						
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES						
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES						
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES						
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES						
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES						
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES						
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES						
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES	7. REASON FO DELETION					
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES						
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES						
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCO	CURRED TIMES						

Accounting Period: 2	2021/2 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Standard Tobacco Company, Inc. 867
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 total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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. \$ 149,750.10 IMPORTANT: You must complete a statement in space P concerning 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 less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 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-month accounting period is \$52.00 Line 1. Royalty fee for accounting period
	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 \$137,100) 1. Base amount under statutory formula \$263,800.00 2. Enter amount of gross receipts from space K \$149,750.10 3. Subtract line 2 from line 1 \$114,049.90 4. Enter the amount of gross receipts from space K \$149,750.10 5. Enter the amount from line 3 \$114,049.90 6. Subtract line 5 from line 4 \$35,700.20 7. Multiply line 6 by .005 (enter figure here) \$178.50 8. Interest charge. Enter the amount from line 4, space Q, page 8 0.000 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$178.50 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) 1. Enter the amount of gross receipts from space K \$263,800.00 3. Subtract line 2 from line 1 \$263,800 of gross receipts (under statutory formula) \$1,319.00 6. Interest charge. Enter the amount from line 4, space Q, page 8 0.00 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$1,319.00 6. Interest charge. Enter the amount from line 4 \$263,800 of gross receipts (under statutory formula) \$1,319.00 6. Interest charge. Enter the amount from line 4, space Q, page 8 0.00 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	7. TOTAL ROTALITY LL PATABLET ON ACCOUNTING PLRIOD. Add IIIIes 4, 5, and 0
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
	EFT Trace # or TRANSACTION ID # 26UPB3U6
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2021/2			FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: acco Company, Inc.		SYSTEM ID# 867
M Channels	to its subscribers 1. Enter the total	s, and (2) the cable system's to	f channels on which the cable system carried television broadcast stations otal number of activated channels during the accounting period.	9
	on which the ca	I number of activated channels able system carried television cast services	broadcast stations	113
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accour	ER INFORMATION IS NEEDED (Identify an individual to whom it.)	
for Further Information	Name Address	Jeff Cracraft PO Box 100 626 Fore		606-564-9220 ext. 316
		(Number, street, rural route, apartr Maysville, KY 41056 (City, town, state, zip)		
	Email	standtob@may	svilleky.net Fax (optional) 866-491-855	53
O Certification	I, the undersigned (Owned) (Agent)	ed, hereby certify that (Check or er other than corporation or p	artnership) I am the owner of the cable system as identified in line 1 of space	
	X (Offic		wner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified as ov	wner of the cable system
		te, and correct to the best of my	hereby declare under penalty of law that all statements of fact contained herei knowledge, information, and belief, and are made in good faith.	n
			X /s/ Jeffery A Cracraft 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: Jeffery A Cracraft	
		Title:	Treasurer ficial position held in corporation or partnership)	
		Date:	February 28, 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.

counting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
andard Tobacco Company, Inc.	867
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 a lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system f service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to secondary transmissions.	for the basic not include sub- Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instru- located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?	y transmissions
X NO	
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 or For an explanation of interest assessment, see page (viii) of the general instructions located in the pape	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
	x 0.00274
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	terest charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further as contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	,
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright list below the owner, address, first community served, ID number, and accounting period as given in the	•
Owner Address	
ID number	
First community served	
Accounting period	

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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)