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					
8/16/2017	\$ 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								
	20171 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								
	HAEFELE TV INC								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	PO BOX 312 (Number, street, rural route, apartment, or suite number)								
	SPENCER NY 14883-0312 (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	1 IDENTIFICATION OF CABLE SYSTEM: BERKSHIRE								
	MAILING ADDRESS OF CABLE SYSTEM:								
	3 SAME AS ABOVE								
	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.

Mama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II					
Name	HAEFELE TV INC						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 known 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 hor	ne parks should be reported in parentheses below the identifie					
Served	city.						
	CITY OR TOWN	STATE					
First	BERKSHIRE TOWN	NY					
Community	RICHFORD TOWN	NY					
	HARFORD TOWN	NY					
f Rows as Necessary	VIRGIL TOWN	NY					
	CANDOR TOWN	NY					
	NEWARK VALLEY TOWN	NY					
	CAROLINE TOWN	NY					
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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2017/1 FORM SA1-2E, PAGE 2. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name HAEFELE TV INC 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 last day of the accounting period (June 30 or December 31, as the case may be). **Transmission** Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subdown by categories of secondary transmission service. In general, you can compute the number of subscribers in scribers and 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. BLOCK 1 BLOCK 2 NO. OF NO. OF RATE CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE **SUBSCRIBERS** Residential: · Service to first set 541 24.95 359 1.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential 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 F 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 Services amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Other Than enter only the letters "PP" in the rate column. Secondary Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Installation: Non-residential Continuing Services: 9.00/14.95 · Motel, hotel · Pav cable · Pay cable-add'l channel Commercial Pay cable · Fire protection · Pay cable-add'I channel ·Burglar protection Installation: Residential · Fire protection 30.00 · Burglar protection First set 10.00 Other services: Additional set(s) 30.00 · FM radio (if separate rate) Reconnect Converter Disconnect

Outlet relocationMove to new address

10.00

30.00

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name HAEFELE TV INC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary 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 Transmitters: substitute program basis, as explained in the next paragraph. Television 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 4. LOCATION OF STATION 3. TYPE OF STATION WSTM DT 3-1 SYRACUSE, NY Add Rows as Necessary

MADIA DI 3-1		N	SYKACUSE, NY
WSTQ DT 3-2	24	-M	SYRACUSE, NY
WSTM DT 3-3	24	I-M	SYRACUSE, NY
WICZ DT 40-1	8		BINGHAMTON, NY
WBPN DT 40-2	8	I-M	BINGHAMTON, NY
WSKG DT 46-1	42	E	BINGHAMTON, NY
WSKG DT 46-2	42	E-M	BINGHAMTON, NY
WSKG DT 46-3	42	E-M	BINGHAMTON, NY
WIVT DT 34-1	34	Brande de l'annier	BINGHAMTON, NY
WBGH DT 34-2	34	N	BINGHAMTON, NY
WBNG DT 12-1	7	N	BINGHAMTON, NY
WBNG DT 12-2	7	I-M	BINGHAMTON, NY
WSYR DT 9-1	17	N	SYRACUSE, NY
WSYR DT 9-2	17	I-M	SYRACUSE, NY
WSYR DT 9-3	17	I-M	SYRACUSE, NY
WSYT DT 68-1	19	1	SYRACUSE, NY
WSYT DT 68-2	19	I-M	SYRACUSE, NY
WNYS DT 43-1	44	<u> </u>	BINGHAMTON, NY
WNYS DT 43-2	44	I-M	BINGHAMTON, NY
WSPX DT 56-1	15	1	SYRACUSE, NY
WSPX DT 56-2	15	I-M	SYRACUSE, NY
WSPX DT 56-3	15	I-M	SYRACUSE, NY

PRIMARY TRANSMITTERS: RADIO

HAEFELE TV INC

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.

H

Primary Transmitters: Radio

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.

- 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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N/A					~~~~~~		***************************************

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Accounting Perio	LEGAL NAME OF OWNER OF	CADLE GVC	TCAA-					SA1-2E. PAGE 5. SYSTEM ID#		
Name	HAEFELE TV INC	CABLE 313	1 (14).				•	#UI WIZI 6 T 6		
	TIALI LLL IV IIV									
-	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	IT AND PROGRAM LOG	i					
ı	In General: In space I, ident									
Substitute	substitute basis during the a explanation of the programm									
Carriage:	1. SPECIAL STATEMENT			Security (Security Security Se			,·!,,			
Special Statement and	During the accounting per	riod, did you	ur cable systen	n carry, on a substitute ba	sis, any nonne	etwork televis	sion program	1		
Program Log	broadcast by a distant stat	ion?					YES	NO		
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer is	"Yes," you m	ust complete	the progran	n		
	log in block 2.					··				
	2. LOG OF SUBSTITUTE			ata lina. Elaa ahbraviatians	uhorovor no	naibla if thai	r moonina io			
	In General: List each subs clear. If you need more spa				wilelevel bo	221716' 11 11101	i ilicaming is			
	Column 1: Give the title	of every no	onnetwork telev	vision program ("substitute						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general categor	ies like "mo								
	"NBA Basketball: 76ers vs.		deast live lente	er "Yes." Otherwise enter "	No "					
	Column 3: Give the call	sign of the	station broadca	asting the substitute progr	am.					
	Column 4: Give the broathe case of Mexican or Car	adcast station	on's location (t	he community to which the	e station is lice	ensed by the	FCC or, in			
				tem carried the substitute			with the mon	th		
	first. Example: for May 7 giv	ve "5/7."	•							
				ogram was carried by your ied by a system from 6:01				у		
	to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."									
	Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required									
	Column 7: Enter the lett									
		and regulati	ions in effect di	uring the accounting perio	d; enter the le	tter "P" if the	listed progr			
	Column 7: Enter the lette to delete under FCC rules a	and regulati nming that y	ions in effect di	uring the accounting perio	d; enter the le	tter "P" if the	listed progr			
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ccounting Period:	2017/1	FORM SA	1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: HAEFELE TV INC	SY	STEM ID
K iross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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)	ission service	
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	\$ 83 (Amount of gro	,141.70 ss 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 \$200. 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.	263,800	
	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 this accounting period is \$52.00	s 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	00)	
	Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	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)		0.00
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
iling Fee and tal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	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 informati		ts!

Accounting Period:	2017/1 FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: HAEFELE TV INC SYSTEM ID# 0
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. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 80
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 LEE D HAEFELE Telephone 607-589-6235 Address 24 E TIOGA ST PO BOX 312 (Number, street, rural route, apartment, or suite number) SPENCER NY 14883
	(City, town, state, zip) Email htv@htva.net Fax (optional 607-589-7211
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 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 [X] (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)] 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: LEE D HAEFELE Title: PRESIDENT (Title of official position held in corporation or partnership)
	Date: SILLIT

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.

WATER OF CARLE CACTEM		AVATE:
NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
ELE TV INC		
scribers and amounts collected from subscribers receive	gross amounts paid to the cable system for the basic broadcast transmitters, the system shall not include sub- ing secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
for more information on when to exclude these amounts, see the cated in the paper SA1-2 form.		
During the accounting period, did the cable system exclude any nade by satellite carriers to satellite dish owners?	amounts of gross receipts for secondary warmings and	
YES. Enter the total here and list the satellite carrier(s) belo	sw	_
lame Mailing Address	Name Mailing Address	
NTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments s For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment	e general instructions located in the paper 3A1-2 lotti.	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum h	x	
Line 3 Multiply line 2 by the number of days late and enter the		
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 \$ interest charge)	
* To view the interest rate chart click on www.copyright.gov contact the Licensing Division at (202) 707-8150 or licen	sing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the inte	rest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of list below the owner, address, first community served, ID number	account already submitted to the Copyright Office, please ber, and accounting period as given in the original filing.	
Owner		
***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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