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 COPYRIGH	IT OFFICE USE ONLY	Beturn completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	08/26/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
	W THIS STATEMENT. (W	(VV/(Poriod))	

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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
		Standard Tobacco Company, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Bracken Cablevision
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 100
		(Number, street, rural route, apartment, or suite number) Maysville, KY 41056
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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:
		Bracken Cablevision
		MAILING ADDRESS OF CABLE SYSTEM:
	2	PO Box 100 (Number, street, rural route, apartment, or suite number)
		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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Standard Tobacco Company, Inc.	867
D	Instructions: List each separate community served by the cable system. A "comm" a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	
-	CITY OR TOWN	STATE KY
First Community	Augusta Brooksville	KY
-	Germantown	KY
dd Rows as Necessary	Mt. Olivet	КҮ

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM II
Name	Standard Tobacco Com							515	86
		party, inc.							
Е	SECONDARY TRANSMISSION			-	-				
_	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							-	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv							-	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ly standa		, within a b		
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, the								
	with the number of subscribers a								
	sufficient.						BLOCK	2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:		591	42.05					
	 Service to first set Service to additional set(s) 		591	43.95					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential		ľ						
	Non-residential								
_	SERVICES OTHER THAN SEC In General: Space F calls for rat	-				l vour cable syst	em's servi	ces that were	
F	not covered in space E, that is, the	•	,		•				
	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		abaanyi	Silica. Il ally la			ible per pre	gram basis,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which as								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV	/ICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:			tion: Non-resi					
	• Pay cable	21.95	• Mot	el, hotel		40.00			
	 Pay cable—add'l channel 	21.95		nmercial		40.00			
	Fire protection		,	cable					
	•Burglar protection		,	cable-add'l ch	annel				
	Installation: Residential • First set	40.00		protection					
	T FUSI SEL	40.00	• Burg	glar protection					
		15.00					L		
	Additional set(s)	15.00				40.00			
		15.00	• Rec	onnect		40.00			
	Additional set(s)FM radio (if separate rate)	15.00	• Rec • Disc			40.00			

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM I
Name	Standard Tobacco Co			8
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: 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 informatic 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 locatio	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination p d with a station according to its over-th	(1) stations carried only on a part-tin he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also rogram services such as HBO, ESPI e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe ouctions in the paper SA1-2 form t the community to which the station i	ne basis under ims [sections ions carried on ; stitute program Log)—if the o on some othe ons N, etc. Identify each rt multistream the air in its community noncommercia 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
	WKYT	21	Ν	Lexington, KY
	WKYT-3	21-3	N-M	Lexington, KY
ows as Necessary	WLEX	39	N	Lexington, KY
,	WLEX-2	39-2	N-M	Lexington, KY
	WKMR	30	Е	Morehead, KY
	WKMR-2	30-2	E-M	Morehead, KY
	WKMR-3	30-3	E-M	Morehead, KY
	WLWT	35	Ν	Cincinnati, OH
	WLWT-2	35-2	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
	WCPO	22	Ν	Cincinnati, OH
	WCPO-2	22-2	N-M	Cincinnati, OH
	WCPO-3	22-3	N-M	Cincinnati, OH
	WSTR	33	N	Cincinnati, OH
	WSTR WSTR-2	33 33-2	N	Cincinnati, OH Cincinnati, OH
	WSTR-2	33-2	N-M	Cincinnati, OH
	WSTR-2 WSTR-3	33-2 33-3	N-M N-M	Cincinnati, OH Cincinnati, OH
	WSTR-2 WSTR-3 WSRT-4	33-2 33-3 33-4	N-M N-M N-M	Cincinnati, OH Cincinnati, OH Cincinnati, OH
	WSTR-2 WSTR-3 WSRT-4 WKRC	33-2 33-3 33-4 12	N-M N-M N-M N	Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH
	WSTR-2 WSTR-3 WSRT-4 WKRC WKRC-2	33-2 33-3 33-4 12 12-2	N-M N-M N-M N N-M	Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH
	WSTR-2 WSTR-3 WSRT-4 WKRC WKRC-2 WKRC-3	33-2 33-3 33-4 12 12-2 12-3	N-M N-M N-M N-M N-M	Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH Cincinnati, OH

EGAL NAME OF								SYSTEM I
Standard To		npany,	Inc.					8
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k 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 ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the c system as a so sed by the FC	2) it can ærtain si general i eparate	be expected, rated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		-			-	C/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Standard Tobacco Co	mpany, In	с.					867
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LOO	3			
	In General: In space I, ident	ify every noi	nnetwork televis	sion program, broadcast by	a distant stati	ion, that yoι	ur cable syste	m carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or au	uthorizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in th	ne paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	During the accounting per	-	r cable system	carry, on a substitute basi	s, any nonnei	twork televi		
Program Log	broadcast by a distant sta	tion?				L	YES	× NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the progra	n
	log in block 2.							
	2. LOG OF SUBSTITUTE			te line. I lee ekknevistiene v		sible if the		
	In General: List each subst clear. If you need more spa				wherever pos	sible, if the	ir meaning is	1
				ision program ("substitute p	program") tha	t, during th	e accounting	J
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							۱.
	"NBA Basketball: 76ers vs.					ampio, 120		
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nsed by the	e FCC or. in	
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is iden	itified).		
			when your sys	tem carried the substitute p	orogram. Use	numerals,	with the mor	וth
	first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your o	able system	List the tin	nes accurate	lv
	to the nearest five minutes.							.,
	stated as "6:00-6:30 p.m."							
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							am
	effect on October 19, 1976.							
					WHF	N SUBST	ITUTE	1
	s	UBSTITUT	E PROGRAM	1		AGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION
							_	
								·
			 				<u> </u>	
					 			·
								· · · · · · · · · · · · · · · · · · ·

Accounting Period:	2019/1 FORM SA1-2E.	PAGE 6.
Name		EM ID#
	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 of 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, see 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.	
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 \$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-moni accounting period is \$52.00 Line 1. Royalty fee for accounting period 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	
	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 \$ 150,920.45	
	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) \$ 190	.20
		.00
		0.20
	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 \$ 263,800.00	
	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	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 190.20	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 210	.20
	EFT Trace # or TRANSACTION ID #	
	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:	2019/1			FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: bacco Company, Inc.		SYSTEM ID# 867
M Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	ers, and (2) the cable system's tot tal number of channels on which t ed television broadcast stations tal number of activated channels cable system carried television b		9 113
N Individual to			R INFORMATION IS NEEDED (Identify an individual to whom	
Be Contacted for Further Information	Name	Jeff Cracraft	Telephone	606-564-9220 ext. 316
	Address	PO Box 100 (Number, street, rural route, apartme Maysville, KY 41056	ent, or suite number)	
	Email	(City, town, state, zip)	villeky.net Fax (optional) 866-491-8553	3
O	I, the undersig (Ow (Ag X (Of I have examinare true, comp	gned, hereby certify that (Check one mer other than corporation or par ent of owner other than corporation in line 1 of space B and that the own ficer or partner) I am an officer (if a in line 1 of space B. the the statement of account and he lete, and correct to the best of my ke ction 1001(1986)]	Image: the series of the cable system as identified in line 1 of space B; on or partnership) I am the duly authorized agent of the owner of the cable system is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified as owned a corporation) or a partner (if a partnership) of the legal entity identified as owned are by declare under penalty of law that all statements of fact contained herein nowledge, information, and belief, and are made in good faith. 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)	stem as identified
			Vice-President icial position held in corporation or partnership)	
		Date:	August 26, 2019	

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inting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
dard Tobacco Company, Inc.	86
 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 adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
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 underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here x -	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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