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						
07/07/21	\$						
	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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	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
	LYCOM INC 025335
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 1114
	(Number, street, rural route, apartment, or suite number) LOUISA, KY 41230
	(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:
	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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
ivalile	LYCOM INC 025335 0					
	Instructions: List each separate community served by the cable system. A "community"					
D	and distinct community or municipal entity (including unincorporated communities with	in unincorporated areas and including single, discrete unincorporated				
D	areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of sys	em identification hereafter known as the "first community." Please use it				
	as the first community on all future filings.	a narks should be reported in parentheses below the identified situ				
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon	e parks should be reported in parentheses below the identified city.				
Area						
Served						
	CITY OR TOWN	STATE				
Einot.	PRICHARD	WV				
First Community	TRIOTIAND	****				
,						
ld Rows as Necessary						

Accounting Period:	2019/(2)							
	LEGAL NAME OF CAMPIED OF CAN	OLE OVOTEM:						1-2E. PAGE 2. STEM ID#
Name								
	LYCOM INC 025335							
_	SECONDARY TRANSMISSION S	ERVICE: SURS	CRIRERS AND RATES					
E	In General: The information in spa				smission service	of the cable		
	system, that is, the retransmission		•	•				
Secondary	about other services (including page			-	must be those ex	isting on the	е	
Transmission	last day of the accounting period (number of subscribers to the cable syste				
Service: Sub- scribers and		•						
Rates								
	separately for the particular servic	-	• • •		•	3		
	Rate: Give the standard rate cha	•	• ,			•		
	unit in which it is generally billed. (•		andard rate	e variations within	a particular	rate	
	category, but do not include discou Block 1: In the left-hand block in			f secondai	v transmission se	rvice that co	ahla	
	systems most commonly provide t							
	that applies to your system. Note:							
	categories, that person or entity sh				• • •			
	subscriber who pays extra for cab				e count under "Se	rvice to the		
	first set" and would be counted on Block 2: If your cable system ha	-		. ,	ce that are differe	nt from thos	Δ	
	printed in block 1 (for example, tie							
	with the number of subscribers an			-	,	-		
	sufficient.							
	BL	OCK 1				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	I I	CA-	TEGORY OF SER	VICE	NO. OF SUBSCRIBERS	RATE
	Residential:	51	34.95	- OA	EXP BASIC	VIOL	OODOONIDENO	IVAIL
	Service to first set						48	20.00
	Service to additional set(s)			DIG BASIC				20.00
	• FM radio (if separate rate)			DIO DAGIO				
	Motel, hotel							
	Commercial							
	Converter							
	• Residential							
	Non-residential							
	SERVICES OTHER THAN SECO	NDARY TRANS	MISSIONS: RATES					
_	In General: Space F calls for rate			to all you	r cable system's s	ervices that	were	
F	not covered in space E, that is, the	,		•	•			
	service for a single fee. There are	•	,		•	` '	3	
Services	furnished at cost or (2) services or						aaia	
Other Than Secondary	amount of the charge and the unit enter only the letters "PP" in the ra		ually billed. If any rates a	re charge	on a variable pe	r-program b	asis,	
Transmissions:	Block 1: Give the standard rate		cable system for each of	the applic	able services liste	ed.		
Rates	Block 2: List any services that y	•	-				t	
	listed in block 1 and for which a se	parate charge w	as made or established.	-	• .			
	brief (two- or three-word) descripti	on and include t	he rate for each.					
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVI	CE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Installation: Non-resid	lential				
	• Pay cable	12.95	Motel, hotel					
	 Pay cable—add'l channel 	12.95	Commercial		160.00			
	Fire protection		• Pay cable		49.95			
	•Burglar protection		• Pay cable-add'l cha	nnel	49.95			
	Installation: Residential		Fire protection					
	• First set	129.95	Burglar protection					
	Additional set(s)	9.95	Other services:					
	• FM radio (if separate rate)	HD 12.95	1		49.95			
	• Converter	SD 8.95	Disconnect					
			1		49.95			
			Outlet relocation Move to new addres	ss	49.95 49.95			

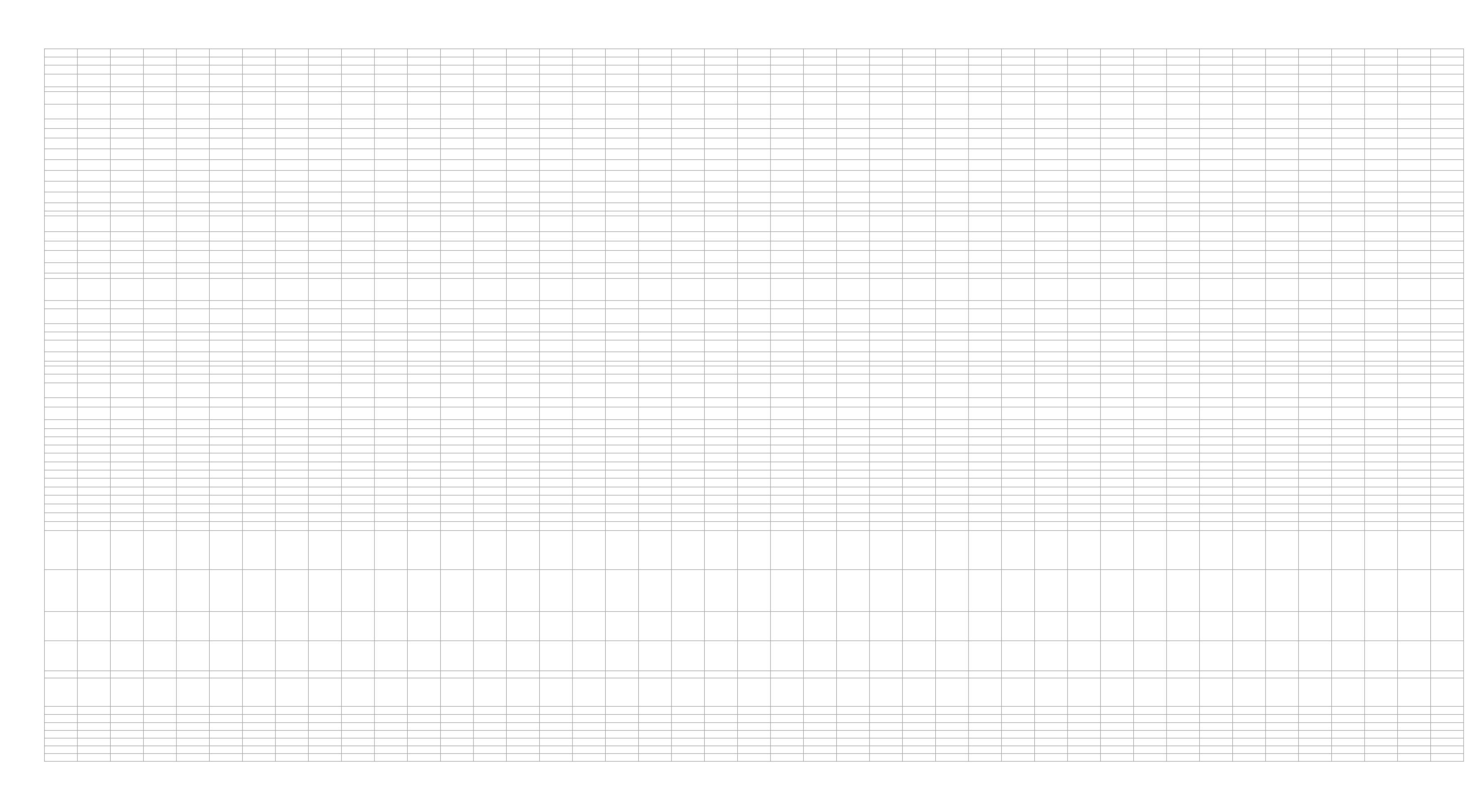
Accounting Period: 2019/(2) FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **LYCOM INC 025335** TELEVISION PRIMARY TRANSMITTERS: **In General:** In space G, identify every television station (including translator stations and low power television stations) G carried by your 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 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 **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** 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 3. TYPE OF STATION 4. LOCATION OF STATION Ε **WPBY** 34 **HUNTINGTON, WV WSAZ** 23 Ν **HUNTINGTON, WV WYMT** 12 HAZARD, KY Add Rows as Necessary 26 Ε ASHLAND, KY **WKET WQCW** 17 PORTSMOUTH, OH **WVAH** 19 Ν CHARLESTON, WV WOWK 13 Ν **HUNTINGTON, WV WTSF** 44 ASHLAND, KY WCPX 39 CHARLESTON, WV **WCHS** CHARLESTON, WV

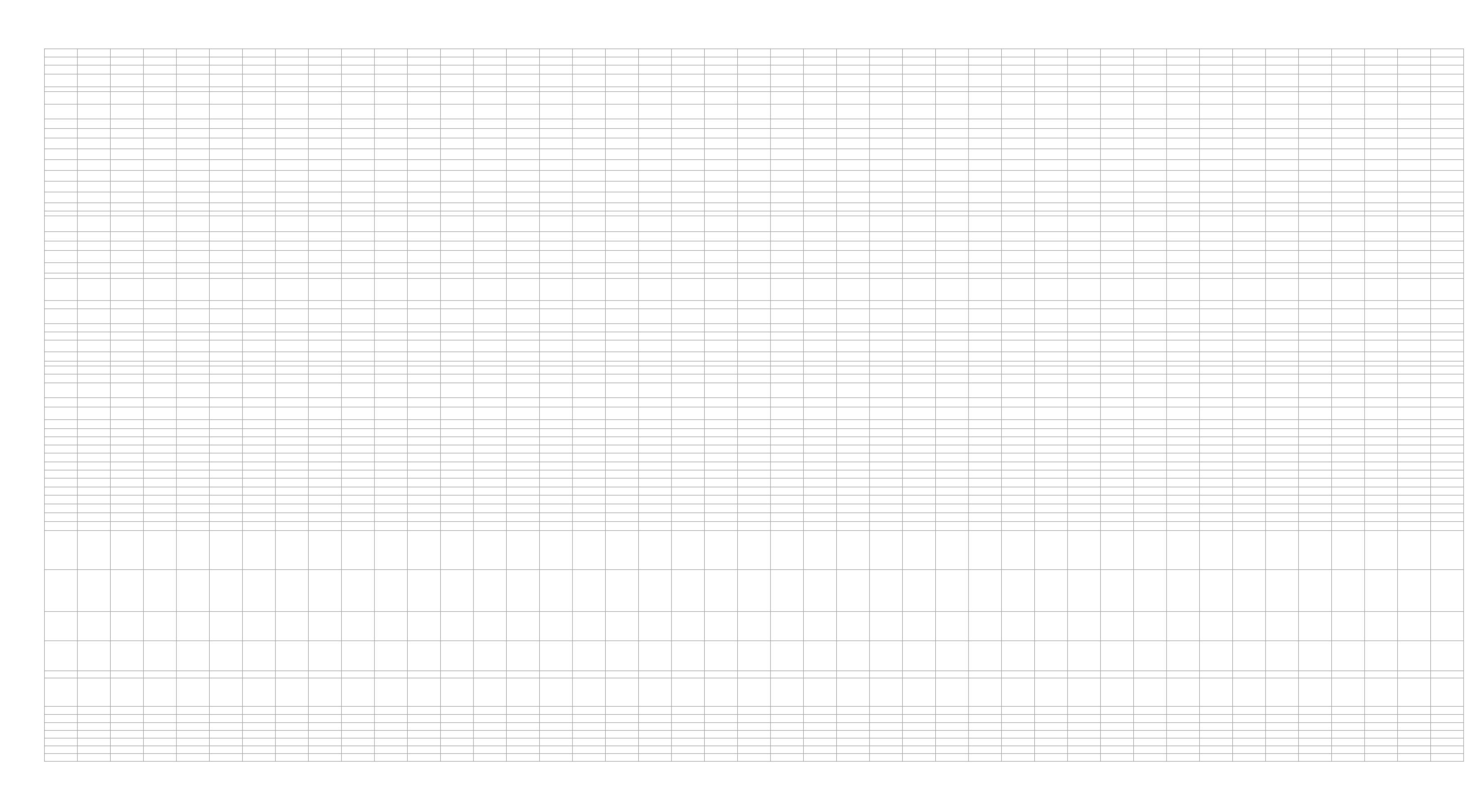
FORM SA1-2E. PAGE 4. Accounting Period: 2019/(2) LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# **LYCOM INC 025335 PRIMARY TRANSMITTERS: RADIO** H In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Primary Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio 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). S/D **CALL SIGN** AM or FM LOCATION OF STATION **CALL SIGN** AM or FM S/D LOCATION OF STATION

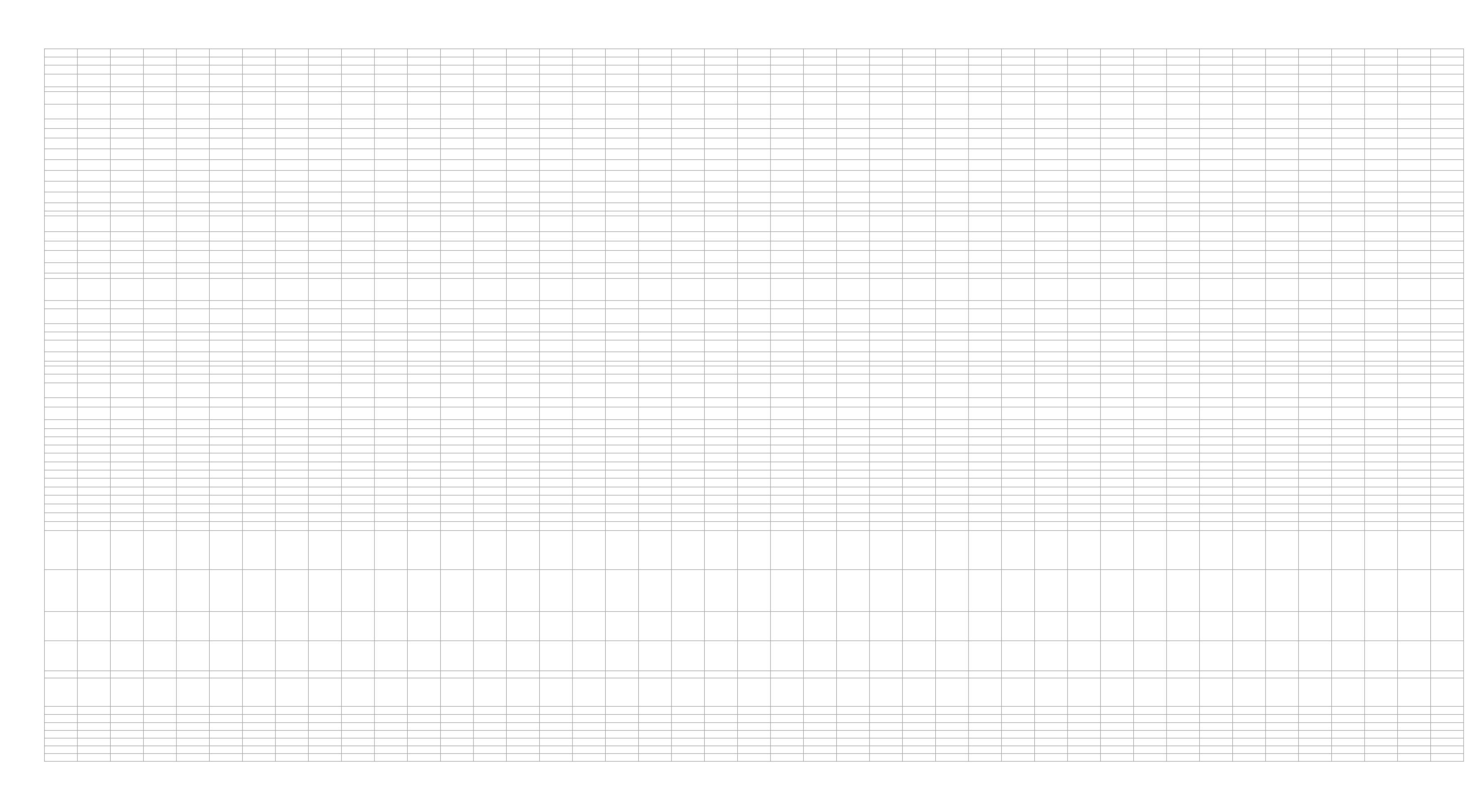
Accounting Period	· 2019/(2)				Ε/	DRM SA1-2E. PAGE 5.				
	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:			ГС	SYSTEM ID#				
Name	LYCOM INC 025335					0				
_	SUBSTITUTE CARRIAGE:	SPECIAL STATEMENT	AND PROGRAM LOG							
	In General: In space I, identify	every nonnetwork television	program, broadcast by a dista	nt station, that y	our cable system carried	I on a substitute				
Substitute	basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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: Special Statement and		1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
	broadcast by a distant static	on?			YES	NO				
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 SUBSTITUTE I	PROGRAMS								
	In General: List each substitu		line. Use abbreviations where	ver possible, if	their meaning is					
	clear. If you need more space	•	/s to the tables. on program ("substitute progra	am") that during	the accounting					
	period, was broadcast by a d	•		, .	,					
			See page (v) of the general in							
	"NBA Basketball: 76ers vs. B		all." List specific program titles	s, for example,	I Love Lucy or					
		was broadcast live, enter "Y								
		gn of the station broadcasti cast station's location (the o	ng the substitute program. community to which the statio	n is licensed by	the FCC or, in					
	the case of Mexican or Cana				de 20 de estado					
	first. Example: for May 7 give		n carried the substitute progra	am. Use numera	ais, with the month					
	Column 6: State the times	when the substitute progra	am was carried by your cable							
	to the nearest five minutes. E stated as "6:00–6:30 p.m."	xample: a program carried	by a system from 6:01:15 p.n	n. to 6:28:30 p.n	n. should be					
	Column 7: Enter the letter	. •	as substituted for programmin		•					
	to delete under FCC rules an was substituted for programn									
	effect on October 19, 1976.	mig that your cyclom mac p								
				WHEN SUB	STITUTE CARRIAGE					
		SUBSTITUTE PROGRAM			CCURRED	7. REASON FOR				
	1. TITLE OF PROGRAM	2. LIVE? 3. STATION'S Yes or No CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION				
					=					
					=					
		<u> </u>			=					
		<u> </u>			=					
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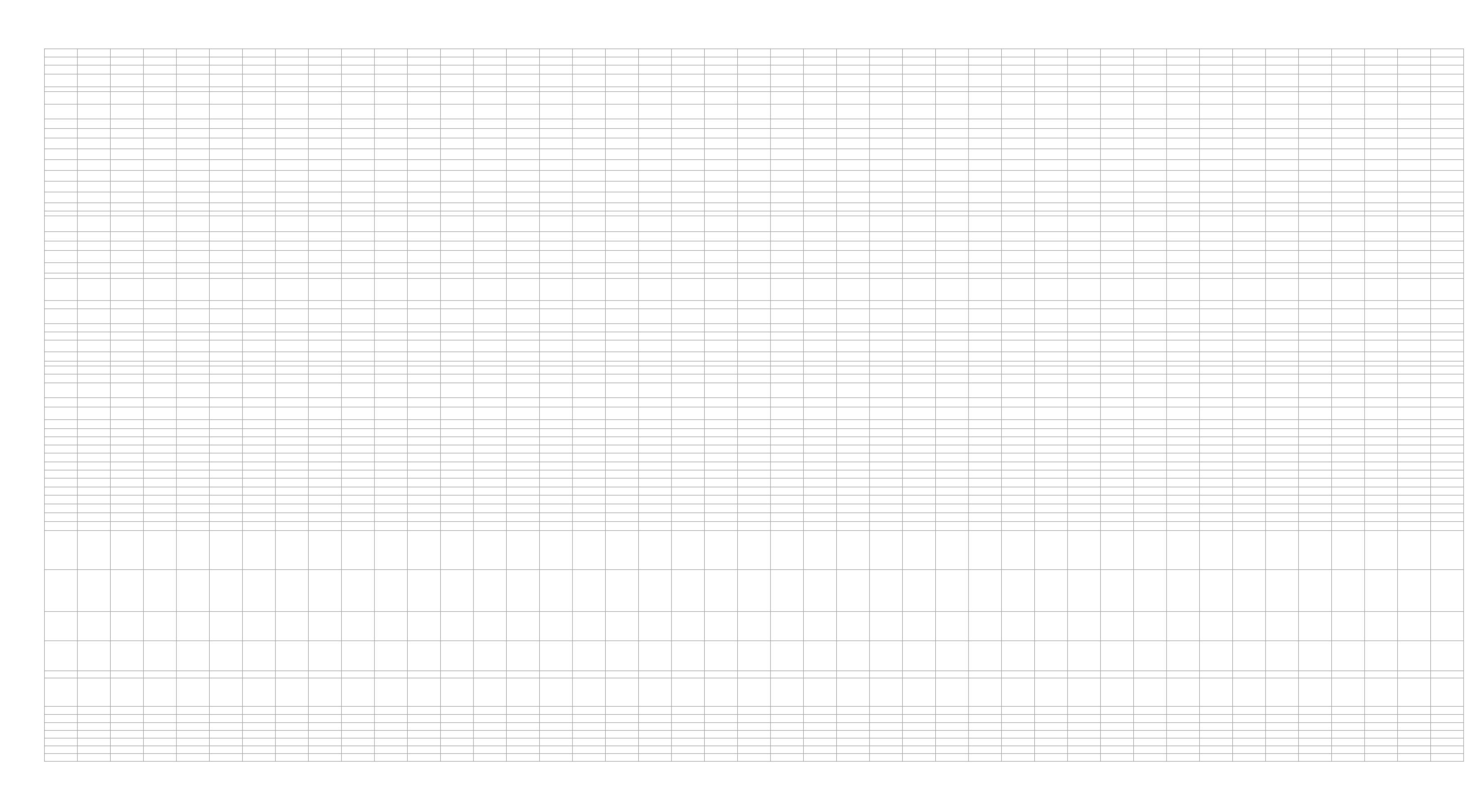
Accounting Period: 2	T		SA1-2E. PAGE 6 SYSTEM ID#					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: LYCOM INC 025335		(
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amount page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	service , see	1,896.00 pss receipts)					
	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-raccounting period is \$52.00	nonth						
	Line 1. Royalty fee for accounting period	\$	52.00					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)						
	1. Base amount under statutory formula							
	2. Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1							
	4. Enter the amount of gross receipts from space K							
	5. Enter the amount from line 3							
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)							
	8. Interest charge. Enter the amount from line 4, space Q, page 8							
	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)							
	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 Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00						
	2. 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					
	EFT Trace # or TRANSACTION ID #							
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more							

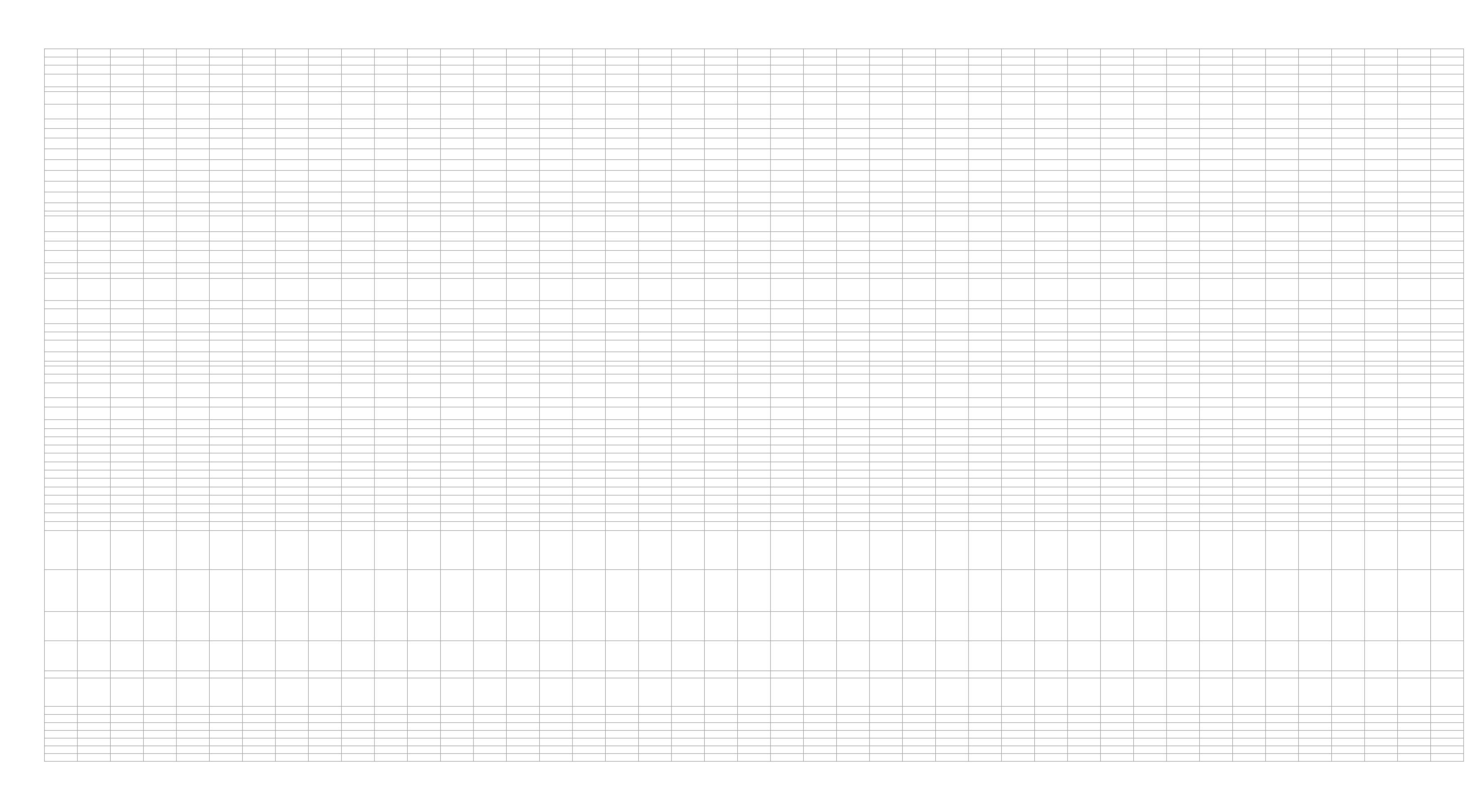
counting Period: 201)19/(2)			FORM SA1-2E. PAGE 7						
	I FGAL NAME OF	F OWNER OF CABLE SYSTEM:		SYSTEM ID#						
A 1	LYCOM INC			STSTEWIND#						
-	LI COM INC	02000								
	0114411-1-1-									
	CHANNELS									
M	Instructions:	You must give (1) the number of char	nnels on which the cable system carried television	n broadcast stations						
			number of activated channels during the accounting							
Channels		, , , , , , , , , , , , , , , , , , , ,	and accounting the accounting							
	1 Fnter the to	otal number of channels on which the	cable							
		ried television broadcast stations	·	10						
	System Cam	led television broadcast stations								
		otal number of activated channels								
	on which the	e cable system carried television broa	dcast stations	233						
	and nonbroa	adcast services								
			1							
N _	INDIVIDUAL 1	TO BE CONTACTED IF FURTHER IN	IFORMATION IS NEEDED (Identify an individual	I to whom						
	we can contac	ct about this statement of account.)								
Individual to										
Be Contacted										
for Further	Name	STEVEN LYCANS		Telephone 606-826-1005						
Information										
	Address	305 E PIKE ST								
		(Number, street, rural route, apartmen	t, or suite number)							
		LOUISA, KY 41230								
		(City, town, state, zip)								
	Email	STEVEN@LYCO	MCI.COM	Fax (optional)						
		<u> </u>		(56.00.00)						
	CEDITICATIO	MI /This statement of a control of the control of t	oortified and signed in seconds 200 C	ht Office regulations)						
	CERTIFICATIO	(Tris statement of account must be	e certified and signed in accordance with Copyrig	int Onice regulations)		+ + + + + + + + + + + + + + + + + + + +				
0										
Certification •	• I, the undersign	gned, hereby certify that (Check one, but	ut only one, of the boxes.)							
	(Or	wner other than corporation or partn	ership) I am the owner of the cable system as iden	ntified in line 1 of space B; or						
	(3)		1, 21 21 21 21 21 21 21 21 21 21 21 21 21							
			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	er is not a corporation or partnership; or							
	(0	Officer or partner) I am an officer (if a c	orporation) or a partner (if a partnership) of the lega	al entity identified as owner of the cable system						
		in line 1 of space								
			y declare under penalty of law that all statements o							
			vledge, information, and belief, and are made in goo	od faith.						
	[18 U.S.C., Se	ection 1001(1986)]								
			X							
			↑ STEVEN LYCANS							
			Enter an electronic signature on the line above to cer							
			Enter signature using an "/s/ signature" (e.g., /s/ Joh	in Smith)						
		Typed or printed n	ame: STEVEN LYCANS							
		Title:	PRESIDENT				 			
		(Title of offic	al position held in corporation or partnership)							
		Date:		5/28/2021						
	1				1					
vacy Act Notice: So	Section 111 of title	2 17 of the United States Code authorizes	the Copyright Office to collect the personally identifying	ng information (PII) requested on this						
m in order to process	ss your statement	t of account. PII is any personal information	on that can be used to identify or trace an individual, s	such as name, address and telephone						
mhers By providing I	g PII, you are agre	eeing to the routine use of it to establish a	nd maintain a public record, which includes appearing	g in the Office's public indexes and in						
inders. By providing i	ad for the nublic	The effect of not providing the PII request	ed is that it may delay processing of your statement o	of account and its placement in the						
arch reports prepared	tu ioi tile public.	ount, and it may affect the legal sufficiency				· I	 The second secon	· · · · · · · · · · · · · · · · · · ·	 and the second s	

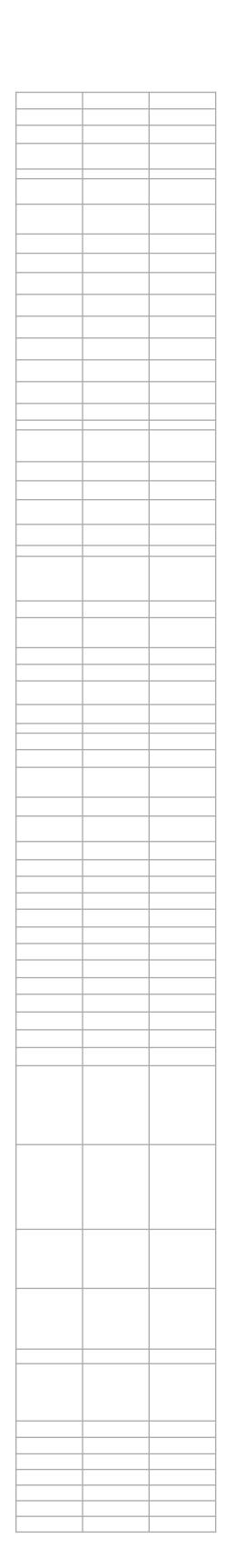












Accounting Period: 2019/(2)	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
LYCOM INC 025335	<u> </u>
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the lowing sentence: "In determ service of scribers a	Special Statement Concerning Gross Receipts Exclusion
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 transmade by satellite carriers to satellite dish owners?	nissions
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underp	avment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2	
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	X 0.0027-1
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	<u> </u>
* To view the	iterest charge)
contact the	
** This is the	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office list below the owner, address, first community served, ID number, and accounting period as given in the original	· •
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 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.



I	1.00		
N	0.25		
E	0.25		
I-M	1		
N-M	0.25		
E-M	0.25		