Stratement of a account of provide stratement of the code system       FOR COMPYRIGHT OFFICE USE ONLY       Date RecEntVED       AMOUNT       Stratement of the code all and other the code all and other the code and other the code all and all and the code all and all and the code all and all and the code all and the code all and all and the code all and the code all and all and the code all and all and the code all and all and the code all		ffective beginning with the Janu for a prior accounting period, cont	-		SA1-2E Short Form
Sable Systems (Short Form) <ul> <li></li></ul>	TATEME	NT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook b email to:
B       07/07/21       \$       Interface       Period 2 = July 1 - December 31         Accounting Period       Period 2 = July 1 - December 31       Berocke Data Filing Period (optional - see instructions)       Period 2 = July 1 - December 31         B       Owner       Instructions: Context may support that of the games comparison.       Period 2 = July 1 - December 31         B       Owner       Instructions: Context may support that of the games comparison.       Period 2 = July 1 - December 31         Check here if this is the system's first filing. If not, enter the system's 10 number assigned by the Licensing Division.       Instructions: Check here if this is the system's first filing. If not, enter the system's 10 number assigned by the Licensing Division.         LiceAL NAME OF OWNER OF CABLE SYSTEM       LiceAL NAME OF OWNER OF CABLE SYSTEM         Ligon Intel 30833       Business of the system's into filing period context means under unless the system's 10 number assigned by the Licensing Division.         LiceAL NAME OF OWNER OF CABLE SYSTEM       Mailung AddDecess OF CABLE SYSTEM         Ligon Intel 308333       Business of the system's into filing period context means under the system's 10 number assigned by the Licensing Division.         LiceAL NAME OF OWNER OF CABLE SYSTEM       PO Box 1111 Period System in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1       DEVIFICATION OF CABLE SYSTEM:	or Secondai	ry Transmissions by	DATE RECEIVED	AMOUNT	conlicsoa@convright.gov
A       ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY(Period))       (22) 707-9150         A       ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY(Period))       (20) 707-9150         2019/02.1       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         2019/02.1       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         B       Saccode Data Filing Period (optional - see instructions)         Accounting       Featuretions:         B       Instructions:         Us any other name on the owner of the coble system. If the owner is a subsidiary of another corporation, give the full corporate title of the subadiary, not third of the parent corporation.         Us any other name on annee, under which the owner conducts the business of the cable system.         If there differed arrenge range of only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entite accounting period.         C       MALING ADDRESS OF CABLE SYSTEM         PO Box: 11114       Posterinter         Malling ADDRESS OF OWNER OF CABLE SYSTEM         PO Box: 11114         Posterinter         Malling ADDRESS OF CABLE SYSTEM         PO Box: 11114         PO Box: 11114         PO Box: 11114         PO Box: 11114         PO Box: 11114 <td< td=""><td>-</td><td></td><td>07/07/21</td><td>\$</td><td>For additional information, contact the U.S. Copyright</td></td<>	-		07/07/21	\$	For additional information, contact the U.S. Copyright
Accounting       2019/(2)       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         Accounting       Barcode Data Filing Period (optional - see instructions)         B       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.         Corner       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 of another corporation, give the full corporate title of the subsidiary of the accounting period, only the owner on the cable system.         If the rame or names under which the owner conducts the business of the cable system.       If the owner of the converse during the owner on the cable system.         If the rame or names under which the owner conducts the business of the cable system.       If the sistement of account and royaby fee payment covering the entire accounting period.         If the owner is first filing. If not, enter the system's ID number assigned by the Licensing Division.       If Desting a provide a system of page and			0//0//21	ALLOCATION NUMBER	
Accounting Period       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. 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 line 036933 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)         MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 1114 Number system (IF DIFFERENT)         MSTRUCTIONS: 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 papea B. In line 2, give the mailing address of the system, if different from the address given in space B. 1	Α		-		
Pariod       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.         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.         Legal. NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM         Lycom Inc 036933         Business NAME(s) OF OWNER OF CABLE SYSTEM         Lycom Inc 036933         Business of Downer of CABLE SYSTEM         Vowner         MAILING ADDRESS OF CABLE SYSTEM         Lycom Inc 036933         Business NAME(s) OF OWNER OF CABLE SYSTEM         Vowner, Street, rul oule, apathenet, or submer of CABLE SYSTEM         PO Box 1114         Number, street, rul oule, apathenet, or submer out the mailing address of the system, if different from the address given in space B.         System       1	Accounting		Barcode Data Filing Period (optional -	see instructions)	
B       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.         Ust 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 royatry 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.       Image: Check here if this is the system's for the system's ID number assigned by the Licensing Division.         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       Lycom ine 036933         Business NAME(s) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)       Subsides, NAME(s) OF OWNER OF CABLE SYSTEM         PO Box 1114       Number, street, toral route, aparthment, or suffer number)       Louiss, NY, 41230         Corport, other date, aparthment, or suffer number)       Louiss, NY, 41230       Corport, 41230         Corport, 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.       Indentification of CABLE SYSTEM:         1       IDENTIFICATION OF CABLE SYSTEM:       Interview of the system in space B.	-				
Owner       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 036933         BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)         MAILING ADDRESS OF OWNER OF CABLE SYSTEM         PO Box 11114         (Number, state, zpp)         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.         1       IDENTIFICATION OF CABLE SYSTEM:	В	Give the full legal name of the owner		of another corporation, give the full corporate t	itle of the
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 036933         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)         MAILING ADDRESS OF OWNER OF CABLE SYSTEM (IF DIFFERENT)         MAILING ADDRESS OF OWNER OF CABLE SYSTEM         PO Box 1114.         (Number, steed, runt route, spathment, or sulle number)         LOUISA, KY 41230         (City, town, state, zip)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.         1       IPENTIFICATION OF CABLE SYSTEM:	Owner	List any other name or names under w	which the owner conducts the business of the cal	ble system.	
LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM           Lycom Inc 036933           BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)           MAILING ADDRESS OF OWNER OF CABLE SYSTEM           PO Box 1114           (Number, street, rural route, apertment, or suite number)           Louisa, KY 41230           (City, town, state, zip)           INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.           1         IDENTIFICATION OF CABLE SYSTEM:				st day of the accounting period should submit a	single
Lycom Inc 036933           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)           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		Check here if this is the system's first f	iling. If not, enter the system's ID number assign	ed by the Licensing Division.	
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM         PO Box 1114         (Number, street, rural route, apartment, or suite number)         Louisa, KY 41230         (City, town, state, zip)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.         1       IDENTIFICATION OF CABLE SYSTEM:		LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTEM		
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)         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.         1         IDENTIFICATION OF CABLE SYSTEM:		Lycom Inc 036933			
PO Box 1114         (Number, street, rural route, apartment, or suite number)         Louisa, KY 41230         (City, town, state, zip)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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		BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFERENT)		
(Number, street, rural route, apartment, or suite number)         Louisa, KY 41230         (City, town, state, zip)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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			OF CABLE SYSTEM		
C       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			ite number)		
System       1         IDENTIFICATION OF CABLE SYSTEM:					
1	С				
MAILING ADDRESS OF CABLE SYSTEM:	System	1 IDENTIFICATION OF CABLE SYSTEM	1:		
		MAILING ADDRESS OF CABLE SYST	TEM:		

• • •	
2	(Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

**Privacy Act Notice:** Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Lycom Inc 036933 Instructions: List each separate community served by the cable system. A "community	U is the same as a "community unit" as defined in ECC rules: "a separate
D	and distinct community or municipal entity (including unincorporated communities wi areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of sy as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	thin unincorporated areas and including single, discrete unincorporated stem identification hereafter known as the "first community." Please use it
Area Served		
	CITY OR TOWN	STATE
First Community	Lawrence County	KY
Rows as Necessary		
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ccounting Period:	/ (_/								FORMEN	1-2E. PAGE 2.
	LEGAL NAME OF OWNER OF CAB	I E SYSTEM:								STEM ID#
Name	Lycom Inc 036933									
E	SECONDARY TRANSMISSION S In General: The information in spa				ndarv trans	mission service	of the	cable		
_	system, that is, the retransmission		-		•				n	
Secondary	about other services (including pay				•					
Transmission	last day of the accounting period (J	<i>,</i> .					o a canag	g on alo		
Service: Sub-	Number of Subscribers: Both b				• •	to the cable sy	stem, b	broken		
scribers and	down by categories of secondary ti	•				•				
Rates	each category by counting the num						tions cl	harged		
	separately for the particular service									
	Rate: Give the standard rate cha	-					-			
	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									
	that applies to your system. <b>Note:</b>								,	
	categories, that person or entity sh	ould be counted	as a subsci	riber in each	applicable	category. Exar	nple: a	residen	tial	
	subscriber who pays extra for cable					count under "S	Service	e 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.	rates, in the rigi	IL-Hand Diod	CK. A LWO- OF	inree-word	description of	the ser	vice is		
		DCK 1					B	LOCK	2	
		NO. OF							NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	=	SUBSCRIBERS	RATE
	Residential:									
	<ul> <li>Service to first set</li> </ul>		378	23.25	Expand	ed Basic			383	26.70
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)							·····		
	Motel, hotel		1	12.95						
	Commercial		3	33.25						
	Converter		·····	33.23						
	Residential									
	Non-residential									
					•			•		
_	SERVICES OTHER THAN SECON In General: Space F calls for rate				to all your	cable svetem's	sonvice	os that y	Noro	
F	not covered in space E, that is, tho	· /		•	•	•			were	
	service for a single fee. There are t					• •				
Services	furnished at cost or (2) services or			•			• • •			
Other Than	amount of the charge and the unit								sis,	
Secondary	enter only the letters "PP" in the rate	te column.	-		-			-		
Transmissions:	Block 1: Give the standard rate	• •	•							
Rates	Block 2: List any services that ye	•			-	• •				
	listed in block 1 and for which a se brief (two- or three-word) description	•			List these	other services	in the fo	orm of a	1	
	bher (two- of three-word) descriptio			ach.			<del></del>			
		BLOC							BLOCK 2	
	CATEGORY OF SERVICE			Y OF SERVI		RATE		ATEGO	RY OF SERVICE	RATE
	Continuing Services:			n: Non-resid	ential					
	• Pay cable	15.00	<ul> <li>Motel, h</li> </ul>							
	<ul> <li>Pay cable—add'l channel</li> </ul>		Comme	ercial						
	- Fire protection						1			
	<ul> <li>Fire protection</li> </ul>		<ul> <li>Pay cab</li> </ul>	ole						
	Burglar protection		-	ole ole-add'l cha	nnel		•			

Installation: Residential		Fire protection		 	
First set	120.00	Burglar protection		 	
<ul> <li>Additional set(s)</li> </ul>	14.95	Other services:		 	
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	50.00	 	
Converter	5.95	Disconnect		 	
		<ul> <li>Outlet relocation</li> </ul>	14.95	 	
		<ul> <li>Move to new address</li> </ul>	50.00	 	

	LEGAL NAME OF OWNER OF O	CABLE SYSTEM:		SYSTEM ID#					
Name	Lycom Inc 036933			C					
Add Rows as Necessary     P       Add Rows as Necessary     I. CALL SIGN	TELEVISION								
	In General: In space G, ident	ify every television station (including trans	slator stations and low power television	stations)					
		during the accounting period, <i>except</i> (1) s							
Primary		2) and (4), or 76.63 (referring to 76.61(e)(	• • • •						
Transmitters:	substitute program basis, as	explained in the next paragraph.							
Television		With respect to any distant stations carried	d by your cable system on a substitute p	program					
		n space G—but do list it in space I (the Sp	pecial Statement and Program Log)—if	the					
	-		then a substitute basis and also an ear	no other					
		concerning substitute basis stations, see							
Television		s call sign. <i>Do not</i> report origination progra		-					
			designation. For example, report mutus	Silean					
	<b>Column 2:</b> 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.								
		C is channel 4 in Washington, D.C. ase whether the station is a network station	on, an independent station, or a noncor	nmercial					
	educational station, by enterin	ng the letter "N" (for network), "N-M" (for n	network multicast), "I" (for independent),	, "I-M"					
				lticast).					
	Column 4: Give the location	of each station. For U.S. stations, list the	community to which the station is licens						
	FCC. For Mexican or Canadia	an stations, if any, give the name of the co	ommunity with which the station is ident	ified.					
		-							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WPBY	34	E	HUNTINGTON, WV					
		23	N						
	WJAZ	<b></b>	N	HUNTINGTON, WV					
Add Rows as Necessary		12	N						
Add Rows as Necessary	WYMT	12	N N E	HAZARD, KY					
Add Rows as Necessary	WYMT KET	12 26	N N E	HAZARD, KY ASHLAND, KY					
Add Rows as Necessary	WYMT KET WQCW	12 26 17	N N E N	HAZARD, KY ASHLAND, KY PORTSMOUTH, OH					
Add Rows as Necessary	WYMT KET WQCW WCHS	12 26 17 41	N E N N	HAZARD, KY ASHLAND, KY PORTSMOUTH, OH CHARLESTON, WV					
Add Rows as Necessary	WYMT KET WQCW WCHS	12 26 17	N E N N N	HAZARD, KY ASHLAND, KY PORTSMOUTH, OH					
Add Rows as Necessary	WYMT KET WQCW WCHS WVAH	12 26 17 41	N E N N N N	HAZARD, KY ASHLAND, KY PORTSMOUTH, OH CHARLESTON, WV					
Add Rows as Necessary	WYMT KET WQCW WCHS WVAH WOWK	12 26 17 41 19		HAZARD, KY ASHLAND, KY PORTSMOUTH, OH CHARLESTON, WV CHARLESTON, WV					
Add Rows as Necessary	WYMT KET WQCW WCHS WVAH WOWK WTSF WCPX	12 26 17 41 19		HAZARD, KY ASHLAND, KY PORTSMOUTH, OH CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV					
Add Rows as Necessary	WYMT KET WQCW WCHS WVAH WOWK WTSF WCPX	12 26 17 41 19 13 44		HAZARD, KY ASHLAND, KY PORTSMOUTH, OH CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV ASHLAND, KY					
Add Rows as Necessary	WYMT KET WQCW WCHS WVAH WOWK WTSF WCPX	12 26 17 41 19 13 44		HAZARD, KY ASHLAND, KY PORTSMOUTH, OH CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV ASHLAND, KY					
Add Rows as Necessary	WYMT KET WQCW WCHS WVAH WOWK WTSF WCPX	12 26 17 41 19 13 44		HAZARD, KY ASHLAND, KY PORTSMOUTH, OH CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV ASHLAND, KY					
Add Rows as Necessary	WYMT KET WQCW WCHS WVAH WOWK WTSF WCPX	12 26 17 41 19 13 44		HAZARD, KY ASHLAND, KY PORTSMOUTH, OH CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV ASHLAND, KY					
Add Rows as Necessary	WYMT KET WQCW WCHS WVAH WOWK WTSF WCPX	12 26 17 41 19 13 44		HAZARD, KY ASHLAND, KY PORTSMOUTH, OH CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV ASHLAND, KY					
Add Rows as Necessary	WYMT KET WQCW WCHS WVAH WOWK WTSF WCPX	12 26 17 41 19 13 44		HAZARD, KY ASHLAND, KY PORTSMOUTH, OH CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV ASHLAND, KY					
Add Rows as Necessary	WYMT KET WQCW WCHS WVAH WOWK WTSF WCPX	12 26 17 41 19 13 44		HAZARD, KY ASHLAND, KY PORTSMOUTH, OH CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV ASHLAND, KY					
Add Rows as Necessary	WYMT KET WQCW WCHS WVAH WOWK WTSF WCPX	12 26 17 41 19 13 44		HAZARD, KY ASHLAND, KY PORTSMOUTH, OH CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV ASHLAND, KY					
Add Rows as Necessary	WYMT KET WQCW WCHS WVAH WOWK WTSF WCPX	12 26 17 41 19 13 44		HAZARD, KY ASHLAND, KY PORTSMOUTH, OH CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV ASHLAND, KY					
Add Rows as Necessary	WYMT KET WQCW WCHS WVAH WOWK WTSF WCPX	12 26 17 41 19 13 44		HAZARD, KY ASHLAND, KY PORTSMOUTH, OH CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV ASHLAND, KY					
Add Rows as Necessary	WYMT KET WQCW WCHS WVAH WOWK WTSF WCPX	12 26 17 41 19 13 44		HAZARD, KY ASHLAND, KY PORTSMOUTH, OH CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV ASHLAND, KY					
Add Rows as Necessary	WYMT KET WQCW WCHS WVAH WOWK WTSF WCPX	12 26 17 41 19 13 44		HAZARD, KY ASHLAND, KY PORTSMOUTH, OH CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV ASHLAND, KY					
Add Rows as Necessary	WYMT KET WQCW WCHS WVAH WOWK WTSF WCPX	12 26 17 41 19 13 44		HAZARD, KY ASHLAND, KY PORTSMOUTH, OH CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV ASHLAND, KY					
Add Rows as Necessary	WYMT KET WQCW WCHS WVAH WOWK WTSF WCPX	12 26 17 41 19 13 44 39 	N I I	HAZARD, KY ASHLAND, KY PORTSMOUTH, OH CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV ASHLAND, KY					

## Accounting Period: 2019/(2)

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Lycom Inc 036933

## 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.

**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

FORM SA1-2E. PAGE 4.

SYSTEM ID#

Η

Primary Transmitters:

Radio

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	-		
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Accounting Period	l: 2019/(2)						FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM	Л:					SYSTEM ID#
Name	Lycom Inc 036933							0
<u> </u>	SUBSTITUTE CARRIAGE:	SPECIAL	STATEMENT A	AND PROGRAM LOG				
I	In General: In space I, identify basis during the accounting per	riod, under s	pecific present a	nd former FCC rules, regulation	ons, or authoriz	ations. For a fur	em carried o ther explan	on a <i>substitute</i> ation of the
Substitute Carriage: Special	programming that must be inclu				he paper SA1-2	2 form.		
Statement and	1. SPECIAL STATEMENT C	ONCERNI	NG SUBSTITU	TE CARRIAGE				
Program Log	During the accounting period	d, did your c	able system ca	rry, on a substitute basis, any	nonnetwork to	elevision progra	am	
	broadcast by a distant statio	n?					YES	NO
	Note: If your answer is "No", I	eave the res	st of this page b	lank. If your answer is "Yes,"	you must com	plete the progr	am	
	log in block 2.							
	2. LOG OF SUBSTITUTE F					e n		
	In General: List each substitucter. If you need more space				ever possible, i	f their meaning	IS	
	· · ·			n program ("substitute progra	am") that, durir	ng the accountin	าต	
	period, was broadcast by a di	•				•	•	
	under certain FCC rules, regu							
	Do not use general categories		es" or "basketba	II." List specific program titles	s, for example,	"I Love Lucy" c	or	
	"NBA Basketball: 76ers vs. Bu		ot live opter "V	as "Otherwise optor "No."				
	Column 2: If the program v Column 3: Give the call sig							
		•		ommunity to which the statio	n is licensed b	y the FCC or, ir	า	
	the case of Mexican or Canac		•			•		
		•	ien your system	a carried the substitute progra	am. Use nume	rals, with the m	onth	
	first. Example: for May 7 give		hatituta progra	muuna corriad bu your cabla	overtere liet th	a timor accura	talı	
	to the nearest five minutes. E			m was carried by your cable			tely	
	stated as "6:00–6:30 p.m."	vanipie. a pi	logram camed i	by a system nom 0.01.15 p.n	1. to 0.20.30 p			
		"R" if the list	ted program wa	s substituted for programmin	g that your sys	stem was <i>requii</i>	red	
	to delete under FCC rules and			1 0				
	was substituted for programm	ing that you	ir system was p	ermitted to delete under FCC	rules and reg	ulations in	-	
	effect on October 19, 1976.							
		SUBSTITUT	E PROGRAM			BSTITUTE CA OCCURRED	RRIAGE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIME		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	
					·			
						= .		
						· <del>-</del> -		
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1						Form SA	1-2E Shor	t Form (Rev. 05-1

Accounting Period: 2	019/(2)			FORM S	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Lycom Inc 036933			ç	SYSTEM ID# 0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the si (as identified in space E) during the accounting period. For a further explanation 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	ystem's secon on of how to co	dary transmission sompute this amount	service , see	<b>9,203.00</b> oss receipts)
	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 to the block 3 if the amount of gross receipts in space K is more than \$263,800 to the block 3 if the general instructions located in the paper SA1-2 form for more into the block 1.</li> </ul>	out less than \$		)	
	BLOCK 1: GROSS RECEIPTS OF \$	5137,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you m	ust pay for this six-n	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 line			\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR	•		)	
	1. Base amount under statutory formula	<b>\$</b>	263,800.00		
	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				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 a	nd 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$	263,800 (but	less than \$527,60	0)	
	1. 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				
	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)		\$	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 p	ayment bavah	le to the Reaister of	Copvriahts.	
	See page i of the general instructions in the paper SA1-2 form and				
					Form S

Juilling Fellou, 201-	19/(2)			FORM SA1-2E. PAGE 7.						
ounting Period: 2019										
<b>NI</b>	EGAL NAME OF OWNER OF CAE	BLE SYSTEM:		SYSTEM ID#						
	Lycom Inc 036933			0						
(	CHANNELS									
M .										
			which the cable system carried television broadcast station	S						
	to its subscribers, and (2) the c	able system's total number of	activated channels during the accounting period.							
annels	<u> </u>									
	1. Enter the total number of cha	annels on which the cable		10						
	system carried television broa	adcast stations								
	2. Enter the total number of act	tivated channels								
i i i			tione line line line line line line line li							
1	on which the cable system ca			233						
	and nonbroadcast services .			••••••						
	t									
	I									
N 💷	INDIVIDUAL TO BE CONTACT	TED IF FURTHER INFORMAT	<b>FION IS NEEDED</b> (Identify an individual to whom							
	we can contact about this state	ement of account.)					 			
vidual to										
ontacted										
	Name Steven I	Lvcans	· · · · ·	Telephone 606-826-1005						
rmation										
	Address <b>305 E PI</b>	KE ST								
		eet, rural route, apartment, or suite nu	umber)							
i										
		, KY 41230	·····					ļ		
	(City, town, st	laιe, ∠ιμ)								
	Email	STEVEN@LYCOMCI.COM	A Fax (optional)							
	1									
	<b>CERTIFICATION</b> (This statemer	t of account must be certified	and signed in accordance with Copyright Office regulation	s)						
0										
ification •	<ul> <li>I, the undersigned, hereby certified</li> </ul>	fy that (Check one, <i>but only one</i>	e, of the boxes.)							
	(Owner other than	corporation or partnership)   a	am the owner of the cable system as identified in line 1 of spa	ace B; or						
			ership) I am the duly authorized agent of the owner of the ca	ble system as identified						
	in line T of spac	e B and that the owner is not a								
	(Officer or partner	l 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 spac									
•	· I have examined the statement	of account and hereby declare	under penalty of law that all statements of fact contained here	ein						
a	are true, complete, and correct to	o the best of my knowledge, info	ormation, and belief, and are made in good faith.							
	[18 U.S.C., Section 1001(1986)]									
	· · · · · · · · · · · · · · · · · · ·									
			STEVEN LYCANS							
		Enter an el	lectronic signature on the line above to certify this statement.							
		Enter signa	ature using an "/s/ signature" (e.g., /s/ John Smith)							
		Typed or printed name:	SIEVEN LYCANS					ļ		
		Title: PRESI								
		(Title of official position h	held in corporation or partnership)							
								ļ		
		Date:	5/28/2021	······					1 1 1	
		Date:	5/28/2021							
	ction 111 of title 17 of the United C									
Act Notice: Sec	ection 111 of title 17 of the United S your statement of account PII is a	tates Code authorizes the Copyri	ight Office to collect the personally identifying information (PII) re	equested on this						
rder to process	s your statement of account. PII is a PII, you are agreeing to the routine	itates Code authorizes the Copyri any personal information that can use of it to establish and maintai		equested on this as and telephone	Image: select					

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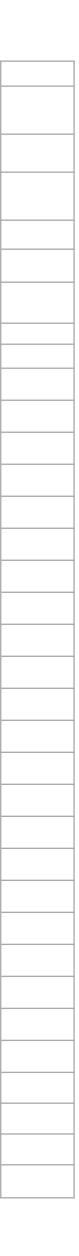
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		R OF CABLE SYSTEM:	SYSTEM ID
The Salellie Hone Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following semicons in the dear services at the paper SA12 form. P   For more information on when to exclude these amounts, see the note on page (vii) of the general instructions (concerning Gross Receipts for secondary transmissions made by satellite carriers to satellite dish owners? P   No • •   No •   Nore •   Marrie Address •   Marrie Address •   Marrie Address •   INTEREST ASSESSMENT •   Yo must complete this worksheet for those royally 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 SA12 form.   Line 1 Enter the amount of late payment or underpayment.   Interest Assessment   Line 2 Multipyline 1 by the interest rate* and enter the sum here   x       Line 3 Multipyline 1 by the interest rate* and enter the sum here   x 0.00274   Line 4 Multipyline 3 by 0.00274** and enter here   in space L, (age 6) block 1, line 2, or block 2 line 8, or block 3 line 6 <t< th=""><th>om Inc 03693</th><th></th><th>(</th></t<>	om Inc 03693		(
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, diff the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carrier to satellite dish owners?   No   Theme   Maining Address   Numme   Maining Address   Numme Nu	The Satellite Ho lowing sentence "In deter service of	me Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- : n of	Special Statement Concerning Gross
mate by satellite carriers to satellite dish owners?   No   YES. Enter the total here and list the satellite carrier(s) below.   Name   Maring 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. 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   Line 3 Multiply line 2 by the number of days late and enter the sum here    x   x   (interest charge)    * To is is the: NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.			Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.       \$	•		
Name       Name         Mailing Address       Name         Mailing Address       Mailing Address         INTEREST ASSESSMENT       You must complete this worksheet for those royally 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.       Interest Assessment         Line 1       Enter the amount of late payment or underpayment	X NO		
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.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments and enter the sum here.       Image: Complete this worksheet for those royalty payments and enter the sum here.       Image: Complete this worksheet for those royalty payments and enter the sum here.       Image: Complete this worksheet for those royalty payments and enter the sum here.       Image: Complete this worksheet for those royalty payments and enter the sum here.       Image: Complete this worksheet for those royalty payments and enter the sum here.       Image: Complete this worksheet for those royalty payments and enter the sum here .       Image: Complete this worksheet for those royalt	YES. Enter	the total here and list the satellite carrier(s) below	
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.   Line 1 Enter the amount of late payment or underpayment			
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page: Comparison of interest assessment, see page: Comparison of interest rate* and enter the sum here			
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter th	e amount of late payment or underpaymentx	Interest Assessment
Image: A constraint of the state of the	Line 2 Multiply		<u>-</u>
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6			
(interest charge) * To view the contact the ** This is the NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	Line 3 Multiply	· · ·	<u>-</u>
contact the   *** This is the   NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.   Owner   Address	Line 4 Multiply	x 0.00274 ** and enter here	<u>-</u>
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	Line 4 Multiply	x 0.00274 line 3 by 0.00274** and enter here L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	Line 4 Multiply in space * To view the	x 0.00274 line 3 by 0.00274** and enter here L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	<u> </u>
Address	Line 4 Multiply in space * To view the contact the	ine 3 by 0.00274** and enter here         L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6         \$            (interest charge)	
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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.





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