SA1-2E 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. Short Form Return completed workbook by email to: FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@copyright.gov Cable Systems (Short Form) For additional information, \$ contact the U.S. Copyright Office Licensing Division at: Tel: General instructions are located 07/07/21 (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Period 2 = July 1 - December 31 Period 1 = January 1 - June 30 2019/(2) Barcode Data Filing Period (optional - see instructions) 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 Β subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. 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 039598 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 С 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 **IDENTIFICATION OF CABLE SYSTEM:** 1 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 sufficiency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	LYCOM 039598	mmunity" is the same as a "community unit" as defined in FCC rules: "a separate
		nities within 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 fo	orm of system identification hereafter known as the "first community." Please use it
	as the first community on all future filings.	.,
	Note: Entities and properties such as hotels, apartments, condominiums, or m	obile home parks should be reported in parentheses below the identified city.
Area		
Served		
	CITY OR TOWN	STATE
First	CHARLEY	КҮ
Community		
dd Rows as Necessary		

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	I							1-2E. PAGE 2.	
Name	LEGAL NAME OF OWNER OF CAE	BLE SYSTEM:					SYS	STEM ID#	
Name	UYCOM 039598								
	SECONDARY TRANSMISSION S	ERVICE: SUBS	CRIBERS AND RATES	6					
E	In General: The information in spa		-	•					
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information								
Secondary	about other services (including pay	, ,		•	iust be those ex	isting on the	e		
Transmission Service: Sub-	last day of the accounting period (. Number of Subscribers: Both b			• •	o the cable syste	am brokon			
scribers and	down by categories of secondary t	•			•				
Rates	each category by counting the nun		u v	•					
	separately for the particular service				• ,				
	Rate: Give the standard rate cha	-	• •			-			
	unit in which it is generally billed. (•	,	tandard rate	ariations within	a particular	r rate		
	category, but do not include discou			of secondary	transmission se	rvice that c	ahle		
	Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category								
	that applies to your system. Note:						• •		
	categories, that person or entity sh				• • •				
	subscriber who pays extra for cabl				count under "Se	rvice 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, tier								
				•	,	-			
	with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.								
	BL	OCK 1				BLOCK			
		NO. OF					NO. OF	DATE	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS RATE	CATE	GORY OF SER	VICE	SUBSCRIBERS	RATE	
			91 40.06	BDUVD	CAST & EXP		85	42.95	
	Service to first set		91 40.06	STANDA				34.06	
	Service to additional set(s)								
	• FM radio (if separate rate)			BRUADU	CAST & EXP			17.80	
	Notal batal								
	Motel, hotel								
	Commercial								
	Commercial								
	Commercial Converter								
	Commercial Converter • Residential • Non-residential								
	Commercial Converter • Residential • Non-residential SERVICES OTHER THAN SECO			t to all your o					
	Commercial Converter • Residential • Non-residential SERVICES OTHER THAN SECO In General: Space F calls for rate	(not subscriber)	information with respec	•	•				
F	Commercial Converter • Residential • Non-residential SERVICES OTHER THAN SECO In General: Space F calls for rate not covered in space E, that is, the	(not subscriber) ose services that	information with respect tare not offered in com	pination with a	any secondary tr	ansmission	ו		
F	Commercial Converter • Residential • Non-residential SERVICES OTHER THAN SECO In General: Space F calls for rate	(not subscriber) ose services that two exceptions:	information with respect t are not offered in com you do not need to give	pination with a rate informa	any secondary tr tion concerning	ansmissior (1) services	ו		
•	Commercial Converter • Residential • Non-residential SERVICES OTHER THAN SECO In General: Space F calls for rate not covered in space E, that is, tho service for a single fee. There are	(not subscriber) se services that two exceptions: facilities furnish	information with respect tare not offered in com you do not need to give red to nonsubscribers. F	pination with a rate informa Rate informati	any secondary tr tion concerning on should includ	ansmissior (1) services le both the	า ร		
Services Other Than Secondary	Commercial Converter • Residential • Non-residential SERVICES OTHER THAN SECON In General: Space F calls for rate not covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services or amount of the charge and the unit enter only the letters "PP" in the rate	(not subscriber) se services that two exceptions: facilities furnish in which it is usu te column.	information with respect t are not offered in com- you do not need to give red to nonsubscribers. F ually billed. If any rates	pination with a rate informati Rate informati are charged o	any secondary tr tion concerning on should includ on a variable per	ansmissior (1) services le both the -program b	า ร		
- Services Other Than Secondary Transmissions:	Commercial Converter • Residential • Non-residential SERVICES OTHER THAN SECON In General: Space F calls for rate not covered in space E, that is, tho service for a single fee. There are furnished at cost or (2) services or amount of the charge and the unit enter only the letters "PP" in the ra Block 1: Give the standard rate	(not subscriber) ose services that two exceptions: facilities furnish in which it is usu te column. charged by the	information with respect t are not offered in com- you do not need to give red to nonsubscribers. F ually billed. If any rates cable system for each o	pination with a rate informat Rate informati are charged o of the applicat	any secondary tr tion concerning on should includ on a variable per ole services liste	ansmissior (1) services le both the -program b d.	n s pasis,		
- Services Other Than Secondary	Commercial Converter • Residential • Non-residential SERVICES OTHER THAN SECON In General: Space F calls for rate not covered in space E, that is, tho service for a single fee. There are furnished at cost or (2) services or amount of the charge and the unit enter only the letters "PP" in the ra Block 1: Give the standard rate Block 2: List any services that y	(not subscriber) be services that two exceptions: facilities furnish in which it is use te column. charged by the our cable system	information with respen- t are not offered in com- you do not need to give red to nonsubscribers. F ually billed. If any rates cable system for each of m furnished or offered do	pination with a rate informat ate informati are charged o of the applicat uring the acc	any secondary tr tion concerning on should includ on a variable per ole services liste ounting period th	ansmissior (1) services le both the -program b d. nat were no	n s pasis, pt		
- Services Other Than Secondary Transmissions:	Commercial Converter • Residential • Non-residential SERVICES OTHER THAN SECON In General: Space F calls for rate not covered in space E, that is, tho service for a single fee. There are furnished at cost or (2) services or amount of the charge and the unit enter only the letters "PP" in the ra Block 1: Give the standard rate	(not subscriber) se services that two exceptions: facilities furnish in which it is usu te column. charged by the our cable system parate charge w	information with respect t are not offered in com- you do not need to give red to nonsubscribers. F ually billed. If any rates cable system for each of m furnished or offered d vas made or established	pination with a rate informat ate informati are charged o of the applicat uring the acc	any secondary tr tion concerning on should includ on a variable per ole services liste ounting period th	ansmissior (1) services le both the -program b d. nat were no	n s pasis, pt		
- Services Other Than Secondary Transmissions:	Commercial Converter • Residential • Non-residential SERVICES OTHER THAN SECON In General: Space F calls for rate not covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services or amount of the charge and the unit enter only the letters "PP" in the ra Block 1: Give the standard rate Block 2: List any services that y listed in block 1 and for which a se	(not subscriber) se services that two exceptions: facilities furnish in which it is usu te column. charged by the our cable system parate charge w on and include t	information with respect t are not offered in com- you do not need to give red to nonsubscribers. F ually billed. If any rates cable system for each of m furnished or offered of vas made or established he rate for each.	pination with a rate informat ate informati are charged o of the applicat uring the acc	any secondary tr tion concerning on should includ on a variable per ole services liste ounting period th	ansmissior (1) services le both the -program b d. nat were no	n s pasis, pt a		
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- Services Other Than Secondary Transmissions:	Commercial Converter • Residential • Non-residential SERVICES OTHER THAN SECOUN In General: Space F calls for rate not covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services or amount of the charge and the unit enter only the letters "PP" in the ra Block 1: Give the standard rate Block 2: List any services that y listed in block 1 and for which a se brief (two- or three-word) description CATEGORY OF SERVICE Continuing Services: • Pay cable	(not subscriber) se services that two exceptions: facilities furnish in which it is us te column. charged by the our cable system parate charge w on and include t BLO RATE	information with respect tare not offered in com- you do not need to give red to nonsubscribers. Fu ually billed. If any rates cable system for each of m furnished or offered of vas made or established he rate for each. CK 1 CATEGORY OF SERV Installation: Non-resi • Motel, hotel	pination with a rate informat are charged o of the applicat uring the acc d. List these o	any secondary tr tion concerning on should includ on a variable per ole services liste ounting period th ther services in	ransmissior (1) services le both the r-program b d. nat were no the form of	n s pasis, ot a BLOCK 2	RATE	
- Services Other Than Secondary Transmissions:	Commercial Converter • Residential • Non-residential SERVICES OTHER THAN SECON In General: Space F calls for rate not covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services or amount of the charge and the unit enter only the letters "PP" in the ra Block 1: Give the standard rate Block 2: List any services that y listed in block 1 and for which a se brief (two- or three-word) description CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	(not subscriber) ose services that two exceptions: facilities furnish in which it is us te column. charged by the our cable system parate charge w on and include t BLO RATE	information with respect are not offered in com- you do not need to give red to nonsubscribers. Fually billed. If any rates cable system for each of m furnished or offered of vas made or established he rate for each. CK 1 CATEGORY OF SERV Installation: Non-resi • Motel, hotel • Commercial	pination with a rate informat are charged o of the applicat uring the acc d. List these o	any secondary tr tion concerning on should includ on a variable per ole services liste ounting period th ther services in	ransmissior (1) services le both the r-program b d. nat were no the form of	n s pasis, ot a BLOCK 2	RATE	
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Services Other Than Secondary Transmissions:	Commercial Converter • Residential • Non-residential SERVICES OTHER THAN SECON In General: Space F calls for rate not covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services or amount of the charge and the unit enter only the letters "PP" in the ra Block 1: Give the standard rate Block 2: List any services that y listed in block 1 and for which a se brief (two- or three-word) description CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	(not subscriber) ose services that two exceptions: facilities furnish in which it is use te column. charged by the our cable system parate charge w on and include t BLO RATE	information with respect are not offered in com- you do not need to give red to nonsubscribers. Fually billed. If any rates cable system for each of m furnished or offered of vas made or established he rate for each. CK 1 CATEGORY OF SERV Installation: Non-resi • Motel, hotel • Commercial	pination with a rate information are charged of the application of the	any secondary tr tion concerning on should includ on a variable per ole services liste ounting period th ther services in	ransmissior (1) services le both the r-program b d. nat were no the form of	n s pasis, ot a BLOCK 2	RATE	

Installation: Residential		Fire protection		 	
First set	89.95	Burglar protection		 	
 Additional set(s) 		Other services:		 	
 FM radio (if separate rate) 		Reconnect	59.95	 	
Converter		Disconnect		 	
		 Outlet relocation 	39.95	 	
		 Move to new address 	39.95	 	

	2019/(2)			FORM SA1-2E. PAGE 3.				
Name	LEGAL NAME OF OWNER OF C	CABLE SYSTEM:		SYSTEM ID# 0				
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e)(substitute program basis, as a Substitute Basis Stations: W basis under specific FCC rule • Do <i>not</i> list the station here in station was carried <i>only</i> on a • List the station here, and als basis. For further information Column 1: List each station's multicast stream associated w "WETA-2" as the same on the Column 2: Give the channel of license. For example, WR Column 3: Indicate in each c educational station, by enterin (for independent multicast), "E For the meaning of these term Column 4: Give the location	during the accounting period, <i>except</i> (1) s effect on June 24, 1981, permitting the ca 2) and (4), or 76.63 (referring to 76.61(e)(explained in the next paragraph. With respect to any distant stations carried s, regulations, or authorizations: n space G—but do list it in space I (the Sp substitute basis. so in space I, if the station was carried bot concerning substitute basis stations, see call sign. <i>Do not</i> report origination progra with a station according to its over-the-air of e form. number the FCC assigned to the televisio C is channel 4 in Washington, D.C. ase whether the station is a network station of the letter "N" (for network), "N-M" (for n E" (for noncommercial educational), or "E- ns, see page (iv) of the general instruction of each station. For U.S. stations, list the o	ons carried by your cable system on a substitute program S: the I (the Special Statement and Program Log)—if the carried both on a substitute basis and also on some other tions, see page (v) of the general instructions. tion program services such as HBO, ESPN, etc. Identify each rer-the-air designation. For example, report multistream the television station for broadcasting over the air in its community D.C. twork station, an independent station, or a noncommercial N-M" (for network multicast), "I" (for independent), "I-M" nal), or "E-M" (for noncommercial educational multicast).					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	I. OALL OICH	2. B CACT CHARTEE ROMBER	0. THE OF ORADON	4. LOCATION OF OTATION				
	WYMT	57	N					
	WYMT WSAZ	57	N	HAZARD, KY HUNTINGTON, WV				
: as Necessary	WSAZ	57 3 61	N N I	HUNTINGTON, WV				
<i>i</i> s as Necessary		57 3 61 8	N N I N	HUNTINGTON, WV ASHLAND, KY				
s as Necessary	WSAZ WTSF	57 3 61 8 33	N N I N E	HUNTINGTON, WV				
ws as Necessary	WSAZ WTSF WCHS	57 3 61 8 33 11	N N I N E N	HUNTINGTON, WV ASHLAND, KY CHARLESTON, WV				
ws as Necessary	WSAZ WTSF WCHS WPBY		N N I N E N N	HUNTINGTON, WV ASHLAND, KY CHARLESTON, WV HUNTINGTON, WV				
ws as Necessary	WSAZ WTSF WCHS WPBY WVAH	11		HUNTINGTON, WV ASHLAND, KY CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV				
ows as Necessary	WSAZ WTSF WCHS WPBY WVAH WOWK	11 13		HUNTINGTON, WV ASHLAND, KY CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV				
iws as Necessary	WSAZ WTSF WCHS WPBY WVAH WOWK WLPX	11 13 29		HUNTINGTON, WV ASHLAND, KY CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV				
ows as Necessary	WSAZ WTSF WCHS WPBY WVAH WOWK WLPX WKAS	11 13 29		HUNTINGTON, WV ASHLAND, KY CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV ASHLAND, KY				
ows as Necessary	WSAZ WTSF WCHS WPBY WVAH WOWK WLPX WKAS	11 13 29		HUNTINGTON, WV ASHLAND, KY CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV ASHLAND, KY				
ows as Necessary	WSAZ WTSF WCHS WPBY WVAH WOWK WLPX WKAS	11 13 29		HUNTINGTON, WV ASHLAND, KY CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV ASHLAND, KY				
Rows as Necessary	WSAZ WTSF WCHS WPBY WVAH WOWK WLPX WKAS	11 13 29		HUNTINGTON, WV ASHLAND, KY CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV ASHLAND, KY				
d Rows as Necessary	WSAZ WTSF WCHS WPBY WVAH WOWK WLPX WKAS	11 13 29		HUNTINGTON, WV ASHLAND, KY CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV ASHLAND, KY				
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rs as Necessary	WSAZ WTSF WCHS WPBY WVAH WOWK WLPX WKAS	11 13 29		HUNTINGTON, WV ASHLAND, KY CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV ASHLAND, KY				

Accounting Period: 2019/(2)

LEGAL NAME OF OWNER OF CABLE SYSTEM:

LYCOM 039598

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
		5/0				5/0	
	L						
	L						
	L						
	L						
	L						
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FORM SA1-2E. PAGE 4.

SYSTEM ID#

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Primary Transmitters:

Radio

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counting Period:	LEGAL NAME OF OWNER OF CA	IAGE: SPECIAL STATEMENT AND PROGRAM LOG identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute ting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the be included in this log, see page (v) of the general instructions in the paper SA1-2 form. IENT CONCERNING SUBSTITUTE CARRIAGE g period, did your cable system carry, on a substitute basis, any nonnetwork television program t station? "YES" NO s "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program TUTE PROGRAMS substitute program on a separate line. Use abbreviations wherever possible, if their meaning is e space, please add additional rows to the tables. title of every nonnetwork television program ("substitute for the programming of another station by a distant station and that your cable system substituted for the programming of another station s, regulations, or authorizations. See page (v) of the general instructions for further information. tegories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or							
Name	LYCOM 039598								
	SUBSTITUTE CARRIAGE:	SPECIAL STATEM	ENT AND PROGRAM LO	OG					
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a s								
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.								
riage: Special atement and									
rogram Log			em carry, on a substitute b	basis, any no	nnetwork te	elevision pr Г	ogram		<u> </u>
	broadcast by a distant statio	n?				l	YES		NO
	Note: If your answer is "No", I	leave the rest of this p	age blank. If your answer	r is "Yes," you	ı must com	plete the p	rogram		
	log in block 2.								
			rate line. Use abbreviatior	ons wherever	possible, it	f their mear	ning is		
	clear. If you need more space	e, please add addition	al rows to the tables.				-		
		5			, ,	•	•		
				•					
	"NBA Basketball: 76ers vs. Bu		ketball. List specific progr	fram titles, to	r example,	I Love Luc	cy or		
					licensed b	v the FCC o	or, in		
	the case of Mexican or Canac	dian stations, if any, th	e community with which th	he station is	identified).	-			
	Column 5: Give the month first. Example: for May 7 give		ystem carried the substitu	ite program.	Use numei	rals, with th	e month		
			rogram was carried by you	our cable syst					
					6.20.20 m	m. should b	ре		
	to the nearest five minutes. E	xample: a program ca	rried by a system from 6:0	01:15 p.m. to	0.20.30 p.				
	to the nearest five minutes. E stated as "6:00–6:30 p.m."						auired		
	to the nearest five minutes. E stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules and	"R" if the listed progra d regulations in effect	m was substituted for prog during the accounting peri	ogramming th riod; enter the	at your sys e letter "P"	stem was <i>re</i> if the listed			
	to the nearest five minutes. E stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules and was substituted for programm	"R" if the listed progra d regulations in effect	m was substituted for prog during the accounting peri	ogramming th riod; enter the	at your sys e letter "P"	stem was <i>re</i> if the listed			
	to the nearest five minutes. E stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules and	"R" if the listed progra d regulations in effect	m was substituted for prog during the accounting peri	ogramming th riod; enter the	at your sys e letter "P"	stem was <i>re</i> if the listed			
	to the nearest five minutes. E stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules and was substituted for programm effect on October 19, 1976.	"R" if the listed progra d regulations in effect ning that your system	m was substituted for prog during the accounting peri was permitted to delete un	ogramming th riod; enter the nder FCC rul	e letter "P" es and reg WHEN SU	stem was <i>re</i> if the listed ulations in BSTITUTE			REASON
	to the nearest five minutes. E stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules and was substituted for programm effect on October 19, 1976.	"R" if the listed progra d regulations in effect	m was substituted for prog during the accounting peri was permitted to delete un	ogramming th riod; enter the nder FCC rul	e letter "P" es and reg WHEN SU	stem was <i>re</i> if the listed ulations in BSTITUTE OCCURRE			. REASON F
	to the nearest five minutes. E stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules and was substituted for programm effect on October 19, 1976.	"R" if the listed progra d regulations in effect ning that your system SUBSTITUTE PROG	m was substituted for prog during the accounting peri was permitted to delete un RAM	ogramming th riod; enter the nder FCC rul	at your sys e letter "P" es and reg WHEN SU	stem was <i>re</i> if the listed ulations in BSTITUTE OCCURRE	corram CARRIAC	7	
	to the nearest five minutes. E stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules and was substituted for programm effect on October 19, 1976.	"R" if the listed progra d regulations in effect ning that your system SUBSTITUTE PROG 2. LIVE? 3. STAT	m was substituted for prog during the accounting peri was permitted to delete un RAM	ogramming th riod; enter the nder FCC rul	A your sys e letter "P" es and reg WHEN SU	atem was <i>re</i> if the listed ulations in BSTITUTE OCCURRE 6.	CARRIAC D TIMES	7	
	to the nearest five minutes. E stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules and was substituted for programm effect on October 19, 1976.	"R" if the listed progra d regulations in effect ning that your system SUBSTITUTE PROG 2. LIVE? 3. STAT	m was substituted for prog during the accounting peri was permitted to delete un RAM	ogramming th riod; enter the nder FCC rul	A your sys e letter "P" es and reg WHEN SU	atem was <i>re</i> if the listed ulations in BSTITUTE OCCURRE 6.	CARRIAC D TIMES	7	
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Accounting Period: 2	019/(2)			FORMS	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: LYCOM 039598			Ş	SYSTEM ID# 0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (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. IMPORTANT: You must complete a statement in space P concerning gross receipts	vstem's second	dary transmission s mpute this amount	service , see	7,605.00
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 b Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more inference. 	ut less than \$)	
	BLOCK 1: GROSS RECEIPTS OF \$	137,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you mu	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 lines			\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR I	ESS (but mo	re than \$137,100)	
	1. Base amount under statutory formula	\$	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 ar	nd 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$2	263,800 (but I	ess than \$527,60	0)	
	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 D	UE			
	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	52.00	
Filing Fee and Total Remittance Due					
	2. Filing Fee (See the instructions for more information on filing fee calculations)		. Þ	15.00	1
	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 pa See page i of the general instructions in the paper SA1-2 form and t				
	See page for the general instructions in the paper SA1-2 form and t	ING EXCEI INSTIU	ICTIONS TAN IOL WOLE		
	<u> </u>				Form S

	19/(2)			FORM SA1-2E. PAGE 7.					
NI L	LEGAL NAME OF OWNER OF CA	BLE SYSTEM:		SYSTEM ID#		 			
Name	LYCOM 039598			0					
	CHANNELS								
M									
			hich the cable system carried television broadcast stations						
	to its subscribers, and (2) the	cable system's total number of	activated channels during the accounting period.						
annels						 			
	1. Enter the total number of ch	annels on which the cable		10					
	system carried television bro	adcast stations							
1	2. Enter the total number of ac	tivated channels							
		arried television broadcast stat		175					
	and nonbroadcast services .					 			
N	INDIVIDUAL TO BE CONTAC	TED IF FURTHER INFORMAT	ION IS NEEDED (Identify an individual to whom		 				
	we can contact about this state	ement of account.)							
idual to									
ontacted									
urther	Name STEVEN		Teleph	none 606-826-1005					
rmation									
	Address 305 E P	IKE ST							
		eet, rural route, apartment, or suite nu	mber)						
		41230	,,					ļ	
	(City, town, s	aιe, ∠ιμ)							
	Email	STEVEN@LYCOMCI.COM	A Fax (optional)						
C	CERTIFICATION (This stateme	nt of account must be certified a	and signed in accordance with Copyright Office regulations)						
0						 			
ification	• I, the undersigned, hereby cert	ify 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 space B; c	or l					
			ership) I am the duly authorized agent of the owner of the cable syst	tem as identified					
	in line 1 of space	ce B and that the owner is not a c				 			
	(Officer or partner) I am an officer (if a corporation)) or a partner (if a partnership) of the legal entity identified as owner	of the cable system					
	in line 1 of space								
	• I have examined the statement	of account and hereby declare u	under penalty of law that all statements of fact contained herein						
	are true, complete, and correct	to the best of my knowledge, info	prmation, and belief, and are made in good faith.						
	[18 U.S.C., Section 1001(1986)]								
								ļ	
			STEVEN LYCANS						
		Enter an el	ectronic 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 LIGANS						
		Title: PRESID							
		(Title of official position h	neld in corporation or partnership)						
		Deter							
		Date:	5/28/2021						
Act Notice: St	ection 111 of title 17 of the United 6	States Code authorizes the Convri	abt Office to collect the personally identifying information (DII) requests	d on this					
ALL NULLE. SE	s your statement of account PII is	any personal information that can	ight Office to collect the personally identifying information (PII) requeste be used to identify or trace an individual, such as name, address and to	elephone					
rder to process	,						 		
rder to process . By providing	PII, you are agreeing to the routine	e use of it to establish and maintain	n a public record, which includes appearing in the Office's public indexe t may delay processing of your statement of account and its placement	es and in					

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L NAME OF OWN	R OF CABLE SYSTEM:		SYSTEM ID
OM 039598			
	ו		P Special Statement
scribers	а		Concerning Gross Receipts Exclusion
located in the pa	•		
-	Inting period, did the cable system exclude any amounts of gross recarriers to satellite dish owners?	receipts for secondary transmissions	
X NO			
YES. Enter	the total here and list the satellite carrier(s) below		_
Name Mailing Address	Name Mailing Adv	dress	
	SSESSMENT ete this worksheet for those royalty payments submitted as a result on of interest assessment, see page (viii) of the general instruction		Q
You must compl For an explanat	ete this worksheet for those royalty payments submitted as a result	is located in the paper SA1-2 form.	Q Interest Assessment
You must compl For an explanat Line 1 Enter th	ete this worksheet for those royalty payments submitted as a result on of interest assessment, see page (viii) of the general instruction	x	Q Interest Assessment
You must compl For an explanat Line 1 Enter th Line 2 Multiply	ete this worksheet for those royalty payments submitted as a result on of interest assessment, see page (viii) of the general instruction a amount of late payment or underpayment	xdays	Q Interest Assessment
You must compl For an explanat Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply	ete this worksheet for those royalty payments submitted as a result on of interest assessment, see page (viii) of the general instruction e amount of late payment or underpayment	x	Q Interest Assessment
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You must comple For an explanat Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you an	ete this worksheet for those royalty payments submitted as a result on of interest assessment, see page (viii) of the general instruction e amount of late payment or underpayment	As located in the paper SA1-2 form.	Q Interest Assessment

r inst 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.

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