THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are at the end of this form [pages i-viii].

FOR COPYRIG	HT OFFICE USE ONLY
DATE RECEIVED	AMOUNT
2/6/2020	\$ ALLOCATION NUMBER

SA3 Long Form

Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202)707-8150

For courier deliveries, see page ii of the general instructions.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)								
Accounting Period		January 1-June 30							
Bowner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other 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 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. 633 LEGAL NAME OF OWNER OF CABLE SYSTEM: Electric Plant Board of the City of Russellville 63333 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):								
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM: PO Box 418 (Number, street, rural route, apartment, or suite number) Russellville KY 42276 (City, town, state, zip)		*************	**************				
C System	nan	TRUCTIONS: In line 1, give any business or trade names used to identify the nes already appear in space B. In line 2, give the mailing address of the syste IDENTIFICATION OF CABLE SYSTEM:							
	2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)			*************				
D Area		ructions: For complete space D instructions, see page 1b. Identify only the first ommunities.	t community s	erved below and re	elist on page 1b with				
Served		CITY OR TOWN	STATE						
First -	Rus	ssellville	KY						
Community	Belo	ow is a sample for reporting communities if you report multiple channel line-ups							
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#				
Sample ▶	STATE CH LINE UP SUB GRP#								

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 filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Electric Plant Board of the City of Russellville		63	3333	Name				
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.								
Note: Entities and properties such as hotels, apartments, condominiums, or mobile the identified city or town.	home parks sh	ould be reported ir	parentheses below	Served				
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).								
When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
Russellville				Final				
	(*)/			◀ First Community				
				Community				
	A A STATE OF THE SHOP OF THE STATE OF THE ST		************					

(447)								

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*************************************			CONTRACTOR					

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Electric Plant Board of the City of Russellville

63333

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLOCK	(1	BLOCK	2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	*******		see attached		
 Service to additional set(s) 					
•FM radio (if separate rate)					
Motel, hotel			************		*****
Commercial					***
Converter					
Residential			*********************		
 Non-residential 					

=

Services
Other Than
Secondary
Transmissions:
Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Converter	\$49.95	Installation: Non-residential · Motel, hotel · Commercial · Pay cable	\$35.00 \$49.95	see attached	

FORM SA3

SCHEDULE	E	Block	2	
	Category		No. of Subs	Rate
	Residentia	l:		
		Essential	51	\$49.95
		Elite	527	\$84.95
		Extreme	246	\$94.95
	Commercia	al:		
		Essential	12	\$57.95
		Elite	39	\$94.95
		Extreme	2	\$104.95
	Set Top Re	ntal:		
		First Box	841	n/c
		Add Boxes	1011	\$5.50
		DVR Boxes	342	\$12.00
SCHEDULE	F	Block	2	
	Category			Rate
	Category Internet:	±1	1	Rate
		Residential:	4) S=	Rate
		Residential:	Essential	Rate 39.95
		Residential:	Essential Elite	
			Elite Extreme	39.95
		. Residential: Commercial:	Elite Extreme	39.95 59.95
			Elite Extreme Essential	39.95 59.95 79.95 69.95
			Elite Extreme	39.95 59.95 79.95 69.95 119.95
			Elite Extreme Essential Elite Extreme	39.95 59.95 79.95 69.95 119.95 179.95
			Elite Extreme Essential Elite	39.95 59.95 79.95 69.95 119.95
	Internet:		Elite Extreme Essential Elite Extreme	39.95 59.95 79.95 69.95 119.95 179.95
			Elite Extreme Essential Elite Extreme	39.95 59.95 79.95 69.95 119.95 179.95
	Internet:	Commercial:	Elite Extreme Essential Elite Extreme	39.95 59.95 79.95 69.95 119.95 179.95
	Internet:	Commercial:	Elite Extreme Essential Elite Extreme GIG	39.95 59.95 79.95 69.95 119.95 179.95 249.95
	Internet:	Commercial:	Elite Extreme Essential Elite Extreme GIG	39.95 59.95 79.95 69.95 119.95 179.95 249.95
	Internet:	Commercial:	Elite Extreme Essential Elite Extreme GIG Essential Elite Extreme	39.95 59.95 79.95 69.95 119.95 179.95 249.95
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	Internet:	Commercial:	Elite Extreme Essential Elite Extreme GIG Essential Elite Extreme	39.95 59.95 79.95 69.95 119.95 179.95 249.95

54.95

Extreme

FORM SA3. PAGE	3.					
LEGAL NAME OF OW	NER OF CABLE SYSTEM	l:				Alone
Electric Plant B	loard of the City	of Russellville			63333	Name
In General: In scarried by your FCC rules and 76.59(d)(2) and substitute prog Substitute E basis under sp. Do not list the station was c. List the static basis. For fu Column 1: Leach multicast cast stream as WETA-simulcas Column 2: G	space G, identify cable system duregulations in ef (4), 76.61(e)(2) agram basis, as expecific FCC rules, ne station here in carried only on a on here, and also rther information ist each station's stream associate "WETA-2". Simust).	uring the account fect on June 24, and (4), or 76.63 eplained in the new the regulations, or an space G—but a substitute basis in space I, if the concerning substitute a station least streams mumber the FCC	station (including ing period, exce, 1981, permitting (referring to 76.6 xt paragraph. y distant stations uthorizations: do list it in space station was carristitute basis stati report originatio according to its ust be reported in has assigned to	ot (1) stations can g the carriage of s1(e)(2) and (4))]; carried by your can e I (the Special S ed both on a sub- tions, see page (v n program services over-the-air des n column 1 (list e	ns and low power television stations) ried only on a part-time basis under certain network programs [sections and (2) certain stations carried on a able system on a substitute program statement and Program Log)—if the stitute basis and also on some other of the general instructions. es such as HBO, ESPN, etc. Identify ignation. For example, report multi-each stream separately; for example attion for broadcasting over-the-air in is may be different from the channel	G Primary Transmitters: Television
Column 3: In educational state (for independer For the meanin Column 4: If planation of loc Column 5: It cable system control the dist For the retrain of a written agree the cable system ton "E" (exemple explanation of Column 6: GFCC. For Mexic Note: If you are your channel limed to the cable system of Column 6: GFCC. For Mexic Note: If you are your channel limed to the cable system of Column 6: GFCC. For Mexic Note: If you are your channel limed to CALL	ation, by entering the multicast), "E" got these terms of the station is out all service area, so four have entered the distant ant station on a passission of a distant and a primary of). For simulcast these three categive the location of can or Canadian autilizing multiple	se whether the si the letter "N" (for (for noncomment, see page (v) of utside the local si see page (v) of the ed "Yes" in colur it station during the part-time basis be stant multicast stant no on or before a transmitter or ar s, also enter "E". gories, see page feach station. For stations, if any, go	r network), "N-Notal educational), the general instruction area, (i.e. the general instruction 4, you must do accounting perecause of lack or ream that is not slune 30, 2009, but association report of the general r U.S. stations, list, identify the lines, identify the lines.	I" (for network m or "E-M" (for not uctions. "distant"), enterctions. complete columnation. Indicate by activated change subject to a royal etween a cable symplement on any I instructions.	ty payment because it is the subject estem or an association representing mary transmitter, enter the designather basis, enter "O." For a further to which the station is licensed by the with which the station is identified.	Channel Line-Up
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)	o. Loo, mon or owner	
see attached						

FORM SA3

SCHEDULE

G

			*	
	Broadcast	Туре		
Call	Channel	Of		
Sign	Number	Station	Distant	Location of Station
WSMV	10.1	N	N	NASHVILLE, TN
WSMV	10.2	N-M	N	NASHVILLE, TN
WSMV	10.3	N-M	N	NASHVILLE, TN
WTVF	5.1	N	N	NASHVILLE, TN
WTVF	5.2	N-M	N	NASHVILLE, TN
WTVF	5.3	N-M	N	NASHVILLE, TN
WNPT	8.1	E	N	NASHVILLE, TN
WNPT2	8.2	E-M	N	NASHVILLE, TN
WNPX	32.1	1	N	COOKEVILLE, TN
WNPX	32.2	I-M	N	COOKEVILLE, TN
WNPX	32.3	I-M	N	COOKEVILLE, TN
WNPX	32.5	I-M	N	COOKEVILLE, TN
WBKO	13.1	N	N	BOWLING GREEN, KY
WKYU	18.1	E	N	BOWLING GREEN, KY
WKYU	18.2	E-M	N	BOWLING GREEN, KY
WKGB	29.1	E	N	BOWLING GREEN, KY
WKGB	29.2	E-M	N	BOWLING GREEN, KY
WKGB	29.3	E-M	N	BOWLING GREEN, KY
WPGD	33.1	1	N	HENDERSONVILLE, TN
WPGD	33.2	I-M	N	HENDERSONVILLE, TN
WPGD	33.3	I-M	N	HENDERSONVILLE, TN
WPGD	33.5	I-M	N	HENDERSONVILLE, TN
WJFB	25.1	I-M	N	LEBANON, TN

23 Total

	LEGAL NAME OF	OWNER OF CABL	E SYSTE	M:					
Name	Electric Plant	t Board of th	e Citv	of Russellville				63333	
Н	PRIMARY 1	PRIMARY TRANSMITTERS: RADIO n General: List every radio station carried on a separate and discrete basis and list those FM stations carried on a seland basis whose signals were "generally receivable" by your cable system during the accounting period.							
Primary fransmitters: Radio	receivable if (on the basis of For detailed in Column 1: Column 2: Column 3: Signal, indica Column 4:	Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generated by the system whenever it is received at the system's headend, and (2) it can be experon the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated interfor detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instruction 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 dissignal, 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 call 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	
	WRUS	AM	x	Russellville, KY			_		

LEGAL NAME OF OWNER OF CABLE SYSTE							Name
Electric Plant Board of the City	of Russel	ville			63333		
SUBSTITUTE CARRIAGE: In General: In space I, identify a carried on a substitute basis du authorizations. For a further expinstructions.	very nonne ring the ac	etwork television counting period	on program broadcast by od, under specific prese	y a <i>distant</i> s ent and form	ner FCC rules, reg	gulations, or	Substitute Carriage:
 SPECIAL STATEMENT COI During the accounting period broadcast by a distant static Note: If your answer is "No", le log in block 2. 	d, did your on?	cable system	carry, on a substitute ba		☐ Ye	s 🖪 No	Special Statement and Program Log
2. LOG OF SUBSTITUTE PRO In General: List each substitut clear. If you need more space, Column 1: Give the title of period, was broadcast by a di station under certain FCC rule information. Do not use genera Love Lucy" or "NBA Basketbal Column 2: If the program w Column 3: Give the call sign Column 4: Give the broadca the case of Mexican or Canadi Column 5: Give the month a first. Example: for May 7 give " Column 6: State the times w to the nearest five minutes. Ex stated as "6:00–6:30 p.m." Column 7: Enter the letter "F to delete under FCC rules and gram was substituted for progreeffect on October 19, 1976.	e program please atta every nonr stant stati es, regulati al categori for 76ers vs as broadca of the sta ast station an stations and day who for " hen the su tample: a " if the list regulations	ach additional network televison and that young, or authores like "movies. Bulls." ast live, enter tion broadcas is location (the s, if any, the compour system betitute program carried program was in effect duri	pages. sion program (substitute our cable system substitute our cable system substitute or "basketball." List "Yes." Otherwise enterting the substitute programmunity to which the carried the substitute am was carried by your ed by a system from 6 as substituted for program the accounting peritation read the accounting peritation substituted for program the accounting peritations.	e program) tituted for to the general specific program. The station is program. Use cable systems of the camming the control of the control o	that, during the the programming neral instructions ogram titles, for is licensed by the identified). Is enumerals, with the times to 6:28:30 p.m at your system who letter "P" if the	accounting of another of for further example, "I e FCC or, in the month accurately should be was required e listed pro-	
SUE	STITUTE I	PROGRAM			SUBSTITUTE GE OCCURRED	7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	
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Name	LEGAL NAME OF OWNER	OF CABLE SYSTEM	1 :				
Name	Electric Plant Boa	ard of the City	of Russellville				63333
J Part-Time Carriage Log	time carriage due hours your syster Column 1 (Ca column 5 of space Column 2 (Da curred during the "4/10." State the startiof the televisio "app." Example	space ties in voto lack of action carried that it sign): Give the G. tes and hours accounting point and day when my and ending in station's broe: "12:30 a.m	vated channel capace station. If you need the call sign of every soft carriage): For earlod. In the carriage occur times of carriage to eadcast day, you mand 15 a.m. app."	city, you more sp distant each sta red. Us the nea ay give a	are required to do pace, please atta station whose b ation, list the date e numerals, with rest quarter hour an approximate	complete this log ch additional pagasis of carriage yes and hours whether month first. It is many case whe ending hour, follows	arriage as "LAC" for par giving the total dates an ges. /ou identified by "LAC" i en part-time carriage of Example: for April 10 giv ere carriage ran to the en owed by the abbreviations: "5/10-5/14, 6:00 p.m.
			DATES AND HOU	JRS OF	PART-TIME CAF	RRIAGE	
		WHEN CA	ARRIAGE OCCURRI	ED		WHEN CA	ARRIAGE OCCURRED
	CALL SIGN	DATE	HOURS FROM	то	CALL SIGN	DATE	HOURS FROM TO
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UNIVI	SAS. FAGE 1.						
LEGAL	NAME OF OWNER OF CABLE SYSTEM:	Name					
Elect	tric Plant Board of the City of Russellville 63333	1141119					
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  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.  (Amount of gross receipts)							
-							
· Co · Co · If y fee	PYRIGHT ROYALTY AND FILING FEES ructions: Use the blocks in this space L to determine the royalty fee you owe: omplete block 1, showing your minimum fee. omplete block 2, showing whether your system carried any distant television stations. your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum e from block 1 on line 1 of block 4, and calculate the total royalty fee. your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.	Copyright Royalty Fee					
► If ble	part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of lock 3 below.						
	part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block below.						
	part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line in block 4 below.						
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K.  Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.  This is your minimum fee.						
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period?  Yes—Complete the DSE schedule.						
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero						
R	Line 3. Add lines 1 and 2 and enter here.						
4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee/3.75 fee from block 3, line 3, whichever is larger. \$5,787.30						
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	Cable systems submitting additional deposits under					
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) \$ 0.00	Section 111(d)(7) should contact the Licensing					
	Line 4. FILING FEE: \$725.00	Division for the					
	TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add Lines 1, 2, 3 and 4 of block 4 and enter total here	appropriate form for submitting the additional fees.					
	Remit this amount via electronic payment payable to Register of Copyrights. (See page (i) of the general instructions for more information.)	2441201M1 1003.					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		Nama
	Electric Plant Board of the City of Russellville	63333	Name
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried televito its subscribers and (2) the cable system's total number of activated channels, during the activated total number of channels on which the cable system carried television broadcast stations  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services		
Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)  Name  Stacey Cundiff  Telephone  (Area code)		
	Address		
	Russellville, KY 42276  (City, town, state, zip)  Email (optional) Skcundiff@epbnet.com  Fax (optional) 270-726-2210		x entities continuents
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)		
	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or		
Certification			
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or		
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.		
	I have examined the statement of account and hereby declare under penalty of law that all contained herein are true, complete, and correct to the best of my knowledge, information made in good faith. [18 U.S.C. sec. 1001]  Handwritten signature:  Stacey Cundiff  Typed or printed name:  Accountant		
	(Title of official position held in corporation or part Date:	mership)	**********

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