This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instructions are located in the first tab of this workbook	01/15/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period	20192 Barcode Data Filing Period (optional - see instructions)
	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
В	of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	1100 N. Sportsman Dr (Number, street, rural route, apartment, or suite number)
	Taylorville, IL 62568 (City, town, state, zip)
С	<b>INSTRUCTIONS:</b> 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	IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Humo	Computer Techniques, Inc.	0
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mol	bile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First Community	Taylorville	
Community	Langleyville	
	Hillsboro Nokomis	
Rows as Necessary	NOROIIIS	

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	
Name	Computer Techniques,							010	
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of t	the cable	
_	system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period						hla avatam	halten	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•					,		
Rates	each category by counting the n	,		0 / 1					
	separately for the particular serv								
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· ·		,	y stanua		is within a		
	Block 1: In the left-hand block	•		•		•			
	systems most commonly provide								
	that applies to your system. <b>Not</b> categories, that person or entity			-		-			
	subscriber who pays extra for ca					<b>U</b> .			
	first set" and would be counted of							41	
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					•	,.		
	sufficient.	0.014.4	-	TT			<u> </u>	( <b>)</b>	
	BLC	DCK 1 NO. OF	:				BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		597	49.95					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra	•	,			• •			
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•					• • •	,	
Other Than	amount of the charge and the ur		usually	billed. If any rate	es are ch	narged on a var	iable per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		the cabl	e system for eac	h of the a	applicable serv	ices listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a	•			hed. List	these other se	rvices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the ra	ate for each.			-1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SERV ation: Non-resid		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services.			tel, hotel	lential		Starz/E	ncore	19.9
	•			mmercial			Showti		19.9
	• Pay cable								
	• Pay cable • Pay cable—add'l channel		-				HBO		
	• Pay cable		• Pay	y cable y cable-add'l cha	nnel		HBO Cinema	ax	19.9 19.9
	Pay cable     Pay cable     Pay cable—add'l channel     Fire protection		• Pay • Pay	y cable	nnel				19.9
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>		• Pay • Pay • Fire	y cable y cable-add'l cha	nnel		Cinema		19.9 19.9
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>		• Pay • Pay • Fire • Bur	y cable y cable-add'l cha e protection	nnel		Cinema		19.9 19.9
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>		• Pay • Pay • Fire • Bur Other	y cable y cable-add'l cha e protection rglar protection	nnel		Cinema		19.9 19.9
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Pay • Pay • Fire • Bur <b>Other</b> s	y cable y cable-add'l cha e protection rglar protection <b>services:</b>	nnel		Cinema		19.9 19.9
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Pay • Pay • Fire • Bur • Bur • Rec • Dis	y cable y cable-add'l cha e protection rglar protection <b>services:</b> connect	nnel		Cinema		19.9 19.9

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTE
Name	Computer Techniques			
	PRIMARY TRANSMITTERS:			
G	<b>In General:</b> In space G, ide carried by your cable system	entify every television station (including m during the accounting period, <i>except</i>	t (1) stations carried only on a part-tin	me basis under
Primary ansmitters:	76.59(d)(2) and (4), 76.61(e substitute program basis, as	in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6) as explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain station	ons carried on a
<b>Felevision</b>	basis under specific FCC ru • Do <i>not</i> list the station here	With respect to any distant stations caules, regulations, or authorizations: e in space G—but do list it in space I (the space I) (the space I		
	basis. For further informatio	also in space I, if the station was carried on concerning substitute basis stations,	, see page (v) of the general instructio	ons.
	multicast stream associated "WETA-2" as the same on t		e-air designation. For example, repor	t multistream
		el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C.	evision station for broadcasting over the	ne air in its community
	educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	n case whether the station is a network ering the letter "N" (for network), "N-M" ( , "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list idian stations, if any, give the name of th	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WILL	9.3	E	Urbana, IL
	WILL.5	9.5	E-M	Urbana, IL
Rows as Necessary	WCIX	11.3	I-M	Springfield, IL
-	WRJK-LP	11.3	l	Arlington Heights, IL
	WICS	15.3	N	Springfield, IL
	WICS.4	15.4	I-M	Springfield, IL
		· · · · · · · · · · · · · · · · · · ·	• •	
	WICS.5	15.5	I-M	
		15.5 16.3		Springfield, IL
	WRSP	16.3	N	Springfield, IL Springfield, IL
	WRSP WRSP.4	16.3 16.4	N I-M	Springfield, IL Springfield, IL Springfield, IL
	WRSP WRSP.4 WRSP.5	16.3 16.4 16.5	N I-M I-M	Springfield, IL Springfield, IL Springfield, IL Springfield, IL
	WRSP WRSP.4 WRSP.5 WAND	16.3 16.4 16.5 20.3	N I-M I-M N	Springfield, IL Springfield, IL Springfield, IL Springfield, IL Decatur, IL
	WRSP WRSP.4 WRSP.5 WAND WAND.4	16.3 16.4 16.5 20.3 20.4	N I-M I-M N I-M	Springfield, IL Springfield, IL Springfield, IL Springfield, IL Decatur, IL Decatur, IL
	WRSP WRSP.4 WRSP.5 WAND WAND.4 WBUI	16.3 16.4 16.5 20.3 20.4 22.3	N i-M i-M N i-M i-M	Springfield, IL Springfield, IL Springfield, IL Springfield, IL Decatur, IL Decatur, IL Decatur, IL
	WRSP WRSP.4 WRSP.5 WAND WAND.4	16.3 16.4 16.5 20.3 20.4	N I-M I-M N I-M	Springfield, IL Springfield, IL Springfield, IL Springfield, IL Decatur, IL Decatur, IL
	WRSP WRSP.4 WRSP.5 WAND WAND.4 WBUI	16.3 16.4 16.5 20.3 20.4 22.3	N i-M i-M N i-M i-M	Springfield, IL Springfield, IL Springfield, IL Springfield, IL Decatur, IL Decatur, IL Decatur, IL
	WRSP WRSP.4 WRSP.5 WAND WAND.4 WBUI	16.3 16.4 16.5 20.3 20.4 22.3	N i-M i-M N i-M i-M	Springfield, IL Springfield, IL Springfield, IL Springfield, IL Decatur, IL Decatur, IL Decatur, IL
	WRSP WRSP.4 WRSP.5 WAND WAND.4 WBUI	16.3 16.4 16.5 20.3 20.4 22.3	N i-M i-M N i-M i-M	Springfield, IL Springfield, IL Springfield, IL Springfield, IL Decatur, IL Decatur, IL Decatur, IL
	WRSP WRSP.4 WRSP.5 WAND WAND.4 WBUI	16.3 16.4 16.5 20.3 20.4 22.3	N i-M i-M N i-M i-M	Springfield, IL Springfield, IL Springfield, IL Springfield, IL Decatur, IL Decatur, IL Decatur, IL
	WRSP WRSP.4 WRSP.5 WAND WAND.4 WBUI	16.3 16.4 16.5 20.3 20.4 22.3	N i-M i-M N i-M i-M	Springfield, IL Springfield, IL Springfield, IL Springfield, IL Decatur, IL Decatur, IL Decatur, IL
	WRSP WRSP.4 WRSP.5 WAND WAND.4 WBUI	16.3 16.4 16.5 20.3 20.4 22.3	N i-M i-M N i-M i-M	Springfield, IL Springfield, IL Springfield, IL Springfield, IL Decatur, IL Decatur, IL Decatur, IL
	WRSP WRSP.4 WRSP.5 WAND WAND.4 WBUI	16.3 16.4 16.5 20.3 20.4 22.3	N i-M i-M N i-M i-M	Springfield, IL Springfield, IL Springfield, IL Springfield, IL Decatur, IL Decatur, IL Decatur, IL

EGAL NAME OF			YSTEM:					SYSTEM
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of if For detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati	y the sys be recei it the Cc sign of e he static ion's sign	II-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process	t the system's he system's FM ante his point, see pa	adend, and (2 enna, during c ge (v) of the g	2) it can ertain st Jeneral ii	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: G	ive the statior	n's locati	k mark in the "S/D" column. on (the community to which th the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	00:2019/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	Computer Techniques	s, Inc.						0
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	)G			
	In General: In space I, ident					tion, that y	our cable sys	tem carried on a
	substitute basis during the a	accounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or	authorizatio	ns. For a further
Substitute	explanation of the programm	ning that mu	ist be included	n this log, see page (v) of	the general ins	structions in	the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any nonr	network tel	evision prog	
Program Log	broadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	o". leave the	e rest of this pa	ge blank. If vour answer i	s "Yes." vou r	nust comp	lete the prod	
	log in block 2.	,		ge slama i year anerer i	, jeu.			<u>.</u>
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if t	heir meanin	g is
	clear. If you need more spa							
	<b>Column 1:</b> Give the title period, was broadcast by a			vision program ("substitut				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			<i>"</i>	<i>"</i>			
				er "Yes." Otherwise enter asting the substitute prog				
				the community to which the		censed by	the FCC or.	in
	the case of Mexican or Car	nadian stati	ons, if any, the	community with which th	e station is id	entified).		
			when your sy	stem carried the substitut	e program. U	se numera	ls, with the r	nonth
	first. Example: for May 7 gi		o cubstituto pr	ogram was carried by you	ır cable sveter	m list tha	times accur	ately
	to the nearest five minutes.							atery
	stated as "6:00–6:30 p.m."							
	Column 7: Enter the lett	ter "R" if the		n was substituted for prog				
	to delete under FCC rules a							ogram
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	nming that						ogram
	was substituted for program	nming that			der FCC rules	and regul	ations in	ogram
	was substituted for prograr effect on October 19, 1976	mming that y	your system w	as permitted to delete un	der FCC rules	and regul	ations in I	
	was substituted for prograr effect on October 19, 1976	UBSTITUT	your system w	as permitted to delete un	der FCC rules WHE CARRI	and regul	ations in ITUTE URRED	7. REASON FOR DELETION
	was substituted for prograr effect on October 19, 1976	mming that y	your system w	as permitted to delete un	der FCC rules	N SUBST AGE OCC 6.	ations in I	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED ITMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED ITMES	7. REASON FOR
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	was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED ITMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE URRED ITMES	7. REASON FOR
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Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C Computer Tecl	DWNER OF CABLE SYSTEM: hniques, Inc.				SYSTEM ID# 0
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	s, and (2) the cable system's I number of channels on whice television broadcast stations I number of activated channe able system carried television	total number of ac ch the cable s els n broadcast station	ch the cable system carried television broad livated channels during the accounting perions	iod.	15 238
N Individual to Be Contacted		BE CONTACTED IF FURT about this statement of accou		ON IS NEEDED (Identify an individual to wh	nom	
for Further Information	Name	Billy Williams			Telephone 21	7-824-6398
	Address	1100 N Sportsman I (Number, street, rural route, apar Taylorville, IL 62568 (City, town, state, zip) billy.williams@	rtment, or suite numbe		nal)	
O Certification	I, the undersigned     (Owne     (Agenting     (Agenting     (Afficing     (Afficing     (Afficing     (Agenting     (Agent	ed, hereby certify that (Check er other than corporation or t of owner other than corpo line 1 of space B and that the er or partner) I am an officer line 1 of space B. d the statement of account an e, and correct to the best of m	cone, <i>but only one</i> , or partnership) I am partion or partnersh owner is not a corp r (if a corporation) o nd hereby declare un	he owner of the cable system as identified in <b>ip)</b> I am the duly authorized agent of the own	n line 1 of space B; o ner of the cable syst v identified as owner contained herein	tem as identified
		Typed or printe	Enter an electron Enter signature u	Ily Williams c signature on the line above to certify this stat sing an "/s/ signature" (e.g., /s/ John Smith) Williams	tement.	
		Title: (Title of	President official position held in	corporation or partnership)		
		Date:		January 1	1, 2021	

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.

Accounting Period:	2019/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Computer Techniques, Inc.			S	YSTEM 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 syst (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	stem's see	condary transm compute this a	ission service amount, see	<b>1,951.64</b> Dess receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 bu Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more infi BLOCK 1: GROSS RECEIPTS OF \$137,17	ut less tha ormation.	n \$527,600	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty f	fee that yo	ou must pay for	this six-mon	
	accounting period is \$52.00	,			
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add line BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS			-	
	1. Base amount under statutory formula		263,800.00	,	
	2. Enter amount of gross receipts from space K		181,951.64		
	3. Subtract line 2 from line 1		· · · ·		
	Enter the amount of gross receipts from space K			81,951.64	
	5. Enter the amount from line 3			81,848.36	
	6. Subtract line 5 from line 4			100,103.28	
	7. Multiply line 6 by .005 (enter figure here)			<u> </u>	500.52
	8. Interest charge. Enter the amount from line 4, space Q, page 8				8.50
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 a	and 8		\$	509.02
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	300 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1				
	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	5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	509.02	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	529.02
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		hts!

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
mputer Techniques, Inc.	0
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>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.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	2 Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
x       2%         Line 2       Multiply line 1 by the interest rate* and enter the sum here	1
x       2%         Line 2       Multiply line 1 by the interest rate* and enter the sum here	1 2 2
Line 2 Multiply line 1 by the interest rate* and enter the sum here	1 2 2
Line 2       Multiply line 1 by the interest rate* and enter the sum here       10.0         x       2%         Line 3       Multiply line 2 by the number of days late and enter the sum here       x         3,103.2       3,103.2         x       0.00274         Line 4       Multiply line 3 by 0.00274** and enter here       x         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6       \$         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.       For further assistance please	1 2 2
Line 2       Multiply line 1 by the interest rate* and enter the sum here       10.0         x       310         Line 3       Multiply line 2 by the number of days late and enter the sum here       3,103.2         x       0.00274         Line 4       Multiply line 3 by 0.00274** and enter here       3,103.2         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6       \$         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.       For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	1 2 2
x       2%         Line 2       Multiply line 1 by the interest rate* and enter the sum here	1 2 2
Line 2       Multiply line 1 by the interest rate* and enter the sum here       10.0         x       310         Line 3       Multiply line 2 by the number of days late and enter the sum here       3,103.2         x       0.00274         Line 4       Multiply line 3 by 0.00274** and enter here       3,103.2         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6       \$         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.       For further assistance please         contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.       **         ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.       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.	1 2 2
Line 2       Multiply line 1 by the interest rate* and enter the sum here       10.0         x       310         Line 3       Multiply line 2 by the number of days late and enter the sum here       3,103.2         x       3,103.2         x       0.00274         Line 4       Multiply line 3 by 0.00274** and enter here       3,103.2         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6       \$         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.       For further assistance please         contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.       ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.         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	1 2 2
x       2%         Line 2       Multiply line 1 by the interest rate* and enter the sum here	1 2 2
x       2%         Line 2       Multiply line 1 by the interest rate* and enter the sum here	1 2 2

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 th 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.