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

STATEME	NT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information,
	tions are located f this workbook	08/28/2020	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	

~	ACCO	JOINTING PERIOD COVERED BY THIS STATEMENT. (TTTT//Period/)	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		single statement of account and royarty ree payment covering the entire accounting period.	63749
		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	
		Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3330 State Highway 11B	
		(Number, street, rural route, apartment, or suite number) Nicholville, NY 12965	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MyEVTV	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
	Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965	6374
	Instructions: List each separate community served by the cable system. A "community" i	
D	"a separate and distinct community or municipal entity (including unincorporated comm	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	ill serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filings.	
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the
Area	identified city.	
Served		
		OTATE
	CITY OR TOWN	STATE
First	Johnsburg	New York
Community	Dickinson	New York
	Moira	New York
dd Rows as Necessary	Brandon	New York
	Canton	New York
	Nicholville	New York
	Star Lake	New York
	Piercefield	New York
	Wanakena	New York
	Fine	New York
	Lisbon	New York
	Potsdam	New York
	Pierrepont	New York
	Clifton	New York
	Waddington	New York
	Parishville	New York
	Louisville	New York
	Oswegatchie	New York
	Bangor	New York
	Stockholm	New York
	Long Lake	New York
	Clare	New York
	Madrid	New York
	Norfolk	New York
	Malone	New York
	Hopkinton	New York

Name	LEGAL NAME OF OWNER OF CA							SYS	TEM ID
	Slic Network Solutions,	Inc. / 3330 \$	SH 11	B, Nicholvil	le, NY 12	965			6374
-	SECONDARY TRANSMISSION	SERVICE: SL	IBSCR	BERS AND R	ATES				
E	In General: The information in sp	pace E should	cover a	Ill categories of	fsecondary	y transmission se	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						ose existi	ng on the	
Fransmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						o system	brokon	
scribers and	down by categories of secondary								
Rates	each category by counting the nu	,		.,					
	separately for the particular servi							-	
	Rate: Give the standard rate cl								
	unit in which it is generally billed. category, but do not include disc				any standar	d rate variations	within a p	articular rate	
	Block 1: In the left-hand block				ries of seco	ondarv transmiss	ion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					in the count und	ler "Servic	e to the	
	Block 2: If your cable system h					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.								
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SER		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIB	ERO	NATE	CAI	LOOKT OF SER	VICE	SUBSCRIBERS	INAT
	Service to first set		1.059	33.90	Local			1,019	33.9
	Service to additional set(s)		1,035	5.95	Basic			390	65.0
	• FM radio (if separate rate)		1,007	5.95		led Basic		390	78.0
	Motel, hotel		18	29.95	Comme			18	29.9
	Commercial		10	29.95	Comme			10	29.3
	Converter								
	Residential		2,123	5.95	No Cha	rge First Cor	wortor		
			2,123 23			inge Filst Col	iveitei		
	Non-residential		23	5.95					
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
E	In General: Space F calls for rat					l your cable syste	em's servi	ces that were	
F	not covered in space E, that is, the								
Comisso	service for a single fee. There are								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usualiy	billed. If arry to		arged on a varia	bic pei-pi	ograffi basis,	
ransmissions:	Block 1: Give the standard rate	e charged by t							
Rates	Block 2: List any services that								
	listed in block 1 and for which a s				ished. List	these other servi	ces in the	form of a	
	brief (two- or three-word) descrip			ate for each.					
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEG	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	TOTE		ation: Non-res		TUTE	ONTEON		
	• Pay cable			tel, hotel		149.00			
	• Pay cable—add'l channel			mmercial		149.00			
	• Fire protection		-	y cable					
	•Burglar protection			y cable-add'l cl	hannel				
	Installation: Residential			e protection					
	First set	49.00		rglar protection					
	1 11 31 301	4J.UU		• •	1				
	• Additional set(a)								
	• Additional set(s)			services:		25.00			
	• FM radio (if separate rate)		• Re	connect		25.00			
	()		• Re • Dis	connect connect					
	• FM radio (if separate rate)		• Re • Dis • Ou	connect		25.00 90/hr			

	LEGAL NAME OF OWNER OF	E CARLE SYSTEM		FORM SA1-2E. PAG
Name		ns, Inc. / 3330 SH 11B, Nicholvil	NY 12965	637
	PRIMARY TRANSMITTERS:	•	16, 111 12000	
G Primary	carried by your cable syste FCC rules and regulations	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6	(1) stations carried only on a part ne carriage of certain network prog	-time basis under rams [sections
ansmitters: elevision	Substitute Basis Stations basis under specific FCC ru	is explained in the next paragraph. With respect to any distant stations caules, regulations, or authorizations: e in space G—but do list it in space I (th		
	station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station	a substitute basis. also in space I, if the station was carriec on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p	d both on a substitute basis and al see page (v) of the general instruc rogram services such as HBO, ES	so on some other ctions. SPN, etc. Identify each
	"WETA-2" as the same on Column 2: Give the chann of license. For example, W	d with a station according to its over-the the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network s	vision station for broadcasting ove	er the air in its community
	educational station, by enter (for independent multicast) For the meaning of these ter Column 4: Give the location	ring the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), o erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WTEN	10.1	Ν	Albany, NY
	WVNY	22.1	Ν	Burlington, NY
Rows as Necessary	WWTI	50.1	Ν	Watertown, NY
	WCAX	3.1	Ν	Burlington, NY
	WRGB	6.1	N	Albany, NY
	WRGB WWNY	6.1 7.1	N N	Albany, NY Watertown, NY
	WWNY	7.1	N	Watertown, NY
	WWNY WCWN	7.1 45.1	N N	Watertown, NY Schenectady, NY
	WWNY WCWN WWTI-2	7.1 45.1 50.2	N N N-M	Watertown, NY Schenectady, NY Watertown, NY
	WWNY WCWN WWTI-2 WFFF	7.1 45.1 50.2 44.1	N N N-M N	Watertown, NY Schenectady, NY Watertown, NY Plattsburgh, NY
	WWNY WCWN WWTI-2 WFFF WNYF	7.1 45.1 50.2 44.1 7.2	N N N-M N N	Watertown, NY Schenectady, NY Watertown, NY Plattsburgh, NY Watertown, NY
	WWNY WCWN WWTI-2 WFFF WNYF WXXA	7.1 45.1 50.2 44.1 7.2 23.1	N N N-M N N N	Watertown, NY Schenectady, NY Watertown, NY Plattsburgh, NY Watertown, NY Albany, NY
	WWNY WCWN WWTI-2 WFFF WNYF WXXA WCWN-2	7.1 45.1 50.2 44.1 7.2 23.1 45.2	N N N-M N N N N-M	Watertown, NY Schenectady, NY Watertown, NY Plattsburgh, NY Watertown, NY Albany, NY Schenectady, NY
	WWNY WCWN WWTI-2 WFFF WNYF WXXA WCWN-2 WPTZ-2	7.1 45.1 50.2 44.1 7.2 23.1 45.2 5.2	N N-M N N N N N-M I-M	Watertown, NY Schenectady, NY Watertown, NY Plattsburgh, NY Watertown, NY Albany, NY Schenectady, NY Plattsburgh, NY Plattsburgh, NY
	WWNY WCWN WWTI-2 WFFF WNYF WXXA WCWN-2 WPTZ-2 WNYA	7.1 45.1 50.2 44.1 7.2 23.1 45.2 5.2 5.1 51.1	N N N-M N N N N N N-M i-M i-M	Watertown, NY Schenectady, NY Watertown, NY Plattsburgh, NY Watertown, NY Albany, NY Schenectady, NY Plattsburgh, NY Albany, NY Schenectady, NY Plattsburgh, NY Albany, NY Albany, NY
	WWNY WCWN WWTI-2 WFFF WNYF WXXA WCWN-2 WPTZ-2 WNYA WNYT	7.1 45.1 50.2 44.1 7.2 23.1 45.2 5.2 51.1 13.1	N N-M N N N N N N-M I-M I-M N	Watertown, NY Schenectady, NY Watertown, NY Plattsburgh, NY Watertown, NY Albany, NY Schenectady, NY Plattsburgh, NY Albany, NY Schenectady, NY Plattsburgh, NY Albany, NY Albany, NY Albany, NY
	WWNY WCWN WWTI-2 WFFF WNYF WXXA WCWN-2 WPTZ-2 WNYA WNYT WPTZ	7.1 45.1 50.2 44.1 7.2 23.1 45.2 5.2 51.1 13.1 5.1	N N N-M N N N N N-M I-M I-M I-M N N	Watertown, NY Schenectady, NY Watertown, NY Plattsburgh, NY Watertown, NY Albany, NY Schenectady, NY Plattsburgh, NY Albany, NY Albany, NY Albany, NY Plattsburgh, NY Plattsburgh, NY Plattsburgh, NY Plattsburgh, NY
	WWNY WCWN WWTI-2 WFFF WNYF WXXA WCWN-2 WPTZ-2 WNYA WNYT WPTZ WXXA-2	7.1 45.1 50.2 44.1 7.2 23.1 45.2 5.2 51.1 13.1 5.1 23.2	N N-M N N N N N-M I-M I-M N N N N N I-M	Watertown, NY Schenectady, NY Watertown, NY Plattsburgh, NY Watertown, NY Albany, NY Schenectady, NY Plattsburgh, NY Albany, NY Schenectady, NY Plattsburgh, NY Albany, NY
	WWNY WCWN WWTI-2 WFFF WNYF WXXA WCWN-2 WPTZ-2 WNYA WNYT WPTZ WXXA-2 WCFE	7.1 45.1 50.2 44.1 7.2 23.1 45.2 5.2 51.1 13.1 5.1 23.2 57.1	N N N-M N N N N I-M I-M I-M I-M I-M E	Watertown, NY Schenectady, NY Watertown, NY Plattsburgh, NY Watertown, NY Albany, NY Schenectady, NY Plattsburgh, NY Albany, NY Albany, NY Albany, NY Albany, NY Albany, NY Plattsburgh, NY Albany, NY Plattsburgh, NY Plattsburgh, NY Plattsburgh, NY
	WWNY WCWN WWTI-2 WFFF WNYF WXXA WCWN-2 WPTZ-2 WNYA WNYT WPTZ WXXA-2 WCFE WMHT	7.1 45.1 50.2 44.1 7.2 23.1 45.2 5.2 51.1 13.1 5.1 23.2 57.1 17.1	N N-M N N N N N-M I-M I-M I-M I-M E E E	Watertown, NY Schenectady, NY Watertown, NY Plattsburgh, NY Watertown, NY Albany, NY Schenectady, NY Plattsburgh, NY Albany, NY Schenectady, NY Plattsburgh, NY Albany, NY Albany, NY Albany, NY Albany, NY Plattsburgh, NY Albany, NY Plattsburgh, NY Albany, NY Albany, NY Albany, NY
	WWNY WCWN WWTI-2 WFFF WNYF WXXA WCWN-2 WPTZ-2 WNYA WNYT WPTZ WXXA-2 WCFE WMHT WNPI	7.1 45.1 50.2 44.1 7.2 23.1 45.2 5.2 51.1 13.1 5.1 23.2 57.1 17.1 18.1	N N N-M N N N N N-M I-M I-M I-M I-M E E E E	Watertown, NY Schenectady, NY Watertown, NY Plattsburgh, NY Watertown, NY Albany, NY Schenectady, NY Plattsburgh, NY Albany, NY Albany, NY Albany, NY Albany, NY Albany, NY Plattsburgh, NY Albany, NY Plattsburgh, NY Albany, NY Plattsburgh, NY Albany, NY Norwood, NY

	F OWNER OF		3330 SH 11B, Nicholvi	lle, NY 12965				SYSTEM I 637
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried b monitoring, to ormation abou rm. dentify the call state whether the radio state this by placing Sive the station	y the sys be rece it the Co I sign of the station's sig g a chec n's locat	II-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. Inal was electronically proces k mark in the "S/D" column. ion (the community to which th the community with which th	at the system's h system's FM an this point, see p sed by the cable he station is lice	eadend, and tenna, during age (v) of the system as a s nsed by the F	(2) it car certain general separate	h be expected, stated intervals. instructions in the.	Primary Transmitters Radio
				T	ſ			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2020/1					FOI	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Slic Network Solution	s, Inc. / 33	30 SH 11B,	Nicholville, NY 12965			63749
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G		
	In General: In space I, ident	ify every not	nnetwork televis	sion program, broadcast by	a distant stat	ion, that your cable syst	em carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authorizations	. For a further
Substitute	explanation of the programm				e general instr	uctions in the paper SA	1-2 form.
Carriage: Special	1. SPECIAL STATEMEN						
Statement and	During the accounting per	-	r cable system	carry, on a substitute basi	s, any nonne		
Program Log	broadcast by a distant sta	tion?				YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist complete the progra	im
	log in block 2.						
	2. LOG OF SUBSTITUT			te line. I lee ekknevietiene :		sible if the in measuring i	-
	In General: List each subs clear. If you need more spa				wnerever pos	sible, if their meaning i	S
	Column 1: Give the title	of every no	nnetwork telev	sion program ("substitute			
	period, was broadcast by a under certain FCC rules, re	distant stat	on and that yo	ur cable system substitute	d for the prog	ramming of another sta	ation
	Do not use general categor						
	"NBA Basketball: 76ers vs.	Bulls."					
				r "Yes." Otherwise enter "N sting the substitute progra			
				e community to which the		nsed by the FCC or, in	
	the case of Mexican or Car	adian statio	ns, if any, the	community with which the	station is iden	itified).	
	Column 5: Give the mor first. Example: for May 7 gives		when your sys	tem carried the substitute	program. Use	numerals, with the mo	onth
			substitute pro	gram was carried by your	cable system.	List the times accurate	elv
	to the nearest five minutes.						,
	stated as "6:00–6:30 p.m."	or "R" if tho	listed program	was substituted for progra	mming that y	our system was <i>requir</i>	ed
	to delete under FCC rules a						
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
						N SUBSTITUTE	
		2. LIVE?	E PROGRAM		5. MONTH	AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						—	
		1				_	
							""
						<u> </u>	
						_	
		1				_	
							""
						_	
							-
						_	
		1					-1

Accounting Period:	2020/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965	63749
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service
_	COPYRIGHT ROYALTY FEE	
L Copyright Royalty Fee	Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t	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 lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K \$ 248,354.44	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K 2	48,354.44
	5. Enter the amount from line 3	15,445.56
	6. Subtract line 5 from line 4	32,908.88
	7. Multiply line 6 by .005 (enter figure here)	\$ 1,164.54
	8. Interest charge. Enter the amount from line 4, space Q, page 8	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	\$ 1,164.54
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less 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	
	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 DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,164.54
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	\$ 1,184.54
	EFT Trace # or TRANSACTION ID # 3544c018b6	
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m	

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: Slic Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965 M CHANNELS Instructions: You must give (1) the number of channels on which 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. Channels Channels Channels on which the cable system's total number of activated channels on which the cable system carried television broadcast stations	SYSTEM ID# 63745 23 305 315.328.9050
M Instructions: You must give (1) the number of channels on which 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. Channels I. Enter the total number of channels on which the cable system carried television broadcast stations . I. Enter the total number of activated channels on which the cable system carried television broadcast stations . I. Enter the total number of activated channels on which the cable system carried television broadcast stations . I. Enter the total number of activated channels on which the cable system carried television broadcast stations . I. Enter the total number of activated channels on which the cable system carried television broadcast stations . I. Enter the total number of activated channels on which the cable system carried television broadcast stations . I. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . N INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Individual to Be Contacted for Further Name Kevin Lynch Telephone	305
N INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Individual to Be Contacted for Further Name Kevin Lynch Telephone	315.328.9050
for Further Name Kevin Lynch Telephone	315.328.9050
Address 3330 State Highway 11B (Number, street, rural route, apartment, or suite number)	
Nicholville, NY 12965 (City, town, state, zip)	
Email kevin lynch@slic.com Fax (optional)	
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E	; or
 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin 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 own in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	
X "/s/ Bradley Pattelli" Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Bradley Pattelli	-
Title: CEO (Title of official position held in corporation or partnership)	
Date: 8/20/2020	

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 the 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 telephoi 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 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 t 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 lay

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Network Solutions, Inc. / 3330 SH 11B, Nicholville, NY 12965	6374
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. 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	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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