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  | T OFFICE USE ONLY    | Return completed workbook<br>by email to:   |
|--|---------------|----------------------|---|
| for Secondary Transmissions by<br>Cable Systems (Short Form)       | DATE RECEIVED | AMOUNT               | coplicsoa@loc.gov   |
| General instructions are located in the first tab of this workbook | 02/22/2021    | \$ ALLOCATION NUMBER | For additional information,<br>contact the U.S. Copyright<br>Office Licensing Division at:<br>Tel: (202) 707-8150 |

| Α                    | CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))   |
|----------------------|---|
|                      | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  |
|                      | 20202 Barcode Data Filing Period (optional - see instructions)  |
| Accounting<br>Period |   |
| В                    | Instructions:<br>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<br>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   |
|                      | TOPSHAM COMMUNICATIONS, LLC   |
|                      | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)  |
|                      | MAILING ADDRESS OF OWNER OF CABLE SYSTEM  |
|                      | PO BOX 217<br>(Number, street, rural route, apartment, or suite number)   |
|                      | HAMMOND, NY 13646-0217<br>(City, town, state, zip)  |
| С                    | <b>ISTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these ames already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. |
| System               | 1 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   |
|-----------------------|--|---|
| Name                  | TOPSHAM COMMUNICATIONS, LLC  | 63327   |
| D                     | Instructions: List each separate community served by the cable system. A "communit<br>"a separate and distinct community or municipal entity (including unincorporated cor     | ry" is the same as a "community unit" as defined in FCC rules:<br>nmunities within unincorporated areas and including single, |
| 2                     | discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis<br>as the "first community." Please use it as the first community on all future filings. |   |
| Area<br>Served        | Note: Entities and properties such as hotels, apartments, condominiums, or mobile he<br>identified city.   | ome parks should be reported in parentheses below the   |
|                       |  | 07475   |
| First                 | CITY OR TOWN FAIRLEE TOWN  | STATE<br>VT   |
| Community             |  |   |
|                       |  |   |
| Add Rows as Necessary |  |   |
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|                               | LEGAL NAME OF OWNER OF C   | ABLE SYSTEM   |   |  |             |                   |               | FORM S.                  | STEM I |
|-------------------------------|--|---|---|--|-------------|-------------------|---------------|--------------------------|--------|
| Name                          |  |   |   |  |             |                   |               | •                        | 633    |
|                               |  |   |   |  |             |                   |               |                          |        |
| E                             | SECONDARY TRANSMISSION<br>In General: The information in s   |   |   |  |             | v transmission    | service of    | the cable                |        |
|                               | system, that is, the retransmission  | -   |   | -  |             | •                 |               |                          |        |
| Secondary                     | about other services (including p  |   |   |  |             |                   | those exis    | ting on the              |        |
| Transmission                  | last day of the accounting period  |   |   |  |             |                   | hla avatam    | hallon                   |        |
| Service: Sub-<br>scribers and | Number of Subscribers: Both<br>down by categories of secondar  |   |   |  |             |                   | •             |                          |        |
| Rates                         | each category by counting the n  | •   |   |  |             | •                 |               |                          |        |
|                               | separately for the particular serv   | vice at the rate i  | ndicate   | d-not the nur  | ber of se   | s receiving serv  | rice).        | -                        |        |
|                               | Rate: Give the standard rate of  | -   | -   | •  |             |                   |               | -                        |        |
|                               | unit in which it is generally billed<br>category, but do not include disc  |   | ,   |  | ny standa   | rd rate variation | s within a    | particular rate          |        |
|                               | Block 1: In the left-hand block  |   |   |  | ies of sec  | ondary transmis   | sion servi    | ce that cable            |        |
|                               | systems most commonly provide  |   |   | -  |             | •                 |               |                          |        |
|                               | that applies to your system. Not   |   |   | -  |             | -                 |               |                          |        |
|                               | categories, that person or entity  |   |   |  |             |                   | •             |                          |        |
|                               | subscriber who pays extra for ca<br>first set" and would be counted of   |   |   |  |             | a in the count ur | ider Servi    | ice to the               |        |
|                               | Block 2: If your cable system  |   |   |  |             | service that are  | different     | from those               |        |
|                               | printed in block 1 (for example, t   | tiers of services   | that inc  | clude one or m   | ore secon   | dary transmissi   | ons), list th | em, together             |        |
|                               | with the number of subscribers a   | and rates, in the   | e right-h   | and block. A t   | vo- or thre | e-word descript   | ion of the    | service is               |        |
|                               | sufficient.  | OCK 1   |   |  |             |                   | BLOC          | ()                       |        |
|                               |  | NO. OF  |   |  |             |                   |               | NO. OF                   |        |
|                               | CATEGORY OF SERVICE  | SUBSCRIBE   | RS  | RATE   | CATE        | EGORY OF SEF      | RVICE         | SUBSCRIBERS              | RAT    |
|                               | Residential:   |   | 224   | 04.05  |             |                   |               |                          |        |
|                               | Service to first set   |   | 224   | 24.95  |             |                   |               |                          |        |
|                               | Service to additional set(s)   |   | 143   | 6.95   |             |                   |               |                          |        |
|                               | • FM radio (if separate rate)<br>Motel, hotel  |   |   |  |             |                   |               |                          |        |
|                               | Commercial   |   |   |  |             |                   |               |                          |        |
|                               | Converter  |   |   |  |             |                   |               |                          |        |
|                               | Residential  |   |   |  |             |                   |               |                          |        |
|                               | Non-residential  |   |   |  |             |                   |               |                          |        |
|                               |  |   |   |  |             |                   |               |                          |        |
|                               | SERVICES OTHER THAN SEC  | ONDARY TRA  | NSMIS   | SIONS: RATE  | S           |                   |               |                          |        |
| F                             | In General: Space F calls for ra   |   |   |  |             |                   |               |                          |        |
| Г                             | not covered in space E, that is, t   |   |   |  |             |                   |               |                          |        |
| Services                      | service for a single fee. There and furnished at cost or (2) services  | •   |   |  | •           |                   | • •           | ,                        |        |
| Other Than                    | amount of the charge and the ur  |   |   |  |             |                   |               |                          |        |
| Secondary                     | enter only the letters "PP" in the   | rate column.  |   | -  |             | -                 |               |                          |        |
| ransmissions:                 |  |   |   |  |             |                   |               |                          |        |
| Rates                         | Block 2: List any services that  |   |   |  | -           | -                 |               |                          |        |
|                               | listed in block 1 and for which a  |   | 0 1100 11   | nade or establ   | shed List   | these other ser   |               | o lonn or a              |        |
|                               | listed in block 1 and for which a brief (two- or three-word) description   |   | le the ra   |  | shed. List  | these other ser   |               |                          |        |
|                               |  | ption and includ  |   |  | shed. List  | these other ser   |               |                          |        |
|                               |  | otion and includ  | CK 1  |  |             | these other ser   | CATEG         | BLOCK 2<br>ORY OF SERVIC | E RAT  |
|                               | brief (two- or three-word) descrip   | btion and includ<br>BLOC<br>RATE                            | CK 1<br>CATEG   | ite for each.  | /ICE        |                   | CATEG         |                          | E RAT  |
|                               | brief (two- or three-word) descrip<br>CATEGORY OF SERVICE  | btion and includ<br>BLOC<br>RATE                            | CK 1<br>CATEG<br>Installa   | te for each.   | /ICE        |                   | CATEG         |                          | E RAT  |
|                               | brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:  | btion and includ  | CK 1<br>CATEG<br>Installa<br>• Mot  | te for each.<br>ORY OF SER<br>tion: Non-res  | /ICE        |                   | CATEG         |                          | E RAT  |
|                               | brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable   | Detion and includ   | CK 1<br>CATEG<br>Installa<br>• Mot<br>• Con   | te for each.<br>ORY OF SER<br>tion: Non-res  | /ICE        |                   | CATEG         |                          | E RAT  |
|                               | brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel  | Detion and includ   | CK 1<br>CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay  | ORY OF SER<br>tion: Non-res<br>el, hotel<br>nmercial   | /ICE        |                   | CATEG         |                          | E RAT  |
|                               | brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection   | Detion and includ   | CK 1<br>CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Pay   | ORY OF SER<br>tion: Non-res<br>el, hotel<br>nmercial<br>cable  | /ICE        |                   | CATEG         |                          | E RAT  |
|                               | brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>•Burglar protection  | Detion and includ   | CK 1<br>CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Pay<br>• Fire   | ORY OF SER<br>tion: Non-res<br>el, hotel<br>mmercial<br>cable<br>cable-add'l ch  | /ICE        |                   | CATEG         |                          | E RAT  |
|                               | brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential  | 0000 and includ<br>BLOC<br>RATE<br>15.95<br>16.00<br>100.00 | CK 1<br>CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Pay<br>• Fire<br>• Burg                               | ORY OF SER<br>tion: Non-res<br>el, hotel<br>nmercial<br>cable<br>cable-add'l ch<br>protection  | /ICE        |                   | CATEG         |                          | E RAT  |
|                               | brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set   | 0000 and includ<br>BLOC<br>RATE<br>15.95<br>16.00<br>100.00 | CK 1<br>CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Pay<br>• Fire<br>• Bure<br>Other s                    | ORY OF SER<br>tion: Non-res<br>el, hotel<br>nmercial<br>cable<br>cable-add'l ch<br>protection<br>glar protection                         | /ICE        |                   | CATEG         |                          | E RAT  |
|                               | brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)                                  | 0000 and includ<br>BLOC<br>RATE<br>15.95<br>16.00<br>100.00 | CK 1<br>CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Pay<br>• Fire<br>• Bur<br>Other s<br>• Rec            | CORY OF SER<br>tion: Non-res<br>el, hotel<br>mmercial<br>cable<br>cable-add'l ch<br>protection<br>glar protection<br>services:           | /ICE        | RATE              | CATEG         |                          | E RAT  |
|                               | brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate) | 0000 and includ<br>BLOC<br>RATE<br>15.95<br>16.00<br>100.00 | CK 1<br>CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Pay<br>• Fire<br>• Burn<br>Other s<br>• Rec<br>• Disc | ORY OF SER<br>tion: Non-res<br>el, hotel<br>nmercial<br>cable<br>cable-add'l ch<br>protection<br>glar protection<br>services:<br>connect | /ICE        | RATE              | CATEG         |                          | E RAT  |

|   |  |  |  | FORM SA1-2E. PAGE 3.   |
|---|--|--|--|--|
| Name  | LEGAL NAME OF OWNER OF   |  |  | SYSTEM ID#   |
|   | TOPSHAM COMMUNI  |  |  | 63327  |
| <b>G</b><br>Primary<br>ransmitters:<br>Television | carried by your cable syster<br>FCC rules and regulations i<br>76.59(d)(2) and (4), 76.61(e<br>substitute program basis, as<br><b>Substitute Basis Stations</b><br>basis under specific FCC ru   | entify every television station (including<br>m during the accounting period, <i>excep</i><br>n effect on June 24, 1981, permitting th<br>e)(2) and (4), or 76.63 (referring to 76.6<br>s explained in the next paragraph.<br>: With respect to any distant stations ca<br>iles, regulations, or authorizations: | t (1) stations carried only on a part-til<br>he carriage of certain network progra<br>51(e)(2) and (4))]; and (2) certain stati<br>arried by your cable system on a sub                                | me basis under<br>ms [sections<br>ions carried on a<br>pstitute program    |
|   | station was carried <i>only</i> on<br>• List the station here, and a<br>basis. For further informatio<br><b>Column 1:</b> List each station<br>multicast stream associated<br>"WETA-2" as the same on t<br><b>Column 2:</b> Give the channel | also in space I, if the station was carrie<br>on concerning substitute basis stations,<br>n's call sign. <i>Do not</i> report origination p<br>I with a station according to its over-the  | d both on a substitute basis and also<br>, see page (v) of the general instruction<br>program services such as HBO, ESP<br>e-air designation. For example, repo  | o on some other<br>ons.<br>N, etc. Identify each<br>rt multistream         |
|   | educational station, by ente<br>(for independent multicast),<br>For the meaning of these te<br><b>Column 4:</b> Give the location<br>FCC. For Mexican or Canac   | case whether the station is a network<br>ring the letter "N" (for network), "N-M"<br>"E" (for noncommercial educational), o<br>rms, see page (iv) of the general instru-<br>n of each station. For U.S. stations, list<br>dian stations, if any, give the name of t  | (for network multicast), "I" (for indepe<br>or "E-M" (for noncommercial educatio<br>uctions in the paper SA1-2 form.<br>It the community to which the station i<br>he community with which the station | endent), "I-M"<br>onal multicast).<br>is licensed by the<br>is identified. |
|   | 1. CALL SIGN   | 2. B'CAST CHANNEL NUMBER   | 3. TYPE OF STATION   | 4. LOCATION OF STATION   |
|   | WCAX   | 3  | Ν  | BURLINGTON, VT   |
|   | WVNY   | 22   | N  | BURLINGTON, VT   |
|   | MOTO   | 5  | N  |  |
| v   | WPTZ   | J  | N  | PLATTSBURGH, NY  |
| s as Necessary                                    | WVTA   | 41   | E  | PLATTSBURGH, NY<br>WINDSOR, VT   |
| s as Necessary                                    |  |  |  |  |
| vs as Necessary                                   | WVTA   | 41   | E  | WINDSOR, VT  |
| vs as Necessary                                   | WVTA   | 41   | E  | WINDSOR, VT  |
| ws as Necessary                                   | WVTA   | 41   | E  | WINDSOR, VT  |
| vs as Necessary                                   | WVTA   | 41   | E  | WINDSOR, VT  |
| ws as Necessary                                   | WVTA   | 41   | E  | WINDSOR, VT  |
| ws as Necessary                                   | WVTA   | 41<br>44   | E  | WINDSOR, VT  |
| ows as Necessary                                  | WVTA   | 41<br>44   | E  | WINDSOR, VT  |
| ws as Necessary                                   | WVTA   | 41<br>44   | E  | WINDSOR, VT  |
| ows as Necessary                                  | WVTA   | 41<br>44   | E  | WINDSOR, VT  |
| Rows as Necessary                                 | WVTA   | 41<br>44   | E  | WINDSOR, VT  |
| Rows as Necessary                                 | WVTA   | 41<br>44   | E  | WINDSOR, VT  |
| Rows as Necessary                                 | WVTA   | 41<br>44   | E  | WINDSOR, VT  |
| Rows as Necessary                                 | WVTA   | 41<br>44   | E  | WINDSOR, VT  |
| Rows as Necessary                                 | WVTA   | 41<br>44   | E  | WINDSOR, VT  |
| ows as Necessary                                  | WVTA   | 41<br>44   | E  | WINDSOR, VT  |
| lows as Necessary                                 | WVTA   | 41<br>44   | E  | WINDSOR, VT  |
| Rows as Necessary                                 | WVTA   | 41<br>44   | E  | WINDSOR, VT  |
| Rows as Necessary                                 | WVTA   | 41<br>44   | E  | WINDSOR, VT  |

| EGAL NAME OF   |  |   |   |                         |  |   |   |  | SYSTEM<br>633                    |
|--|--|---|---|-------------------------|--|---|---|--|----------------------------------|
|  | every radio s  | tation ca   | arried on a separate and discr<br>nerally receivable by your cab  |                         |  |   |   |  | н                                |
| eceivable if (1)<br>on the basis of i<br>For detailed info<br>paper SA1-2 for<br>Column 1: lo<br>Column 2: S<br>Column 3: lf<br>isignal, indicate<br>Column 4: G | it is carried by<br>monitoring, to<br>prmation abou<br>rm.<br>lentify the call<br>tate whether t<br>the radio stati<br>this by placing<br>vive the statior | y the sys<br>be recei<br>t the Cc<br>sign of e<br>he static<br>ion's sign<br>g a check<br>h's locatio | I-Band FM Carriage: Under C<br>tem whenever it is received a<br>ved at the headend, with the s<br>opyright Office regulations on t<br>each station carried.<br>on is AM or FM.<br>nal was electronically process<br>k mark in the "S/D" column.<br>on (the community to which the<br>the community with which the | at f<br>sy<br>th<br>see | the system's he<br>rstem's FM ante<br>is point, see par<br>d by the cable s<br>station is licens | adend, and (2<br>nna, during c<br>ge (v) of the g<br>ystem as a se<br>sed by the FC | 2) it can<br>ertain st<br>jeneral ii<br>eparate : | be expected,<br>ated intervals.<br>nstructions in the.<br>and discrete | Primary<br>Transmitters<br>Radio |
| CALL SIGN  | AM or FM   | S/D   | LOCATION OF STATION   | Т                       | CALL SIGN  | AM or FM  | S/D   | LOCATION OF STATION  |                                  |
|  |  | 5,0   |   | T                       | UNEL OIGIN   |   | 5,0   | LOGATION OF STATION  |                                  |
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|  |  |   |   | $\left  \right $        |  |   |   |  |                                  |
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| Accounting Perio | od: 2020/2                    |                       |                           |                              |                     |                    | FORM         | VI SA1-2E. PAGE 5. |
|------------------|-------------------------------|-----------------------|---------------------------|------------------------------|---------------------|--------------------|--------------|--------------------|
|                  | LEGAL NAME OF OWNER OF        | CABLE SYS             | STEM:                     |                              |                     |                    |              | SYSTEM ID#         |
| Name             | TOPSHAM COMMUNI               | CATIONS               | , LLC                     |                              |                     |                    |              | 63327              |
|                  | SUBSTITUTE CARRIAG            | E: SPECIA             | AL STATEME                |                              | G                   |                    |              |                    |
| I I              | In General: In space I, ident | -                     | -                         |                              |                     | tion that you      | r cable eve  | tem carried on a   |
| •                | substitute basis during the a |                       |                           |                              |                     |                    |              |                    |
| Substitute       | explanation of the programm   |                       |                           |                              |                     |                    |              |                    |
| Carriage:        | 1. SPECIAL STATEMEN           |                       |                           |                              | 0                   |                    |              |                    |
| Special          | During the accounting per     | -                     |                           |                              | sis anv noni        | network telev      | ision nroa   | ram                |
| Statement and    |                               | -                     |                           | in ourly, on a substitute be | olo, any nom        |                    |              |                    |
| Program Log      | broadcast by a distant sta    | uon?                  |                           |                              |                     |                    | YES          | × NO               |
|                  | Note: If your answer is "No   | ", leave the          | e rest of this pa         | age blank. If your answer i  | s "Yes," you i      | must comple        | te the prog  | gram               |
|                  | log in block 2.               |                       |                           |                              |                     |                    |              |                    |
|                  | 2. LOG OF SUBSTITUTI          | E PROGRA              | AMS                       |                              |                     |                    |              |                    |
|                  | In General: List each subs    |                       |                           |                              | s wherever p        | ossible, if the    | eir meaning  | g is               |
|                  | clear. If you need more spa   |                       |                           |                              |                     |                    |              |                    |
|                  | period, was broadcast by a    |                       |                           | vision program ("substitute  |                     |                    |              |                    |
|                  | under certain FCC rules, re   |                       |                           |                              |                     |                    |              |                    |
|                  | Do not use general categor    |                       |                           |                              |                     |                    |              |                    |
|                  | "NBA Basketball: 76ers vs.    | Bulls."               |                           |                              |                     |                    |              |                    |
|                  |                               |                       |                           | er "Yes." Otherwise enter    |                     |                    |              |                    |
|                  |                               |                       |                           | casting the substitute prog  |                     | oonood by th       | a FCC ar     | in                 |
|                  | the case of Mexican or Car    |                       |                           | the community to which the   |                     |                    | erccor,      | in                 |
|                  |                               |                       |                           | stem carried the substitute  |                     |                    | , with the n | nonth              |
|                  | first. Example: for May 7 gi  |                       | , ,                       |                              | 1 0                 |                    | ,<br>,       |                    |
|                  |                               |                       |                           | ogram was carried by you     |                     |                    |              | ately              |
|                  | to the nearest five minutes.  | Example:              | a program car             | ried by a system from 6:01   | 1:15 p.m. to 6      | 6:28:30 p.m.       | should be    |                    |
|                  | stated as "6:00–6:30 p.m."    | er "R" if the         | listed program            | n was substituted for prog   | ramming tha         | t vour systen      | n was requ   | uired              |
|                  | to delete under FCC rules     |                       |                           |                              |                     |                    |              |                    |
|                  | was substituted for program   |                       |                           |                              |                     |                    |              | -9.4               |
|                  | effect on October 19, 1976    |                       |                           |                              |                     |                    |              |                    |
|                  |                               |                       |                           |                              |                     |                    |              |                    |
|                  |                               |                       |                           | A                            |                     | N SUBSTIT          |              | 7. REASON FOR      |
|                  | 5                             |                       |                           |                              |                     | AGE OCCU<br>6. TII |              | DELETION           |
|                  | 1. TITLE OF PROGRAM           | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION        | 5. MONTH<br>AND DAY | FROM -             | - TO         |                    |
|                  |                               |                       |                           |                              |                     |                    |              |                    |
|                  |                               |                       |                           |                              |                     |                    |              |                    |
|                  |                               |                       |                           |                              |                     |                    |              |                    |
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|                  |                               |                       |                           |                              |                     | _                  |              |                    |
|                  |                               |                       |                           |                              |                     |                    |              |                    |
|                  |                               |                       |                           |                              |                     |                    |              |                    |
|                  |                               |                       |                           |                              |                     |                    |              |                    |
|                  |                               |                       |                           |                              |                     | _                  | -            |                    |
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|                  |                               |                       |                           |                              |                     | -                  | -            |                    |
|                  |                               |                       |                           |                              |                     |                    |              |                    |
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|                  |                               |                       |                           |                              |                     |                    |              |                    |
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|                  |                               |                       |                           |                              |                     |                    |              |                    |
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|                  |                               |                       |                           |                              |                     |                    |              |                    |
|                  |                               |                       |                           |                              |                     |                    | -            |                    |
| 1                | I                             | 1                     | г                         | 1                            |                     | Г                  |              | 7                  |

| Accounting Period:                 | 2020/2  | FORM SA                       | 1-2E. PAGE 6.            |
|------------------------------------|---|-------------------------------|--------------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>TOPSHAM COMMUNICATIONS, LLC   | S                             | YSTEM ID#<br>63327       |
| K<br>Gross Receipts                | GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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<br>amount, see | 0,889.00<br>ss receipts) |
| L<br>Copyright<br>Royalty Fee      | COPYRIGHT ROYALTY FEE<br>Instructions: To compute the royalty fee you owe:<br>Complete block 1, block 2, or block 3.<br>Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2<br>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600<br>See page (vi) of the general instructions located in the paper SA1-2 form for more information.  | 263,800                       |                          |
|                                    | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS  |                               |                          |
|                                    | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for<br>accounting period is \$52.00   | this six-mon                  |                          |
|                                    | 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 1 and 2<br>BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1  |                               | 52.00                    |
|                                    | 1. Base amount under statutory formula         \$         263,800.00  | 00)                           |                          |
|                                    | 2. Enter amount of gross receipts from space K  |                               |                          |
|                                    | 2. Enter amount of gross receipts norm space K     3. Subtract line 2 from line 1   |                               |                          |
|                                    | Subtract line 2 from line 1     A. Enter the amount of gross receipts from space K  |                               |                          |
|                                    | Enter the amount of gloss receipts from space K       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  |                               |                          |
|                                    | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8   |                               |                          |
|                                    | 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<br>Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)   | 52.00                         |                          |
| Due                                | 2. Filing Fee (See the instructions for more information on filing fee calculations)  | 15.00                         |                          |
|                                    | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3  | \$                            | 67.00                    |
|                                    | Important: Your remittance must be in the form of an electronic payment payable to the Regis<br>See page i of the general instructions in the paper SA1-2 form for more informat  |                               | nts!                     |

| Accounting Period:                 | 2020/2  |  |   |  |  |  |  |                                | FORM SA1-2E. PAGE                               |
|------------------------------------|---|--|---|--|--|--|--|--------------------------------|---|
| Name                               | LEGAL NAME OF OWNER (<br>TOPSHAM COMMUNI  |  |   |  |  |  |  |                                | SYSTEM II<br>6332                               |
| M<br>Channels                      | CHANNELS<br>Instructions: You must<br>to its subscribers, and (2<br>1. Enter the total number<br>system carried televisio<br>2. Enter the total number<br>on which the cable syst<br>and nonbroadcast servi | ) the cable system's t<br>of channels on which<br>in broadcast stations<br>of activated channel<br>em carried television   | total numb<br>th the cabl<br>s<br>ls<br>n broadcas                            | ber of activa<br>le<br>st stations   | ted channels   | during the a   | accounting period.   | st stations                    | 5 230   |
| N<br>Individual to<br>Be Contacted | INDIVIDUAL TO BE CO<br>we can contact about this  | s statement of accour  |   | DRMATION   | IS NEEDED (  | ldentify an ir   |  |                                |   |
| for Further<br>Information         |   | LLY L. COLE  |   |  |  |  |  | Telephone                      | 315-324-5911                                    |
|                                    | (Numbe<br>HAM<br>(City, tor   | OX 217<br>r, street, rural route, apart<br>MOND, NY 1364<br>wn, state, zip)  | 46-0217   |  |  |  |  |                                |   |
|                                    | Email   | slcole@cit-tele.   | e.com   |  |  |  | Fax (optional)   | 315-324-628                    | )<br>   |
| O<br>Certification                 | (Agent of own<br>in line 1 of   | by certify that (Check of<br>than corporation or p<br>er other than corpor-<br>space B and that the of<br>rtner) I am an officer (<br>space B.<br>ement of account and<br>prrect to the best of my | one, <i>but on</i><br>partnershi<br>ration or p<br>owner is n<br>(if a corpor | nly one , of th<br>nip) I am the<br>partnership)<br>not a corporal<br>pration) or a p<br>leclare under<br>lge, informati | ne boxes.)<br>owner of the o<br>I am the duly<br>tion or partner<br>partner (if a pa | authorized a<br>ship; or<br>rtnership) of<br>v that all stat | as identified in line<br>agent of the owner of<br>the legal entity ide<br>tements of fact cont | e 1 of space<br>of the cable s | system as identified<br>ner of the cable system |
|                                    |   |  |   | n electronic si  |  |  | o certify this stateme<br>/ John Smith)  | ent.                           |   |
|                                    |   | Typed or printed<br>Title:<br>(Title of o  | Αссοι   |  | L. Cole  | ership)  |  |                                |   |
|                                    |   | Date:  |   |  |  |  | 2/22/2021  |                                |   |

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.

| ounting Period: 2020/2  | FORM SA1-2E. PAGE  |
|---|--|
| AL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM II  |
| PSHAM COMMUNICATIONS, LLC   | 6332   |
| <ul> <li>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 following 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."     </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> </ul> | P<br>Special Statement<br>Concerning Gross<br>Receipts Exclusion |
| 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  |
|   | Q<br>Interest Assessmer  |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.   | Q<br>Interest Assessmer  |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment   | Q<br>Interest Assessmer  |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment   | Q<br>Interest Assessmen  |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment   | Q<br>Interest Assessmen  |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment   | Q<br>Interest Assessmen  |
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| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment   | Q<br>Interest Assessme   |
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