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 COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Systems (Short Form)	7/12/2021	\$	For additional information, contact the U.S. Copyright
General instructions are located			Office Licensing Division at:
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
			1

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the 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.	16
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		St. John Cable Co., PO Box 268, Saint John, WA 99171	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		(Number, street, rural route, apartment, or suite number)	
		(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 unless as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
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 Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	St. John Cable Co., PO Box 268, Saint John, WA 99171	10016
D Area Served	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	nity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single, list will serve as a form of system identification hereafter know
	CITY OR TOWN	STATE
First	St. John	WA
Community		
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	TEM ID
Name	St. John Cable Co., PO	Box 268, Sa	aint Joh	n, WA 9917	'1				1001
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIBE	RS AND RAT	ES				
E	In General: The information in s								
	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period	, , ,	,		,		those exis	ting on the	
Service: Sub-	Number of Subscribers: Both	`		,	,	,	ble svstem	n. broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n			0,0		•		s charged	
	separately for the particular serv							as and the	
	Rate: Give the standard rate of unit in which it is generally billed	-						-	
	category, but do not include disc	· ·	,		Standar		is within a	particular rate	
	Block 1: In the left-hand block								
	systems most commonly provide							0,	
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	•							
	printed in block 1 (for example, t					,		, U	
	with the number of subscribers a sufficient.	and rates, in the	e right-han	a diock. A two	- or three	e-wora aescrip	tion of the	SERVICE IS	
		DCK 1					BLOCK		•
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	GORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		192	65.00					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSI	ONS: RATES					
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		,	0			0 (/	
Other Than	amount of the charge and the ur	nit in which it is	usually bil	led. If any rate	s are ch	arged on a var	iable per-p	rogram basis,	
Secondary	enter only the letters "PP" in the				c				
•	Disals 4: Obic the stead and and							twere not	
Transmissions:	Block 1: Give the standard rat Block 2: List any services that						period that		
•	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	t your cable sy	stem furnis	hed or offered	during t	he accounting			
Transmissions:	Block 2: List any services that	t your cable systems separate charg	stem furnis ge was ma	hed or offered de or establish	during t	he accounting			
Transmissions:	Block 2: List any services that listed in block 1 and for which a	t your cable system separate charge otion and inclue	stem furnis ge was ma de the rate	hed or offered de or establish	during t	he accounting		e form of a	
Transmissions:	Block 2: List any services that listed in block 1 and for which a	t your cable systems separate charg	stem furnis ge was ma de the rate CK 1	hed or offered de or establish	during t ed. List	he accounting	vices in th		RAT
Transmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	t your cable system separate chargo otion and inclue BLOO	stem furnis ge was ma de the rate CK 1 CATEGOI	hed or offered de or establish for each.	during t ed. List	he accounting these other ser	vices in th	e form of a BLOCK 2	RAT
Transmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	t your cable system separate chargo otion and inclue BLOO	stem furnis ge was ma de the rate CK 1 CATEGOI	hed or offered de or establish for each. RY OF SERVIO n: Non-resid	during t ed. List	he accounting these other ser	vices in th	e form of a BLOCK 2 DRY OF SERVICE	RAT
Transmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	t your cable system separate chargo otion and inclue BLOO	stem furnis ge was ma de the rate CK 1 CATEGOI Installatio	hed or offered de or establish for each. RY OF SERVI on: Non-reside hotel	during t ed. List	he accounting these other ser	CATEGO Digital Encore	e form of a BLOCK 2 DRY OF SERVICE Basic Starz	
Transmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	t your cable system separate chargo otion and inclue BLOO	stem furnis ge was ma de the rate CK 1 CATEGOI Installatio • Motel,	hed or offered de or establish for each. RY OF SERVIO n: Non-resido hotel eercial	during t ed. List	he accounting these other ser	CATEGO Digital Encore Movie	e form of a BLOCK 2 ORY OF SERVICE Basic Starz Channel	19.(10.(14.(
Transmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	t your cable system separate chargo otion and inclue BLOO	stem furnis ge was ma de the rate CK 1 CATEGOI Installatio • Motel, • Comm • Pay ca	hed or offered de or establish for each. RY OF SERVIO n: Non-resido hotel eercial	during t ed. List CE ential	he accounting these other ser	CATEGO Digital Encore Movie Showti	e form of a BLOCK 2 DRY OF SERVICE Basic Starz Channel me	19.0 10.5 14.5 14.5
Transmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	t your cable system separate chargo otion and inclue BLOO	stem furnis ge was ma de the rate CK 1 CATEGOI Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pl	hed or offered de or establish for each. RY OF SERVIO n: Non-reside hotel ercial able able-add'l char otection	during t ed. List CE ential	he accounting these other ser	CATEGO CATEGO Digital Encore Movie Showti Cinema	e form of a BLOCK 2 DRY OF SERVICE Basic Starz Channel me	19.0 10.5 14.5 14.5 9.0
Transmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	t your cable system separate chargo otion and inclue BLOO	stem furnis ge was ma de the rate CK 1 CATEGOI Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pl	hed or offered de or establish for each. RY OF SERVIO n: Non-reside hotel hotel hercial able able-add'l char	during t ed. List CE ential	he accounting these other ser	CATEGO Digital Encore Movie Showti	e form of a BLOCK 2 DRY OF SERVICE Basic Starz Channel me	19.0 10.5 14.5 14.5
Transmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	t your cable system separate chargo otion and inclue BLOO	stem furnis ge was ma de the rate CK 1 CATEGOI Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pl	hed or offered de or establish for each. RY OF SERVI on: Non-reside hotel hotel ercial able able-add'l char otection r protection	during t ed. List CE ential	he accounting these other ser	CATEGO CATEGO Digital Encore Movie Showti Cinema	e form of a BLOCK 2 DRY OF SERVICE Basic Starz Channel me	19.0 10.9 14.9 14.9
Transmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	t your cable system separate chargo otion and inclue BLOO	stem furnis ge was mai de the rate CK 1 CATEGOI Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pi • Burgla Other ser • Recor	hed or offered de or establish for each. RY OF SERVIO n: Non-reside hotel hotel able able-add'I char otection r protection vices: nect	during t ed. List CE ential	he accounting these other ser	CATEGO CATEGO Digital Encore Movie Showti Cinema	e form of a BLOCK 2 DRY OF SERVICE Basic Starz Channel me	19.0 10.5 14.5 14.5 9.0
Transmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	t your cable system separate chargo otion and inclue BLOO	stem furnis ge was ma de the rate CK 1 CATEGOI Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pi • Burgla Other ser	hed or offered de or establish for each. RY OF SERVIO n: Non-reside hotel hotel able able-add'I char otection r protection vices: nect	during t ed. List CE ential	he accounting these other ser	CATEGO CATEGO Digital Encore Movie Showti Cinema	e form of a BLOCK 2 DRY OF SERVICE Basic Starz Channel me	19.0 10.5 14.5 14.5 9.0
Transmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	t your cable system separate chargo otion and inclue BLOO	stem furnis ge was mai de the rate CK 1 CATEGOI Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pi • Burgla Other ser • Recor	hed or offered de or establish for each. RY OF SERVIO n: Non-reside hotel hotel able able-add'I char otection r protection vices: nect	during t ed. List CE ential	he accounting these other ser	CATEGO CATEGO Digital Encore Movie Showti Cinema	e form of a BLOCK 2 DRY OF SERVICE Basic Starz Channel me	19.0 10.5 14.5 14.5 9.0

				FORM SA1-2E. PAGE 3
ame	LEGAL NAME OF OWNER O			SYSTEM ID#
	,	O Box 268, Saint John, WA 99	9171	10016
G imary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r	entify every television station (including em during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations c ules, regulations, or authorizations:	<i>t</i> (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su	time basis under ams [sections ttions carried on a bstitute program
	station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	d both on a substitute basis and als , see page (v) of the general instruct program services such as HBO, ES e-air designation. For example, rep	o on some other tions. PN, etc. Identify each ort multistream
	of license. For example, V Column 3: Indicate in eacl educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana	VRC is channel 4 in Washington, D.C. In case whether the station is a network ering the letter "N" (for network), "N-M" i, "E" (for noncommercial educational), erms, see page (iv) of the general instri- on of each station. For U.S. stations, lis adian stations, if any, give the name of t	station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station the community with which the station	a noncommercial endent), "I-M" ional multicast). is licensed by the n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KREM	2	Ν	Spokane, WA
	KAYU	3	I	Spokane, WA
as Necessary	KXLY	4	N	Spokane, WA
	КНQ	6	Ν	Spokane, WA
	KSPS	7	E	Spokane, WA
	KWSU	10	E	Pullman, WA
	1			
	KUID	12	Е	Moscow, WA
		12 22	E I	
	KUID KSKN	22	-	Spokane, WA
	KUID KSKN KGPX	22 50	-	Spokane, WA Spokane, WA
	KUID KSKN	22	-	Spokane, WA
	KUID KSKN KGPX	22 50	-	Spokane, WA Spokane, WA
	KUID KSKN KGPX	22 50	-	Spokane, WA Spokane, WA
	KUID KSKN KGPX	22 50	-	Spokane, WA Spokane, WA
	KUID KSKN KGPX	22 50	-	Spokane, WA Spokane, WA
	KUID KSKN KGPX	22 50	-	Spokane, WA Spokane, WA
	KUID KSKN KGPX	22 50	-	Spokane, WA Spokane, WA
	KUID KSKN KGPX	22 50	-	Spokane, WA Spokane, WA
	KUID KSKN KGPX	22 50	-	Spokane, WA Spokane, WA
	KUID KSKN KGPX	22 50	-	Spokane, WA Spokane, WA
	KUID KSKN KGPX	22 50	-	Spokane, WA Spokane, WA
	KUID KSKN KGPX	22 50	-	Spokane, WA Spokane, WA
	KUID KSKN KGPX	22 50	-	Spokane, WA Spokane, WA

St. John Car	ble Co., PO	Box 2	68, Saint John, WA 991	71				100
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein to the Co sign of of the static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processe k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral in eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		
							·	

	od: 2021/1							FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:						SYSTEM ID#
Name	St. John Cable Co., PC	D Box 268	, Saint Joh	n, WA 99171					10016
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
I	In General: In space I, ident								
0	substitute basis during the a explanation of the programm								
Substitute Carriage:					le general in		ii uie	paper 3/	A 1-2 10111.
Special	1. SPECIAL STATEMEN	-				a a trua el cita	le vie		
Statement and	• During the accounting per	•	u cable syster	n carry, on a substitute ba	sis, any noni	ielwork le	levis	ion progr	
Program Log	broadcast by a distant sta	ition?						YES	X NO
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	s "Yes," you i	nust com	olete	the prog	Iram
	log in block 2.								
	2. LOG OF SUBSTITUTE	E PROGRA	MS						
	In General: List each subs	titute progra	am on a separ	ate line. Use abbreviations	s wherever p	ossible, if	their	meaning	g is
	clear. If you need more spa					hat during	* the	aaaaunti	
	period, was broadcast by a			vision program ("substitute our cable system substitut					
	under certain FCC rules, re								
	Do not use general categor	ries like "mo							
	"NBA Basketball: 76ers vs.								
				er "Yes." Otherwise enter "					
				asting the substitute progr the community to which the		concod by	the	ECC or i	in
	the case of Mexican or Car						uie		
				stem carried the substitute			als, w	vith the m	nonth
	first. Example: for May 7 gi		, ,				,		
				ogram was carried by you					ately
	to the nearest five minutes.	. Example: a	a program car	ried by a system from 6:01	:15 p.m. to 6	6:28:30 p.r	n. sh	ould be	
	stated as "6:00–6:30 p.m."	or "R" if the	listed program	n was substituted for prog	ramming that	t vour evet	em v	vas reau	ired
	to delete under FCC rules a								
	was substituted for program								9.9.1
	effect on October 19, 1976					-			
		•			1				
						N SUBST			
	S	UBSTITUT	E PROGRAM		CARRI	AGE OC	CUR	RED	7. REASON FOR DELETION
	SI 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	7. REASON FOR DELETION
		UBSTITUT			CARRI	AGE OC	CUR	RED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURI TIME	RED is	

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: St. John Cable Co., PO Box 268, Saint John, WA 99171	SI	STEM ID# 10016
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmediation in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, se	,621.51
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 but less than or equal to 1 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,80(
	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 t accounting period is \$52.00	his six-month	
	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	. \$	52.00
	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		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 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 Total Remittance Due	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
	EFT Trace # or TRANSACTION ID # 26SLF7PN		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: St. John Cable Co., PO Box 268, Saint John, WA 99171	SYSTEM ID# 10016
M Channels	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. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services .	10 138
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Cheryl Van Lith	509-648-3322
Information	Address PO Box 268, 11 E Front St (Number, street, rural route, apartment, or suite number) Saint John, WA 99171 (City, town, state, zip)	
O Certification	 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow 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 herei 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)] 	system as identified vner of the cable system
	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: Eric Trump Title: General Manager (Title of official position held in corporation or partnership) Date: 07/08/2021	

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.

unting Period: 2021/1	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
John Cable Co., PO Box 268, Saint John, WA 99171	100
 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 su scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmission 	ub- Special Statemen Concerning Gros Receipts Exclusio
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	
For an explanation of interact accomment, see page (viii) of the general instructions located in the paper SA1.2 form	^{nt.} Q
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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