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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED AMOUNT							
8/31/2021	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: 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	
	20211 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.	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	KEENE VALLEY VIDEO, INC.	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	PO Box 47 (Number, street, rural route, apartment, or suite number)	
	KEENE VALLEY, NY 12943	
	(City, town, state, zip)	
С	STRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these unless already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	е
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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:						
Name	KEENE VALLEY VIDEO, INC.	20128						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified							
Area	city.	e nome parks should be reported in parentheses below the identified						
Served	ad City.							
	CITY OR TOWN	STATE						
First								
Community								
Add Rows as Necessary								
	KEENE							

Accounting Period: 2021/1

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 20128

KEENE VALLEY VIDEO, INC.

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLG	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	169	62.90				
Service to additional set(s)	1	2.00				
• FM radio (if separate rate)						
Motel, hotel	12	62.90				
Commercial	1	2.00				
Converter						
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE	
Continuing Services:		Installation: Non-residential		
Pay cable		Motel, hotel	150.00	
 Pay cable—add'l channel 		Commercial	150.00	
Fire protection		Pay cable		
•Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set	150.00	Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect	25.00	
Converter		Disconnect		
		Outlet relocation	15.00	
		Move to new address	50.00	

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

KEENE VALLEY VIDEO, INC.

1. CALL SIGN

#20128

4. LOCATION OF STATION

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

Burlington, VT WVNY-DT 13 WPTZ-DT 14 Plattsburgh, NY Ν WCAX-DT 22 Ν Burlington, VT WETK-DT Ε 32 Burlington, VT WFFF-DT 43 Ν **Burlington, VT**

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

KEENE VALLEY VIDEO, INC.

20128

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

Accounting Perio									FORM	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF C		EM:							SYSTEM ID# 20128
_	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LO	G					
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:										
Special					sis a	anv nonne	twork telev	rision	program	1
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
Program Log	VES Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									INO
	log in block 2.	,	. cot of allo pag	, s z.a y sa. as.r.s		, , , o a	p		p. og. a	
	2. LOG OF SUBSTITUTE	PROGRA	MS							
	In General: List each subst			te line. Use abbreviations	s whe	erever pos	sible. if the	eir me	aning is	
	clear. If you need more space					•	,		3	
	Column 1: Give the title									
	period, was broadcast by a		,	•						
	under certain FCC rules, req Do not use general categori									1.
	"NBA Basketball: 76ers vs.		vies oi baske	tball. List specific progra	aiii uu	ues, ioi ex	ampie, i L	.ove L	ucy of	
	Column 2: If the program		dcast live, ente	"Yes." Otherwise enter	"No."	,				
	Column 3: Give the call s	•								
	Column 4: Give the broa							e FC(C or, in	
	the case of Mexican or Cana Column 5: Give the mon							with	the men	.th
	first. Example: for May 7 giv	,	when your sysi	tem carned the substitute	e pro	gram. Use	numerais	, WILII	the mon	ıırı
	Column 6: State the time		substitute pro	gram was carried by you	r cab	ole system.	List the tir	mes a	ccuratel	v
	to the nearest five minutes.	Example: a	program carri	ed by a system from 6:01	1:15 բ	p.m. to 6:2	8:30 p.m.	shoul	d be	·
	stated as "6:00-6:30 p.m."	″=								
	Column 7: Enter the lette						•			
	to delete under FCC rules a was substituted for program									am
	effect on October 19, 1976.	illing that y	our system wa	3 permitted to delete une	ici i i	OO Tuics e	ina regulat	10113 11	''	
					WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASO					
			E PROGRAM		- ا			CURR TIMES		7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	1 1	5. MONTH AND DAY	FROM	_	то	
					-					
					-					
								_		
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								_		
					1					
					-					
								_		
					- -					
					-					
								_		
					-					

Accounting Period:	2021/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: KEENE VALLEY VIDEO, INC.	S	YSTEM ID# 20128
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 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 mount, see	9,885.32
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 \$20	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 traccounting period is \$52.00	nis 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)	
	Base amount under statutory formula		
	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)	
	4 Fatada aranda faran aranda faran aranda		
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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)	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 # 26T6QC15		
	<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 more		

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER O					SYSTEM ID# 20128
M Channels	to its subscribers, and (2) the cable system's	total numb	ls on which the cable system carried te ber of activated channels during the ac le	counting period.	5
	Enter the total number on which the cable sys and nonbroadcast ser	stem carried televisio	n broadca			48
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about thi			DRMATION IS NEEDED (Identify an ind	lividual to whom	
for Further Information		P. Lynch			Telephone	315.328.9050
	(Number,	SH 11B street, rural route, apartr blville, NY 12965 n, state, zip)		te number)		
	Email	Kevin.Lynch@s	licfiber.co	om	Fax (optional	
•	CERTIFICATION (This stat	ement of account mu	ıst be cert	tified and signed in accordance with Co	ppyright Office regulations)	
O Certification	• I, the undersigned, hereby	certify that (Check or	ne, <i>but onl</i> y	y one, of the boxes.)		
	(Owner other th	nan corporation or p	artnership	p) I am the owner of the cable system as	identified in line 1 of space E	3; or
				artnership) I am the duly authorized ager not a corporation or partnership; or	nt of the owner of the cable s	ystem as identified
		tner) I am an officer (i of space B.	f a corpora	ation) or a partner (if a partnership) of the	e legal entity identified as owr	ner of the cable system
		orrect to the best of my		clare under penalty of law that all stateme ge, information, and belief, and are made		
			X	/s/ Bradley Pattelli		-
				electronic signature on the line above to ce nature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed	name:	Bradley G. Pattelli		
		Title:	CEO le of official	position held in corporation or partnership)		
		Date:			8/26/2021	

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counting Period: 2021/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
EENE VALLEY VIDEO, INC.	20128
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 add lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to sec	the basic ti include sub- ction 119." Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction 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 tramade by satellite carriers to satellite dish owners? NO	ansmissions
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTERFOL ACCESSMENT	+
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or un For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S.	
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	<u> </u>
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
x (0.00274
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	est charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assis contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	3 /
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright C list below the owner, address, first community served, ID number, and accounting period as given in the ori	
Owner	
Address	
ID number First community served	

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