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

OTATEM			FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to
					_
Cable Syste		ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru		·	08/20/2021	\$	For additional information, contact the U.S. Copyright Office Licensing Division at
in the first tab	of this	s workbook.		ALLOCATION NUMBER	(202) 707-8150.
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))	
		2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period					
		Instructions:			
В		Give the full legal name of the owner of t the subsidiary, not that of the parent cor		diary of another corporation, give the full corpo	rate title of
Owner		List any other name or names under which	ch the owner conducts the business of t	he cable system.	
		If there were different owners during the statement of account and royalty fee pay		the last day of the accounting period should sub criod.	imit a single
		Check here if this is the system's first filin	ng. If not, enter the system's ID number a	assigned by the Licensing Division.	5274
		1			
		LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
		OTEC COMMUNICATION CO			
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)	)	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		PO BOX 427 (Number, street, rural route, apartment, or suite	number)		
		OTTOVILLE OH 45876	,		
	INIOT	(City, town, state, zip)	noon or trado nomen uncel to tite	atify the hyperpage and exercise of the	water unless these
С				ntify the business and operation of the s e system, if different from the address g	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTE	М:		

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 filing, a determination that would be made by a court of law.

(Number, street, rural route, apartment, or suite number)

2

(City, town, state, zip code)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	OTEC COMMUNICATION CO	52
	Instructions: List each separate community served by the cable system. A "community" is	
D	"a separate and distinct community or municipal entity (including unincorporated commu	
	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 know
	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
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	OTTOVILLE	ОН
Community	CLOVERDALE	ОН
	MONTEREY TWP - PUTNAM	ОН
	JACKSON TWP - PUTNAM	
d Rows as Necessary		ОН
	PERRY TWP - PUTNAM	ОН
	JENNINGS TWP - PUTNAM	ОН
	WASHINGTON TWP - PAULDING	ОН
	LATTY TWP - PAULDING	ОН
	GROVER HILL	ОН
	JACKSON TWP - VAN WERT	ОН
	HOAGLIN TWP - VAN WERT	ОН
	DUPONT	ОН
	WASHINGTON TWP - VAN WERT	ОН

	LEGAL NAME OF OWNER OF O	ABLE SYSTEM	:					FORM SA1-2	
Name									527
Е	SECONDARY TRANSMISSION In General: The information in s					y transmission	service of t	he cable	
	system, that is, the retransmissi								
Secondary	about other services (including p	, , ,	,		,		those exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Bot	•				,	hla svetam	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n	•		•		•			
	separately for the particular serv								
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-	-	•			-		
	category, but do not include disc	· ·			ny stanua		s wiu iir a		
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servi	ce that cable	
	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	0			( )	service that are	different f	rom those	
	printed in block 1 (for example, t	tiers of services	s that in	clude one or m	ore secon	dary transmissio	ons), list th	em, together	
	with the number of subscribers a	and rates, in th	e right-h	and block. A tw	vo- or thre	e-word descript	ion of the s	service is	
	sufficient.	OCK 1					BLOCK	(2	
		NO. OF SUBSCRIB		RATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERO	NATE	CATE	EGORY OF SEF	VICE	SUBSCRIBERS	RAT
	Service to first set		525	31.95	ΙΡΤΥ			309	31.9
	Service to additional set(s)		020	51.55					01.0
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra	•	,		-	• •			
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
Transmissions:	Block 1: Give the standard ra Block 2: List any services tha							were not	
Rates	listed in block 1 and for which a				-	-			
	brief (two- or three-word) descri	• •	-						
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	1	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable	10.99	• Mot	tel, hotel			EXPAN	DED BASIC	44.5
	Pay cable—add'l channel	17.25	• Cor	mmercial			IPTV E	XPANDED BAS	54.0
	Fire protection		• Pay	/ cable			IPTV D	IGITAL BASIC	12.2
	•Burglar protection		• Pay	/ cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	• First set	35.00	• Bur	glar protection					
	<ul> <li>Additional set(s)</li> </ul>	T&M	Other s	services:					
	• FM radio (if separate rate)		• Red	connect					
	,	[	• Die				ľ		
	Converter		• DIS	connect					
	• Converter			connect tlet relocation					
	• Converter		• Out		ess				

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	OTEC COMMUNICAT			Ę
	PRIMARY TRANSMITTERS:	TELEVISION		
G rimary smitters: evision	carried by your cable syste FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the channe of license. For example, WI <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these to <b>Column 4:</b> Give the location	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-the	t (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a si the Special Statement and Program ed both on a substitute basis and al- , see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. t the community to which the statio	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial pendent), "I-M" ational multicast). in is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBGU	27.1	E	BOWLING GREEN - LIMA OH
	WBGU	27.2	E-M	BOWLING GREEN - LIMA OH
ws as Necessary	WBGU	27.3	F-M	
/s as Necessary	WBGU CW3-WBOH	27.3 47	E-M N	BOWLING GREEN - LIMA OH
/s as Necessary	СW3-WBOH	47	N	BOWLING GREEN - LIMA OH LIMA OH
ıs as Necessary	CW3-WBOH WLIO	47 8.1	N N	BOWLING GREEN - LIMA OH LIMA OH LIMA OH
rs as Necessary	CW3-WBOH WLIO WLIO	47 8.1 8.2	N N I	BOWLING GREEN - LIMA OH LIMA OH LIMA OH LIMA OH
vs as Necessary	CW3-WBOH WLIO WLIO WOHL	47 8.1 8.2 35.1	N N I N	BOWLING GREEN - LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH
vs as Necessary	CW3-WBOH WLIO WLIO WOHL WOHL	47 8.1 8.2 35.1 35.2	N N I N N	BOWLING GREEN - LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH
us as Necessary	CW3-WBOH WLIO WLIO WOHL WOHL WTOL	47 8.1 8.2 35.1 35.2 11	N N I N	BOWLING GREEN - LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH TOLEDO OH
<i>u</i> s as Necessary	CW3-WBOH WLIO WLIO WOHL WOHL WTOL WTLN	47 8.1 8.2 35.1 35.2 11 14	N N I N N	BOWLING GREEN - LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH
vs as Necessary	CW3-WBOH WLIO WLIO WOHL WOHL WTOL WTLN EWTN	47 8.1 8.2 35.1 35.2 11 14 26	N N I N N	BOWLING GREEN - LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH
<i>u</i> s as Necessary	CW3-WBOH WLIO WLIO WOHL WOHL WTOL WTLN EWTN WOSN	47 8.1 8.2 35.1 35.2 11 14 26 58	N N I N N	BOWLING GREEN - LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH
vs as Necessary	CW3-WBOH WLIO WLIO WOHL WOHL WTOL WTLN EWTN	47 8.1 8.2 35.1 35.2 11 14 26	N N I N N	BOWLING GREEN - LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH
us as Necessary	CW3-WBOH WLIO WLIO WOHL WOHL WTOL WTLN EWTN WOSN	47 8.1 8.2 35.1 35.2 11 14 26 58	N N I N N	BOWLING GREEN - LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH
<i>u</i> s as Necessary	CW3-WBOH WLIO WLIO WOHL WOHL WTOL WTLN EWTN WOSN	47 8.1 8.2 35.1 35.2 11 14 26 58	N N I N N	BOWLING GREEN - LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH
us as Necessary	CW3-WBOH WLIO WLIO WOHL WOHL WTOL WTLN EWTN WOSN	47 8.1 8.2 35.1 35.2 11 14 26 58	N N I N N	BOWLING GREEN - LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH
<i>u</i> s as Necessary	CW3-WBOH WLIO WLIO WOHL WOHL WTOL WTLN EWTN WOSN	47 8.1 8.2 35.1 35.2 11 14 26 58	N N I N N	BOWLING GREEN - LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH
us as Necessary	CW3-WBOH WLIO WLIO WOHL WOHL WTOL WTLN EWTN WOSN	47 8.1 8.2 35.1 35.2 11 14 26 58	N N I N N	BOWLING GREEN - LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH
us as Necessary	CW3-WBOH WLIO WLIO WOHL WOHL WTOL WTLN EWTN WOSN	47 8.1 8.2 35.1 35.2 11 14 26 58	N N I N N	BOWLING GREEN - LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH
<i>u</i> s as Necessary	CW3-WBOH WLIO WLIO WOHL WOHL WTOL WTLN EWTN WOSN	47 8.1 8.2 35.1 35.2 11 14 26 58	N N I N N	BOWLING GREEN - LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH
us as Necessary	CW3-WBOH WLIO WLIO WOHL WOHL WTOL WTLN EWTN WOSN	47 8.1 8.2 35.1 35.2 11 14 26 58	N N I N N	BOWLING GREEN - LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH LIMA OH

EGAL NAME O								SYSTEM 52
RIMARY TRA			-					
			carried on a separate and disc enerally receivable by your ca					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo <b>Column 1:</b> Io	it is carried b monitoring, to ormation abou rm. dentify the cal	y the sy be rece ut the Co I sign of	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on reach station carried. ion is AM or FM.	at the system's h system's FM ar	neadend, and Itenna, during	(2) it ca certain	n be expected, stated intervals.	Primary Transmitters Radio
ignal, indicate Column 4: G	this by placin Give the statio	g a cheo n's locat	gnal was electronically proces ok mark in the "S/D" column. tion (the community to which t , the community with which th	the station is lice	nsed by the F			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				·				
			·					
		·		·				
		·		·				
				·				
			·	·		 		
				·				
				·				
						ł	+	

Accounting Perio	od: 2021/1						FORM	A SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	OTEC COMMUNICATIO	ON CO						5274
	SUBSTITUTE CARRIAGE				6			
		-	-			tion that you	ir ooblo ovo	tom carried on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	iod, did yoι	ur cable syster	n carry, on a substitute ba	sis, any noni	network tele	vision progi	ram
Statement and Program Log	broadcast by a distant sta	tion?	-	-	-		YES	× NO
r rogram Log	-				<i>(</i> ) <i>(</i> )		-	
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you i	must comple	ete the prog	jram
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			ata lina. Lisa abbraviation	whorever p	occiblo if th	oir mooning	n ic
	clear. If you need more spa				s wherever p			J 15
				vision program ("substitute	e program") t	hat, during t	he account	ing
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies or bask	etball. List specific progra	am titles, for e	example, 1	Love Lucy	or
			dcast live, ente	er "Yes." Otherwise enter '	"No."			
	Column 3: Give the call	sign of the	station broadc	asting the substitute prog	ram.			
				he community to which th			he FCC or,	in
	the case of Mexican or Car			stem carried the substitute			with the n	oonth
	first. Example: for May 7 giv		when your sy		program. O	se numerais	, with the fi	Ionth
			e substitute pro	ogram was carried by you	r cable syste	m. List the t	imes accura	ately
	to the nearest five minutes.	Example: a	a program carr	ied 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."	or "D" if tho	listed program	n was substituted for prog	romming that	t vour eveto	m was roou	ired
	to delete under FCC rules a							
	was substituted for program							Sgrann
	effect on October 19, 1976.		-			-		
	SI	IBSTITUT	E PROGRAM	I		N SUBSTI		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
						-	_	
						-	-	
						-	_	
						-	-	
							_	
							_	
						-	_	
							_	
							_	

Accounting Period:	2021/1	FORM S	A1-2E. PAGE 6.
Name		S	YSTEM ID#
			5274
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay.         all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trait (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission servic his amount, se	9,941.04
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal t</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>		
	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 accounting period is \$52.00.		
	Line 1. Royalty fee for accounting period		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	· · · ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	,100)	
	1. Base amount under statutory formula \$ 263,800.0	<u>)</u>	
	2. Enter amount of gross receipts from space K \$ 159,941.0	4	
	3. Subtract line 2 from line 1	6	
	4. Enter the amount of gross receipts from space K	159,941.04	
	5. Enter the amount from line 3	103,858.96	
	6. Subtract line 5 from line 4	56,082.08	
	7. Multiply line 6 by .005 (enter figure here)	\$	280.41
	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	· · <b>\$</b>	280.41
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	27,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.0	0	
	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)	280.41	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	300.41
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Regisi See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	OTEC COMMUNICATION CO	SYSTEM ID# 5274
<b>M</b> 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	13
	and nonbroadcast services	13
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual we can contact about this statement of account.)	
for Further Information	Name Telephone	
	Address (Number, street, rural route, apartment, or suite number)	
	(City, town, state, zip)	
	Email Fax (optional)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I	B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	X (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.	ner of the cable system
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	1
	X /s/WILLIAM J HONIGFORD	
	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: WILLIAM J HONIGFORD	
	Title: GENERAL MANAGER (Title of official position held in corporation or partnership)	
	Date: 8/20/21	

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 filing, a determination that would be made by a court of law.

unting Period: 2021/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
EC COMMUNICATION CO	527
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	Q
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 Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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 Interest Assessme
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