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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

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	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/1 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MURRAY ELECTRIC PLANT BOARD
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. BOX 1095 (Number, street, rural route, apartment, or suite number)
		MURRAY, KY 42071 (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 these s 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 Notic	e: Section	1 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

7/8/2021

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	MURRAY ELECTRIC PLANT BOARD	6224
D	Instructions: List each separate community served by the cable system. A ' separate and distinct community or municipal entity (including unincorporaunincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you community." Please use it as the first community on all future filings.	community" is the same as a "community unit" as defined in FCC rules: "a ated communities within unincorporated areas and including single, discret list will serve as a form of system identification hereafter known as the "firs
Area	Note: Entities and properties such as hotels, apartments, condominiums, o	r mobile home parks should be reported in parentheses below the identifie
Served	city.	
	CITY OR TOWN	STATE
First	MURRAY	KY
Community		
Rows as Necessary		

									1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CA							SY	6224 6
		ANT BOAR	D						0224
_	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRII	BERS AND RA	TES				
E	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period							ung on the	
Service: Sub-	Number of Subscribers: Both						ble system	n, broken	
scribers and	down by categories of secondary			•		•			
Rates	each category by counting the ne separately for the particular serv		•	•••				scharged	
	Rate: Give the standard rate c							ge and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide	•		0					
	that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count un	der "Servi	ce to the	
	first set" and would be counted o	0			()	convice that are	different	from those	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.		-						
	BLC	DCK 1 NO. OF					BLOC		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		2,238	21.00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel		165	1.10					
	Commercial								
	Converter								
	Residential								
	Non-residential								
			Nemie					•	
_	SERVICES OTHER THAN SEC In General: Space F calls for rate					Il your cable sys	tem's serv	vices that were	
F	not covered in space E, that is, t	•	,		•	• •			
. .	service for a single fee. There are								
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually	Dilleu. II ally la		largeu on a van	able pei-p	logialli basis,	
Fransmissions:	Block 1: Give the standard rat	e charged by							
Rates	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.								
		BLO			105	DATE	0.4750	BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services: Pay cable	18.50		el, hotel	luential				
	Pay cable—add'l channel	10.50		nmercial					
	• Fire protection		-	r cable					
	•Burglar protection		· ·	r cable-add'l ch	annel				
	Installation: Residential			protection					
	First set			glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		24.95			
	Converter			connect		30.00			
				let relocation		14.95			
				ve to new addr	ess	24.95			

ting Period:	2021/1			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID				
	PRIMARY TRANSMITTERS:			6224				
G rimary asmitters: levision	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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 (v) of the general instructions in the paper SA							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WSIL	3	3 N HARRISBURG					
	WSIL-D2	98	N-M	HARRISBURG, IL				
as Necessary	WSIL-D3	99	N-M	HARRISBURG, IL				
	WSIL-D4	102	N-M	HARRISBURG, IL				
	WTVF	5	N	NASHVILLE, TN				
	WTVF	5.2	N-M	NASHVILLE, TN				
	WPSD	6	N	PADUCAH, KY				
	WPSD-D2	6.2	N-M	PADUCAH, KY				
	WPSD-D3	7.1	N-M	PADUCAH, KY				
	WDCN	8	E	NASHVILLE, TN				
	KBSI	9	<u> </u>	CAPE GIRARDEAU, MO				
	KBSI-MYTV	16	I-M	CAPE GIRARDEAU, MO				
	KBSI-COMET	95	I-M	CAPE GIRARDEAU, MO				
	KFVS	12	N	CAPE GIRARDEAU, MO				
	KFVS-D2	17	N-M	CAPE GIRARDEAU, MO				
	KFVS-D3	89	N-M	CAPE GIRARDEAU, MO				
	KFVS-D4	95	N-M	CAPE GIRARDEAU, MO				

EGAL NAME O								SYSTEM II 622
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cabl					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive the station	y the sys be receint t the Co sign of e he station ion's sign g a chech 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 the each station carried. on is AM or FM. nal was electronically processes 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 pa ed by the cable s e station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC) it can t ertain sta eneral ir parate 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	
VKMS	FM	5,0	MURRAY, KY	C. ILL OIGH		5,0		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nomo	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	MURRAY ELECTRIC P	LANT BO	ARD					62240
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
	In General: In space I, identi							
Substitute	substitute basis during the ac explanation of the programm	•••	•	•				
Substitute Carriage:	1. SPECIAL STATEMENT	-			general mour			2 10111.
Special	During the accounting per	-				twork televis	sion program	n
Statement and	broadcast by a distant stat		i cable system	carry, on a substitute basi	is, any nonne			X
Program Log						L	YES	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mi	ust complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Lice abbreviations	wherever nos	ssible if thei	r meaning is	
	clear. If you need more spa				wherever pos		i meaning is	>
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	guiations, o ies like "mo	or authorizations vies" or "baske	 See page (V) of the gene thall " List specific program 	eral instruction titles for ex	ns for furthe	r informatio	n.
	"NBA Basketball: 76ers vs.					umpio, i Lo		
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		uncod by the	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	ith and day		em carried the substitute			with the mor	nth
	first. Example: for May 7 giv					1		
	to the nearest five minutes.			gram was carried by your of the system from 6:01:				ely
	stated as "6:00–6:30 p.m."		a program ourne		10 p.m. to 0.2			
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa			and regulatio	JIS III	
					WHE			
	S							7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— то	
						·		
						·		
						·		
						·		
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						<u>·</u>		
			<u> </u>] [_	
1				·				

Accounting Period:	2021/1 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID MURRAY ELECTRIC PLANT BOARD 6224
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
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 \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month
	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 \$ 263,800.00
	2. Enter amount of gross receipts from space K \$ 241,217.63
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 241,217.63
	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
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ 1,093.18
	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
	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) \$ 1,093.18
Duc	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,113.18
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER C MURRAY ELECTRIC P					SYSTEM ID# 62240
M Channels	to its subscribers, and (2 1. Enter the total numbe	t) the cable system's	total num h the cab	els on which the cable system carried tel ber of activated channels during the act	counting period.	17
	2. Enter the total numbe on which the cable sy and nonbroadcast set	stem carried televisio	n broadc	ast stations		326
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about th			DRMATION IS NEEDED (Identify an ind	ividual to whom	
for Further Information	Name TINA	COX 3OX 1095			Telephone	(270) 762-1719
		, street, rural route, apartr RAY, KY 42071 m, state, zip)	nent, or sui	te number)		
	Email	tcox@murrayele	ectric.net	t	Fax (optional	
O Certification	• I, the undersigned, hereb	/ certify that (Check or	ne, but on	tified and signed in accordance with Co <i>ly one</i> , of the boxes.) p) I am the owner of the cable system as		3; or
	in line 1 Officer or par	of space B and that the	e owner is	artnership) I am the duly authorized ager s not a corporation or partnership; or ration) or a partner (if a partnership) of the		
		prrect to the best of m	-	clare under penalty of law that all stateme ige, information, and belief, and are made		
			Enter an	/s/ Tony Thompson	•	
		Typed or printed		nature using an "/s/ signature" (e.g., /s/ Jol		
		Title: (Tit		RAL MANAGER		
		Date:			7/8/2021	

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	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
RRAY ELECTRIC PLANT BOARD	62240
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." 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 transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x	_ Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_ Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	_ Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_ Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_ Interest Assessment
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	_ Interest Assessment

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