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.

9-2-21

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 COPYRIGH	T OFFICE USE ONLY
DATE RECEIVED	AMOUNT

\$

ALLOCATION NUMBER

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	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.	62399
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Scio Mutual Telephone	
		Scio Mutual Telephone	
		Scio Mutual Telephone BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Scio Mutual Telephone BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) Scio Cablevision	
		Scio Mutual Telephone BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) Scio Cablevision MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 1100 (Number, street, rural route, apartment, or sulte number) Scio, OR 97374	
C		Scio Mutual Telephone BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) Scio Cablevision MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 1100 (Number, street, rural route, apartment, or sulte number)	
C System		Scio Mutual Telephone BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) Scio Cablevision MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 1100 (Number, street, rural route, apartment, or suite number) Scio, OR 97374 (City, town, state, zip) RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless	
	name	Scio Mutual Telephone BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) Scio Cablevision MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 1100 (Number, street, rural route, apartment, or suite number) Scio, OR 97374 (City, town, state, zip) 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	
	name	Scio Mutual Telephone BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) Scio Cablevision MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 1100 (Number, street, rural route, apartment, or suite number) Scio, OR 97374 (City, town, state, zip) 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 IDENTIFICATION OF CABLE SYSTEM:	

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 it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Scio Mutual Telephone	623
D Area	Instructions: List each separate community served by the cable system. A "c separate and distinct community or municipal entity (including unincorporat unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or	community" is the same as a "community unit" as defined in FCC rules: ' ted communities within unincorporated areas and including single, disc will serve as a form of system identification hereafter known as the "fin
Served	city.	
	CITY OR TOWN	STATE
First	Scio	OR
Community		
ld Rows as Necessary		
in nows as necessary		

								FORMS	A1-2E. PAGI
Nama	LEGAL NAME OF OWNER OF C/	ABLE SYSTEM:						S١	STEM II
Name	Scio Mutual Telephone								6239
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissi about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disd Block 1: In the left-hand block systems most commonly provide 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 with the number of subscribers a	pace E should on of television bay cable) in spa I (June 30 or D h blocks in spa y transmission umber of billing ice at the rate harged for eac . (Example: "\$; counts allowed in space E, th e to their subsc e: Where an in should be cou ble service to once again und has rate categ iers of service	cover a and ran pace F, becembe ce E ca service gs in that indicate ch categ 20/mth" for adva e form I cribers. iddividua nted as addition ler "Sen ories fol s that in	all categories o dio broadcasts not here. All th er 31, as the ca ll for the numb . In general, yo at category (the ed—not the num gory of service.). Summarize a ance payment. lists the catego Give the numb I or organizatio a subscriber in that sets would he vice to addition r secondary tra-	f secondar by your sy e facts you ase may be er of subso u can com a number of number of se Include bo any standa ries of sec er of subso n is receive e encluder al set(s)."	ystem to subscri u state must be to e). cribers to the cal pute the number of persons or org ts receiving service the amount of rd rate variations condary transmis cribers and rate ing service that blicable category d in the count un a service that are adary transmission	bers. Give those exist of system of subsc anizations tice). of the charge swithin a p ssion servi for each li- falls under . Example der "Servi offerent fons), list th	information ing on the broken ribers in charged ge and the particular rate ce that cable sted category different a residential ce to the rom those em, together	
	sufficient.	OCK 1	0			· ·	BLOCK		
		NO. OF					DLOOP	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	• Service to first set		23	53.00	Enhand	har		10	5 92.0
	Service to additional set(s)		23	55.00		ed \$104.00		3	
	• FM radio (if separate rate)								-
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There au furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) description	te (not subscril hose services re two exceptio or facilities fur hit in which it is rate column. te charged by t t your cable sy separate charge tion and includ	ber) info that are ons: you nished t usually the cabl stem ful ge was r de the ra	ormation with re e not offered in do not need to to nonsubscrib v billed. If any r e system for ea rnished or offe made or establ	espect to a combinati o give rate ers. Rate i ates are cl ach of the red during	on with any seco information con- nformation shou harged on a vari- applicable servio the accounting p	ondary trar cerning (1) ld include able per-p ces listed. period that	nsmission) services both the rogram basis, were not e form of a	
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ounting Period: 2	2021/1			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF			SYSTEM I
	Scio Mutual Telephor			623
	PRIMARY TRANSMITTERS:			
G Primary	carried by your cable syster FCC rules and regulations i	entify every television station (including t n during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.61	 stations carried only on a part-tin e carriage of certain network program 	ne basis under ms [sections
Fransmitters: Television	substitute program basis, a Substitute Basis Stations	with the next paragraph. With respect to any distant stations ca ules, regulations, or authorizations:		
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (th a substitute basis.		
	basis. For further information Column 1: List each station	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination pr	see page (v) of the general instruction rogram services such as HBO, ESP	ons. N, etc. Identify each
	"WETA-2" as the same on the channel Column 2: Give the channel	el number the FCC assigned to the telev	0 1 • 1	
		RC is channel 4 in Washington, D.C. a case whether the station is a network s	station, an independent station, or a	noncommercial
	educational station, by ente	ring the letter "N" (for network), "N-M" (f	or network multicast), "I" (for indepe	ndent), "I-M"
		, "E" (for noncommercial educational), o erms, see page (iv) of the general instruc		onal multicast).
	Column 4: Give the locatio	n of each station. For U.S. stations, list	the community to which the station i	
	FCC. For Mexican or Cana	dian stations, if any, give the name of th	e community with which the station i	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KATU	2	Ν	Portland, OR
	KOIN	6	N	Portland, OR
Rows as Necessary	KGW	8	Ν	Portland, OR
	КОВР	10	Ν	Portland, OR
	KRCW	11	Ν	Portland, OR
	ΚΡΤΥ	12	N	Portland, OR
	KPDX	13	Ν	Portland, OR

EGAL NAME OF			I GI EIVI.					SYSTEM 623
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable				ied on an	н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate t Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether ti the radio stati this by placing vive the station	the sys be receivent the Cop sign of e he statio on's sign a check a's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sy pyright Office regulations on thi each station carried. on is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM anter is point, see page ed by the cable sy e station is license	dend, and (2) ana, during cer e (v) of the ger estem as a sep ed by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio								FORM	SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF O		EM:						SYSTEM ID# 62399
		-							02000
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every non ccounting pe	network televisi riod, under spe	on program, broadcast by a cific present and former FC	C rules, regula	tions, or a	uthorizat	tions. Fo	or a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE					
Special Statement and	 During the accounting per 	iod, did your	r cable system	carry, on a substitute basi	s, any nonne	twork telev	ision pr		
Program Log	broadcast by a distant stat	tion?					Y	ES	× NO
	Note: If your answer is "No,	," leave the i	rest of this pag	e blank. If your answer is '	ʻYes," you mu	ist comple	ete the p	rogram	
	period, was broadcast by a under certain FCC rules, re- Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute program ce, please a of every nor distant statii gulations, or ies like "mov Bulls." n was broad sign of the s adcast statio adian statio adian statio th and day v re "5/7." es when the Example: a er "R" if the l and regulatic mming that y	m on a separa add additional r nnetwork televi on and that you r authorizations vies" or "baske lcast live, enter station broadca n's location (th ns, if any, the of when your syst substitute prog program carrie	ows to the tables. sion program ("substitute p ur cable system substitute s. See page (v) of the gene tball." List specific program "Yes." Otherwise enter "N sting the substitute progra e community to which the community with which the se em carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period.	brogram") that d for the prog eral instruction h titles, for ex- lo." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 mming that y ; enter the let	t, during ti ramming o ns for furth ample, "I L nsed by th titified). numerals List the ti 8:30 p.m. our syster ter "P" if th	he acco of anoth her inform love Lud he FCC - , with th mes acc should in n was re he listed	unting er station cy" or or, in ne mont curately be equired	h
	S	UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REA			7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES	то	DELETION
							_		
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					·····				

Accounting Period:	2021/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nailie	Scio Mutual Telephone	62399
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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.	ssion service
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 \$2 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. 	63,800.
	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 the accounting period is \$52.00.	is six-month
	Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
	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 \$137,10	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	
	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	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	89.99
	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	\$ 1,408.99
	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)	1,408.99
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	\$ 1,428.99
	EFT Trace # or TRANSACTION ID # 76143334237	
	Important: 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: Scio Mutual Telephone	SYSTEM ID# 62399
M Channels	 to its subscribers, and (2) the cable system's total 1. Enter the total number of channels on which the system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast statements	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER we can contact about this statement of account.)	INFORMATION IS NEEDED (Identify an individual
for Further Information	Name Leshia Stavang	Telephone (503) 394-8012
	Address PO Box 1100 (Number, street, rural route, apartment, or Scio, OR 97374 (City, town, state, zip)	or suite number)
	Email leshia.stavang@smt	a.coop Fax (optional
O Certification	 I, the undersigned, hereby certify that (Check one, <i>bu</i> (Owner other than corporation or partner) (Agent of owner other than corporation or in line 1 of space B and that the own (Officer or partner) I am an officer (if a control in line 1 of space B. I have examined the statement of account and herebare true, complete, and correct to the best of my knot [18 U.S.C., Section 1001(1986)] Entrement Typed or printed nam Title: Etc. Etc. Etc. Etc. Etc. Etc. Entrement Etc. <p< th=""><th>Arship) I am the owner of the cable system as identified in line 1 of space B; or or partnership) I am the duly authorized agent of the owner of the cable system as identified her is not a corporation or partnership; or orporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system ay declare under penalty of law that all statements of fact contained herein wedge, information, and belief, and are made in good faith. x /s/ Thomas J Barth r an electronic signature on the line above to certify this statement. r signature using an "/s/ signature" (e.g., /s/ John Smith)</th></p<>	Arship) I am the owner of the cable system as identified in line 1 of space B; or or partnership) I am the duly authorized agent of the owner of the cable system as identified her is not a corporation or partnership; or orporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system ay declare under penalty of law that all statements of fact contained herein wedge, information, and belief, and are made in good faith. x /s/ Thomas J Barth r an electronic signature on the line above to certify this statement. r signature using an "/s/ signature" (e.g., /s/ John Smith)
	Date:	9-1-2021

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

ounting Period: 2021/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
o Mutual Telephone	6239
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 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
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	Interest Assessment
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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Line 1 Enter the amount of late payment or underpayment	L L L L L L L L L L L L L L L L L L L
Line 1 Enter the amount of late payment or underpayment	Ly Interest Assessmen

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