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				
8/16/2021	\$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))				
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31			
Accounting		Barcode Data Filing Period (optional - see instructions)			
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			
		Wabash Independent Networks, Inc			
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)			
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM			
		P.O. Box 299 (Number, street, rural route, apartment, or suite number)			
		Louisville, II 62858 ((City, town, state, zip)			
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these			
С		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 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.

	T	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Wabash Independent Networks, Inc	625
	Instructions: List each separate community served by the cable system. A "community	
D	separate and distinct community or municipal entity (including unincorporated communincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	unities within unincorporated areas and including single, discr
_		e as a form of system identification hereafter known as the
	community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	manus shauld ha rangetad in naranthasas halaw tha idanti
Area		me parks should be reported in parentheses below the identi
Served	city.	
	CITY OR TOWN	STATE
First	Flora	IL
Community	Louisville	<u>IL</u>
	Browns	IL
Rows as Necessary	Mt Erie	IL
	Cisne	IL
	Xenia	IL
	Bone Gap	IL
	Noble	IL
	Salem	IL
	Odin	iL
	Kinmundy	
	Bible Grove	IL IL
	Geff	IL
	luka	IL
	Sandoval	IL
	Alma	IL .
	West Salem	IL

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62579

Wabash Independent Networks, 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.

BL	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	2,952	16.98			
Service to additional set(s)	1,972	5.49			
• FM radio (if separate rate)					
Motel, hotel					
Commercial	8	118.86			
Converter					
Residential					
Non-residential					
		1			

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			
Pay cable—add'l channel		Commercial			
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	30.00		
Converter		Disconnect			
		Outlet relocation	15.00		
		Move to new address	30.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Wabash Independent Networks, Inc

SYSTEM ID# 62579

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTVI	2	N	ST LOUIS, MO
WTWO	2	N	TERRE HAUTE, IN
KMOV	4	N	ST LOUIS, MO
KSDK	5	N	ST LOUIS, MO
WSIU	8	E	CARBONDALE, IL
WTHI	10	N	TERRE HAUTE, IN
WFIE	14	N	EVANSVILLE, IN
WEHT	25	N	EVANSVILLE, IN
WAWV	38	N	TERRE HAUTE, IN
WEVV	44	N	EVANSVILLE, IN
KDNL	30	N	ST LOUIS, MO
WSIL	3	N	CARTERVILLE, IL
KPLR	11	<u> </u>	ST LOUIS, MO
WPSD	6	N	PADUCAH, KY
KFVS	12	N	CAPE GIRARDEU, MO
WTVW	7	l	EVANSVILLE, IN
WAND	17	N	DECATUR, IL
wics	20	N	SPRINGFIELD, IL
WRSP	55	N	SPRINGFIELD, IL
WBUI	23	l	DECATUR, IL
WCIA	3	N	CHAMPAIGN,IL
KBSI	23	N	CAPE GIRARDEU, MO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Wabash Independent Networks, Inc

62579

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
WNOI	FM		FLORA, IL				
WJBD	FM		SALEM, IL				
	- 		O' LEIN, IE				
	-						
	- 	l					
	- 	l					
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Accounting Perio		DADLE OVOT	E14					FO	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF O								SYSTEM ID# 62579
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identiful substitute basis during the acceptanation of the programmi	fy every non ecounting pe	network televis	ion program, broadcast by cific present and former F	y a d	rules, regula	ntions, or au	uthorizations	For a further
Carriage: Special Statement and Program Log	SPECIAL STATEMENT During the accounting peribroadcast by a distant stat Note: If your answer is "No" log in block 2.	iod, did you	r cable system	carry, on a substitute ba				YES	X NO
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spar Column 1: Give the title 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." Column 7: Enter the lette to delete under FCC rules a was substituted for program	itute progra ce, please a of every nor distant stati gulations, or es like "mor Bulls." n was broad sign of the s docast static adian static th and day "e "5/7." es when the Example: a er "R" if the nd regulatic	m on a separa add additional ranetwork televion and that your authorizations vies" or "basked cast live, enterestation broadca on's location (thins, if any, the ownen your system substitute proprogram carried isted program ons in effect du	rows to the tables. sion program ("substitutur cable system substitutur cable system substitutur cable system substitutur. See page (v) of the getball." List specific program "Yes." Otherwise enter sting the substitute program community to which the community with which the carried the substitute gram was carried by you and by a system from 6:00 was substituted for progring the accounting period	e pr ted ner "No ram le si e st e pr r ca 1:15	rogram") that for the program instruction titles, for ex o." 1. tation is lice adion is ider ogram. Use able system. 5 p.m. to 6:2 mming that yenter the let	t, during the ramming of the for furth ample, "I Less the times and the first the firs	ne accounting another steer information ove Lucy" of the FCC or, in with the more accurate should be a was required in the process of the following states of the following st	g ation on. r onth ely
	effect on October 19, 1976.					WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FO			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	7	5. MONTH AND DAY		TIMES TO	7. REASON FOR DELETION

Accounting Period:	2021/1	FORM SA1-2E	. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYST	EM ID#
Name	Wabash Independent Networks, Inc		62579
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. I all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute thi 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.	smission service	
	COPYRIGHT ROYALTY FEE		
Copyright Royalty Fee	 Linstructions: 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 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. 	o \$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 accounting period is \$52.00	or this six-month	
	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 \$13	7,100)	-
	1. Base amount under statutory formula	0	
	2. Enter amount of gross receipts from space K	<u> </u>	
	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	· · · <u> </u>	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$5.	27,600)	
	1. Enter the amount of gross receipts from space K	<u>0</u>	
	2. Base amount under statutory formula	<u>0</u>	
	3. Subtract line 2 from line 1	<u> </u>	
	4. Multiply line 3 by .01	 512.81	
	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		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 1,83	1.81
	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)	1,831.81	
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	\$ 1,85	1.81
	EFT Trace # or TRANSACTION ID # 26SUR0V3		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for		

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name		NER OF CABLE SYSTEM: dent Networks, Inc				SYSTEM ID# 62579
M Channels	to its subscribers, a	and (2) the cable system's tumber of channels on which	total number	on which the cable system carried to er of activated channels during the a	ccounting period.	21
	Enter the total no on which the call	umber of activated channel ble system carried television ast services	s n broadcast	t stations		250
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accounts		RMATION IS NEEDED (Identify an in	dividual to whom	
for Further Information		Cheryl Gaither			Telephone	6185/665-3311
	(N L	P.O. Box 299, 210 S C Number, street, rural route, apartn Ouisville, IL 62858 Dity, town, state, zip)	nent, or suite n	number)		
	Email	cherylg@wabas	h.net		Fax (optional	
)	CERTIFICATION (Th	nis statement of account mu	ıst be certifie	ied and signed in accordance with C	opyright Office regulations)	
O Certification	• I, the undersigned,	hereby certify that (Check on	e, but only o	one, of the boxes.)		
	(Owner o	ther than corporation or pa	artnership)	I am the owner of the cable system as	s identified in line 1 of space I	3; or
				tnership) I am the duly authorized age ot a corporation or partnership; or	ent of the owner of the cable s	system as identified
	in	line 1 of space B.	·	ion) or a partner (if a partnership) of th	,	ner of the cable system
		and correct to the best of my		are under penalty of law that all statem e, information, and belief, and are mad		
			X	/s/Barry Adair		-
				ectronic signature on the line above to c ture using an "/s/ signature" (e.g., /s/ J		
		Typed or printed	name:	Barry Adair		
		Title:		eneral Manager osition held in corporation or partnership)		
		Date:			8/5/2021	

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ccounting Period: 2021/1	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
abash Independent Networks, Inc	62579
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 a lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to	for the basic I not include subsection 119." Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instru located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondar made by satellite carriers to satellite dish owners? NO	y transmissions
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEDECT ACCECMENT	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment of For an explanation of interest assessment, see page (viii) of the general instructions located in the paper.	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
^ <u></u>	
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	
	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	- nterest charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further as	3 /
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** 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 Copyrig list below the owner, address, first community served, ID number, and accounting period as given in the	
Owner	
Address	
ID number First community served	

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.