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				
08/15/23	\$ 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						
	20211 Barcode Data Filing Period (optional - see instructions)						
Accounting Period							
В	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner	List any other name or names under which the owner conducts the business of the cable system.						
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	Community Cable & Broadband, Inc.						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	P.O. BOX 307 (Number, street, rural route, apartment, or suite number)						
	SKIATOOK, OK, 74070						
	(City, town, state, zip)						
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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.

Accounting Period:	2021/1							
		FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	Community Cable & Broadband, Inc. 63776							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
Area Served								
	CITY OR TOWN	STATE						
First	SKIATOOK	OK						
Community	COLLINSVILLE	OK						
	SPERRY	OK OK						
Add Rows as Necessary	AVANT BARNSDALL	OK OK						
	HOMINY	OK OK						
	OILTON	OK OK						
	YALE	OK						

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Community Cable & Broadband, Inc.

63776

## Ε

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLG	OCK 1	BLOCK 2				
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
Service to first set	1,264	37.95				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
	<b></b>					

# 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	ATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	29.95	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	20.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63776

Community Cable & Broadband, Inc.

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
KJRH	8	N	TULSA, OK
KJRH-DT2	8.2	I-M	TULSA, OK
KJRH-DT3	8.3	I-M	TULSA, OK
КТРХ	28	l	OKMULGEE, OK
кокі	22	N	TULSA, OK
коту	45	N	TULSA, OK
KQCW	20	l	MUSKOGEE, OK
KTPX-DT2	28.2	I-M	OKMULGEE, OK
KTPX-DT3	28.3	I-M	OKMULGEE, OK
KTPX-DT4	28.4	I-M	OKMULGEE, OK
KTPX-DT5	28.5	I-M	OKMULGEE, OK
KTPX-DT6	28.6	I-M	OKMULGEE, OK
KOKI-DT2	22.2	I-M	TULSA, OK
KOKI-DT3	22.3	I-M	TULSA, OK
KMYT	34	l	TULSA, OK
KMYT-DT2	34.2	I-M	TULSA, OK
KMYT-DT3	34.3	I-M	TULSA, OK
KMYT-DT4	34.4	I-M	TULSA, OK
KRSU	32	E	CLAREMORE, OK
KDOR	36	l	BARTLESVILLE, OK
KDOR-DT2	36.2	I-M	BARTLESVILLE, OK
KDOR-DT3	36.3	I-M	BARTLESVILLE, OK
KDOR-DT4	36.4	I-M	BARTLESVILLE, OK
KDOR-DT5	36.5	I-M	BARTLESVILLE, OK
кwнв	16	I	TULSA, OK

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63776

Community Cable & Broadband, Inc.

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KWHB-DT2	16.2	I-M	TULSA, OK
KWHB-DT3	16.3	I-M	TULSA, OK
KOED	11	E	TULSA, OK
KETA	13	E	OKLAHOMA CITY, OK
KETA-DT2	13.2	E-M	OKLAHOMA CITY, OK
KETA-DT3	13.3	E-M	OKLAHOMA CITY, OK
KTUL	10	N	TULSA, OK
KTUL-DT2	10.2	I-M	TULSA, OK
KTUL-DT3	10.3	I-M	TULSA, OK
KOTV-DT3	45.3	I-M	TULSA, OK
КОСВ	33	I	OKLAHOMA CITY, OK
KWTV	25	N	OKLAHOMA CITY, OK
KAUT	19	I	OKLAHOMA CITY, OK
KSBI	23	I	OKLAHOMA CITY, OK
KGEB	12	I	TULSA, OK
КТВО	15	I	OKLAHOMA CITY, OK
кокн	24	N	OKLAHOMA CITY, OK

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63776 Community Cable & Broadband, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary 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 Transmitters: 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 Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Community Cable & Broadband, Inc.

63776

### 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
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Accounting Perio							FORM SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF Community Cable & B						SYSTEM ID# 63776		
				T AND DDOODAN . O					
<b> </b> Substitute	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televis eriod, under spe	ion program, broadcast by cific present and former F0	a <i>distant</i> stati CC rules, regul	ations, or authorizat	ions. For a further		
Carriage:									
Special	During the accounting per				sis, any nonne	twork television pro	ogram		
Statement and Program Log	proadcast by a distant station?								
	Note: If your answer is "No		root of this nos	re blank. If your answer is	"Voo." vou m				
	log in block 2.	, leave trie	rest of this pag	ge blank. Il your answer is	res, you iii	ust complete the pi	logiani		
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in								
	effect on October 19, 1976			II whi	EN SUBSTITUTE				
	S	SUBSTITUT	TE PROGRAM	1		IAGE OCCURRE	D 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. TIMES	DELETION TO		
		100 0. 110	07122 01011	5171115115 2557111511	7.1.1.2 5711				
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Accounting Period:	2021/1			FORM S	A1-2E. PAGE 6		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Community Cable & Broadband, Inc.			5	63776		
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanation 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 of the second service in the second service is the second service in the second service is the second service in the second service is the second second service is the second service is the second second service is the second seco	system's on of how	secondary transm to compute this a	nission service amount, see			
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 \$13	7,100 OF	LESS				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royali accounting period is \$52.00	ty fee that	you must pay for t	his 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 li	nes 1 and	2				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but n	nore than \$137,1	00)			
	Base amount under statutory formula	. \$	263,800.00				
	Enter amount of gross receipts from space K						
	3. Subtract line 2 from line 1						
	Enter the amount of gross receipts from space K		· <u> </u>				
	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	7 and 8					
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (bu	t less than \$527,	600)			
	Enter the amount of gross receipts from space K	. \$	287,812.80				
	2. Base amount under statutory formula	\$	263,800.00				
	3. Subtract line 2 from line 1		24,012.80				
	4. Multiply line 3 by .01		•	240.13			
	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			30.54			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4				1,589.67		
	FILING FEE AND TOTAL REMITTANCE DU	JE					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,589.67			
Due	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			\$	1,609.67		
	EFT Trace # or TRANSACTION ID #						
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the						

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: ble & Broadband, Inc.				SYSTEM ID# 63776
<b>M</b> Channels	to its subscriber	rs, and (2) the cable system's t	total numb	ls on which the cable system carried television broadca ber of activated channels during the accounting period. le		42
	on which the	al number of activated channel cable system carried television dcast services	n broadca	ast stations		150+
N Individual to Be Contacted		DISTRIBUTED BE CONTACTED IF FURTH about this statement of accoun		RMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name	BRUCE BEARD			Telephone :	314-462-9000
	Address	1714 Deer Track Trail (Number, street, rural route, apartm St. Louis, MO 63131 (City, town, state, zip)		e number)		
	Email	BBEARD@CINN	NAMONM	MUELLER.COM Fax (optional		
0	CERTIFICATION	(This statement of account mu	ust be certi	tified and signed in accordance with Copyright Office re	egulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check on	ne, <i>but only</i>	y one, of the boxes.)		
	(Owne	r other than corporation or pa	artnership	a) I am the owner of the cable system as identified in line	1 of space B;	or
	X (Agent			artnership) I am the duly authorized agent of the owner o not a corporation or partnership; or	f the cable sy	stem as identified
	(Office	er or partner) I am an officer (if in line 1 of space B.	f a corpora	ation) or a partner (if a partnership) of the legal entity iden	tified as owne	or of the cable system
		te, and correct to the best of my	-	clare under penalty of law that all statements of fact conta ge, information, and belief, and are made in good faith.	ined herein	
			X	/s/ Dennis Soule		
				electronic signature on the line above to certify this stateme nature using an "/s/ signature" (e.g., /s/ John Smith)	ent.	
		Typed or printed	name:	DENNIS SOULE		
		Title:		IDENT/CEO position held in corporation or partnership)		
		Date:		August 15, 2	023	

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.

counting Period: 2021/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
mmunity Cable & Broadband, Inc.	63776
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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not includ scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11  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.	sic Special Statement
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmis made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	sions
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 underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
Line 1 Enter the amount of late payment or underpayment	1,559.13 Interest Assessment
x	1%
Line 2 Multiply line 1 by the interest rate* and enter the sum here	15.59
x <b>7</b>	15 days
	11,147.78
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 \$	30.54
(interest char	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance processing the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	blease
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, plist below the owner, address, first community served, ID number, and accounting period as given in the original file.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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