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							
	ILLINOIS FIBER CONNECT, LLC								
		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)							
	INSTE	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.

Accounting Period:	2021/1									
	LEGAL NAME OF CHANGE OF CARLE OVERTER	FORM SA1-2E. PAGE 1b. SYSTEM ID#								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
	ILLINOIS FIBER CONNECT, LLC	63832								
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									
Area	city.	mobile nome parks should be reported in parentheses below the identified								
Served										
	CITY OR TOWN	STATE								
First	Effingham	<u>L</u>								
Community	Teutopolis	<u>L</u>								
	Watson	IL								
Add Rows as Necessary	Shumway	IL								

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63832

ILLINOIS FIBER CONNECT, LLC

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	327	16.98				
Service to additional set(s)	310	4.00				
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						

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	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	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:

SYSTEM ID# 63832

4. LOCATION OF STATION

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

WAND 17 DECATUR, IL **WICS** 20 SPRINGFIELD, IL Ν **WRSP** 55 Ν SPRINGFIELD, IL WBUI 23 ı DECATUR, IL **WCIA** 3 Ν CHAMPAIGN,IL

3. TYPE OF STATION

Add Rows as Necessary

SYSTEM ID#

ILLINOIS FIBER CONNECT, LLC

63832

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

FORM SA1-2E. PAGE 4.

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
		i				 	
		 				 -	
		 				 -	
		ļ				ļ	
		i				 	
		 				 -	
		 				 -	
		 				ļ	
		İ					
						 	
		ļ				ļ	
		ļ				<u> </u>	
		1					
		 					
						ļ	
		ļ				ļ	
		†					
		 				 -	
		 				 -	
		ļ				ļ 	
		†					
		 				 -	
		}				 -	
						ļ	
		T					
						}	
		 				 	
		ļ				ļ	
		ļ					
		ł				 	
		 				 	
		ļ				ļ 	
						 	
						 	
		ļ				ļ	
				1		l .	l

Accounting Perio	ting Period: 2021/1 FORM SA1-2E. PAGE 5 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:										
Name	ILLINOIS FIBER CONN									63832	
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LO	G						
Substitute	In General: In space I, identifi substitute basis during the ac explanation of the programmi	counting pe	riod, under spe	cific present and former F	CC rı	ules, regula	ntions, or au	ıthorizat	tions. F	or a further	
Carriage:	During the accounting period, did your cable system carry, on a substitute basis, any poppetwork television program.										
Special											
Statement and								Ĭ	V		
Program Log	broadcast by a distant station? YES NO Note: If your answer is "Yes," you must complete the program								INO		
	log in block 2.										
	2. LOG OF SUBSTITUTE	PROGRA	MS								
	In General: List each subst			te line. Use abbreviations	s whe	erever pos	sible. if the	ir mear	nina is		
	clear. If you need more space						,		3		
	Column 1: Give the title										
	period, was broadcast by a		•	•			•				
	under certain FCC rules, req Do not use general categori									l.	
	"NBA Basketball: 76ers vs.		vies oi baske	tball. List specific progra	aiii uu	lies, ioi ex	ampie, i L	ove Luc	cy oi		
	Column 2: If the program		dcast live, ente	"Yes." Otherwise enter	"No."	•					
	Column 3: Give the call s	•									
	Column 4: Give the broa							e FCC (or, in		
	the case of Mexican or Can							:41- 41-		41-	
	Column 5: Give the mon first. Example: for May 7 giv	,	wnen your sysi	tem carried the substitute	e pro	gram. Use	numerais,	with th	ie mon	tn	
	Column 6: State the time		substitute pro	gram was carried by you	r cab	le system	List the tir	nes acc	curatel	v	
	to the nearest five minutes.		•			•				,	
	stated as "6:00-6:30 p.m."	·		• •			•				
	Column 7: Enter the letter						-				
	to delete under FCC rules a								progra	am	
	was substituted for program effect on October 19, 1976.	ming that y	our system wa	s permitted to delete und	ier F	CC rules a	ina regulat	ions in			
	chect on October 13, 1370.										
						WHE	N SUBST	ITUTE			
	S	UBSTITUT	E PROGRAM			CARRI	AGE OCC	URRE	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. FROM	TIMES	то	DELETION	
					-						
					-						
								_			
					-						
								_			
					-						
								_			
					1 -						

Accounting Period:	2021/1	FORM SA1-2	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ILLINOIS FIBER CONNECT, LLC	SYST	FEM ID# 63832
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ente 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 at 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.	ssion service mount, see	
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross re	eceipts)
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 \$20. 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	s six-month	
	Line 1. Royalty fee for accounting period	\$ 5	2.00
	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	. \$ 5	2.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10		
	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		0.00
	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		
	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)	52.00	
240	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 6	67.00
	EFT Trace # or TRANSACTION ID # 26SUR0UD		
	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 more		

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.			
Name	LEGAL NAME OF OWNE	ER OF CABLE SYSTEM: ONNECT, LLC				SYSTEM ID# 63832			
M Channels	to its subscribers, ar 1. Enter the total nur system carried tel	nd (2) the cable system's t	otal number of a	nich the cable system carried ctivated channels during the		5			
	on which the cabl	le system carried television	n broadcast statio			227			
N Individual to Be Contacted									
for Further Information		heryl Gaither	Sh 64		Telephone	6185/665-3311			
	(Nu Lo	O. Box 299, 210 S Comber, street, rural route, apartmous ville, IL 62858 y, town, state, zip)	nent, or suite numbe	r)					
	Email	cherylg@wabas	h.net		Fax (optional				
0	CERTIFICATION (This	s statement of account mu	st be certified an	d signed in accordance with	Copyright Office regulations)				
Certification		ereby certify that (Check on							
				•	as identified in line 1 of space I				
	in lir	ne 1 of space B and that the	e owner is not a co	orporation or partnership; or	gent of the owner of the cable s the legal entity identified as own				
	in lir	ne 1 of space B.		der penalty of law that all state					
	are true, complete, a [18 U.S.C., Section 1	-	knowledge, infor	mation, and belief, and are ma	de in good faith.				
			X /s/Ba	arry Adair		-			
		_ •		ic signature on the line above to sing an "/s/ signature" (e.g., /s/					
		Typed or printed	name: Bar	ry Adair					
		Title: (Titl	EVP/ General e of official position	al Manager held in corporation or partnership)					
		Date:			8/5/2021				

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

Accounting Period: 2021/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63832 ILLINOIS FIBER CONNECT, LLC 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 fol-P lowing 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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross Receipts Exclusion** 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 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. വ For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment days 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 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please 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 Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address

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.

ID number

First community served Accounting period