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

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

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for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

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 AMOUNT

 2-23-22
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 ALLOCATION NUMBER

| Α | ACCO | OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) |
|------------|------|---|
| | | 2021/2 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 |
| | | C & W CABLE INC |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) |
| | | |
| | | MAILING ADDRESS OF OWNER OF CABLE SYSTEM |
| | | PO BOX 490 (Number, street, rural route, apartment, or suite number) |
| | | ANNVILLE, KY 40402-0490 (City, town, state, zip) |
| | INCT | UCTIONS: 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 sufficiency of the fling, a determination that would be made by a court of law.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID |
|---------------------|--|---|
| Name | C & W CABLE INC | 1049 |
| D | Instructions: List each separate community served by the cable system. A "commun separate and distinct community or municipal entity (including unincorporated com unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will s community." Please use it as the first community on all future filings. | nmunities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "first |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or mobile city. | home parks should be reported in parentheses below the identified |
| | CITY OR TOWN | STATE |
| First | PEOPLES | KY |
| Community | BOND | KY |
| | ANNVILLE | КҮ |
| d Rows as Necessary | GREENMOUNT | КҮ |
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| | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM. | | | | | | | FORM SA1 | | |
|---------------------------|---|---|----------|-------------------|-------------|-------------|--------|----------|-----------------------|------|--|
| Name | C & W CABLE INC | | | | | | 104 | | | | |
| _ | SECONDARY TRANSMISSION | SERVICE: SU | IBSCRI | BERS AND RAT | ES | | | | | | |
| E | 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 | | | | | | | | | | |
| Secondary Transmission | 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). | | | | | | | | | | |
| Service: Sub- | Number of Subscribers: Both | | | | | | ble sv | stem. br | oken | | |
| scribers and | | ategories of secondary transmission service. In general, you can compute the number of subscribers in | | | | | | | | | |
| Rates | 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 | • | | • | | • | | | | | |
| | systems most commonly provide that applies to your system. Not | | | | | | | | | | |
| | categories, that person or entity | | | • | | 0 | | | | | |
| | subscriber who pays extra for ca | | | | | • • | | • | | | |
| | first set" and would be counted o | 0 | | | · · · | | | | | | |
| | | 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. | | | | | | | | | | |
| | BLC | DCK 1 | | | | | BL | OCK 2 | | | |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIB | | RATE | CATI | EGORY OF SE | RVICE | | NO. OF SUBSCRIBERS | RAT | |
| | Residential: | CODCOLUD | LING | TUTE | 0,111 | | | | OBCOLLIDENCO | 1011 | |
| | Service to first set | | 64 | 18.00 | | | | | | | |
| | Service to additional set(s) | | | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | | | |
| | Motel, hotel | | | | | | | | | | |
| | Commercial | | | | | | | | | | |
| | Converter | | | | | | | | | | |
| | Residential | | | | | | | | | | |
| | Non-residential | | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMISS | SIONS: RATES | | | | | | | |
| F | In General: Space F calls for rat | • | , | | | • • | | | | | |
| • | not covered in space E, that is, t service for a single fee. There ar | | | | | , | | | | | |
| Services | furnished at cost or (2) services | • | | | • | | | | | | |
| Other Than | amount of the charge and the un | | | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | | | f 41 | | K- | 4 - J | | | |
| Transmissions: Rates | 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 | | | | | | | | | | |
| nuico | - | | | | - | - | • | | | | |
| | listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. | | | | | | | | | | |
| | | BLO | CK 1 | | | | | | BLOCK 2 | | |
| | CATEGORY OF SERVICE | RATE | | ORY OF SERVI | ICE | RATE | CA | EGOR | OF SERVICE | RATI | |
| | Continuing Services: | | Installa | ation: Non-resid | lential | | | | | | |
| | • Pay cable | 18.00 | • Mo | tel, hotel | | | | | | | |
| | Pay cable—add'l channel | | • Cor | mmercial | | | | | | | |
| | Fire protection | | •Pay | / cable | | | | | | ļ | |
| | Burglar protection | | • Pay | / cable-add'l cha | nnel | | | | | | |
| | Installation: Residential | | | e protection | | | | | | ļ | |
| | First set | | | glar protection | | | | | | ļ | |
| | Additional set(s) | | | services: | | | | | | | |
| | • FM radio (if separate rate) | | | connect | | | | | | | |
| | Converter | | • Dis | connect | | | | | | | |
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| Accounting Period: 2 | 2021/2 | | | FORM SA1-2E. PAGE 3 | | | | | |
|-------------------------------|--|---|---|-------------------------------|--|--|--|--|--|
| Name | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM ID# | | | | | |
| | C & W CABLE INC | | | 1049 | | | | | |
| | PRIMARY TRANSMITTERS: | TELEVISION | | | | | | | |
| G Primary Transmitters: | In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the part paragraph. | | | | | | | | |
| Television | 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: | | | | | | | | |
| | station was carried only on | • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. | | | | | | | |
| | basis. For further informatic 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 p d with a station according to its over-the | see page (v) of the general instruction rogram services such as HBO, ESPI | ons. N, etc. Identify each | | | | | |
| | | el number the FCC assigned to the telev | vision station for broadcasting over t | he air in its community | | | | | |
| | Column 3: Indicate in each | RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network) "N-M" (i | , , , | | | | | | |
| | (for independent multicast), For the meaning of these te Column 4: Give the locatio | educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for noncommercial educational), or "E-M" (for noncommercial educational 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 | | | | | |
| | WTVQ | 36 | Ν | LEXINGTON, KY | | | | | |
| | WKYT | 27 | Ν | LEXINGTON, KY | | | | | |
| Add Rows as Necessary | WKLE | 46 | Е | LEXINGTON, KY | | | | | |
| | WLEX | 18 | N | LEXINGTON, KY | | | | | |
| | WDKY | 56 | I | DANVILLE, KY | | | | | |
| | WYMT | 57 | N | HAZARD, KY | | | | | |
| | WLJC | 65 | I | BEATTYVILLE, KY | | | | | |
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| | | | VSTEM: | | | | 1011 | A SA1-2E. PAGE 4. |
|---|---|---|---|---|---|---------------------------------------|--|-----------------------------------|
| | | CABLE S | YSTEM: | | | | | SYSTEM ID# |
| C & W CABL | E INC | | | | | | | 1049 |
| PRIMARY TRA | | | rried on a separate and discre | ete basis and list | those FM stat | ions car | ried on an | н |
| | | | nerally receivable by your cabl | | | | | •• |
| receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1 : Id Column 2 : S | it is carried by monitoring, to prmation abou m. lentify the call tate whether t | y the sys be recei t the Co sign of e he statio | -Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically processe | t the system's he system's FM ante his point, see pag | adend, and (2 nna, during ce ge (v) of the ge |) it can b ertain sta eneral in | e expected, ated intervals. structions in the. | Primary Transmitters: Radio |
| Column 4: G | ive the station | n's locati | < mark in the "S/D" column. on (the community to which th the community with which the | | | C or, in t | he case of | |
| | AM or FM | 0/D | | CALLSION | | e/D | | |
| CALL SIGN | AIVI OF FIVI | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| Accounting Perio | | | | | | | FOR | M SA1-2E. PAGE 5. |
|------------------------------|---|----------------------------|---------------------------------------|--|--|-------------------------|----------------|-------------------|
| N | LEGAL NAME OF OWNER OF | CABLE SYST | TEM: | | | | | SYSTEM ID# |
| Name | C & W CABLE INC | | | | | | | 1049 |
| | SUBSTITUTE CARRIAGE | E: SPECIA | L STATEMEN | T AND PROGRAM LOG | | | | |
| Substitute | In General: In space I, ident substitute basis during the a explanation of the programm | ify every nor ccounting pe | nnetwork televis eriod, under spe | <i>ion program,</i> broadcast by a cific present and former FC | a <i>distant</i> statio C rules, regula | ations, or au | uthorizations. | For a further |
| Carriage: | 1. SPECIAL STATEMEN | - | | | 0 | | ••• | |
| Special | During the accounting per | | | | is, anv nonne | twork telev | ision program | n |
| Statement and Program Log | broadcast by a distant sta | - | | , , | , , |] | | V |
| Program Log | | | | | | L | YES | |
| | Note: If your answer is "No | ", leave the | rest of this pag | e blank. If your answer is ' | "Yes," you mi | ust complet | te the progra | m |
| | log in block 2. 2. LOG OF SUBSTITUTE | | MS | | | | | |
| | In General: List each subs | | | te line. Use abbreviations | wherever pos | ssible, if the | eir meaning is | 5 |
| | clear. If you need more spa | | | | million of the poo | | in mouning i | - |
| | | | | sion program ("substitute | | | | |
| | period, was broadcast by a | | | | | | | |
| | under certain FCC rules, re Do not use general categor | ies like "mo | or autnorization: ovies" or "baske | s. See page (v) of the gene thall " List specific program | eral instruction titles for ex | ample "I l | ove Lucv" or | n. |
| | "NBA Basketball: 76ers vs. | Bulls." | | r "Yes." Otherwise enter "N | | | | |
| | | | | sting the substitute progra | | | | |
| | the case of Mexican or Car | | | e community to which the | | | e FCC or, in | |
| | | | | tem carried the substitute | | | , with the mo | nth |
| | first. Example: for May 7 giv | | | | | | | |
| | | | | gram was carried by your | | | | ely |
| | to the nearest five minutes. stated as "6:00–6:30 p.m." | Example: a | a program carri | ed by a system from 6:01: | 15 p.m. to 6:2 | 28:30 p.m. s | snould be | |
| | Column 7: Enter the lett | | | was substituted for progra | | | | |
| | to delete under FCC rules a | | | | | | | ram |
| | was substituted for program effect on October 19, 1976 | | /our system wa | s permitted to delete unde | r FCC rules a | and regulati | ions in | |
| | | - | | | | | | |
| | s | UBSTITUT | TE PROGRAM | | | N SUBST | | 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 — TO | DELETION |
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| Accounting Period: | 2021/2 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|--|------------------------------|--------------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: C & W CABLE INC | SI | STEM ID#/ 1049 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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. | ission service mount, see | ,912.00 ss receipts) |
| L Copyright Royalty Fee | COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS | 263,800 | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00 Line 1. Royalty fee for accounting period | | 52.00 |
| | 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 | . \$ | 52.00 |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1 | 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 | | 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 | | |
| | 2. Base amount under statutory formula 3. Subtract line 2 from line 1 | | |
| | | | |
| | 4. Multiply line 3 by .01 | 4 240 00 | |
| | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) | | |
| | 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 | | |
| | 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) | 52.00 | |
| Due | 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 | \$ | 67.00 |
| | EFT Trace # or TRANSACTION ID # 26V314FF | | |
| | 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: | 2021/2 | | | | FORM SA1-2E. PAGE 7. |
|--------------------|---------------------|--|---|---|------------------------|
| Name | LEGAL NAME OF C | DWNER OF CABLE SYSTEM: | | | SYSTEM ID# 1049 |
| M Channels | to its subscriber | • • • • | total number of activated channels d | m carried television broadcast stations uring the accounting period. | • |
| | system carrie | ed television broadcast station | s | | 8 |
| | | | | | |
| | | al number of activated channe cable system carried televisio | | | |
| | | - | | | 28 |
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| Ν | | | IER INFORMATION IS NEEDED (Ide | entify an individual to whom | |
| Individual to | we can contact | about this statement of accou | nt.) | | |
| Be Contacted | | | | | |
| for Further | Name | VEOLA R WILLIAMS | | Telephone | (606) 364-5357 |
| Information | | | | | |
| | Address | PO BOX 490 (Number, street, rural route, aparti | ment or suite number) | | |
| | | ANNVILLE, KY 4040 | • | | |
| | | (City, town, state, zip) | _ 0.00 | | |
| | Email | vbwilliams@prt | cnet.ora | Fax (optional (606) 364-21 | 38 |
| | | | | | |
| | CERTIFICATION | (This statement of account mu | ust be certified and signed in accorda | nce with Copyright Office regulations) | |
| O Certification | • I, the undersigne | ed, hereby certify that (Check o | ne, <i>but only one</i> , of the boxes.) | | |
| | (Owne | er other than corporation or p | artnership) I am the owner of the cabl | e system as identified in line 1 of space B | ; or |
| | (Agen | | tion or partnership) I am the duly aut e owner is not a corporation or partners | horized agent of the owner of the cable sy ship; or | ystem as identified |
| | X (Offic | er or partner) I am an officer (in line 1 of space B. | if a corporation) or a partner (if a partne | ership) of the legal entity identified as own | er of the cable system |
| | | te, and correct to the best of m | nereby declare under penalty of law tha y knowledge, information, and belief, an | t all statements of fact contained herein nd are made in good faith. | |
| | | | X /s/ Veola R Williams | 5 | |
| | | | Enter an electronic signature on the lin Enter signature using an "/s/ signature | | |
| | | Typed or printed | name: Veola R Williams | | |
| | | Title: (Ti | Vice-President le of official position held in corporation or pa | rtnership) | |
| | | Date: | | 02-23-2022 | |

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.

| Dunting Period: 2021/2 | | FORM SA1-2E. PAGE |
|--|--|--|
| AL NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM ID |
| W CABLE INC | | 104 |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCL. The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of lowing sentence: "In determining the total number of subscribers and the gross amounts pair service of providing secondary transmissions of primary broadcast transmis scribers and amounts collected from subscribers receiving secondary transference. For more information on when to exclude these amounts, see the note on page (v located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. | the Copyright Act by adding the fol- d to the cable system for the basic tters, the system shall not include sub- smissions pursuant to section 119." ii) of the general instructions receipts for secondary transmissions | P Special Statement Concerning Gross Receipts Exclusion |
| Name Mailing Address Name | • | |
| | | |
| You must complete this worksheet for those royalty payments submitted as a resu | It of a late payment or underpayment. | • |
| You must complete this worksheet for those royalty payments submitted as a result For an explanation of interest assessment, see page (viii) of the general instruction | | Q |
| | ns located in the paper SA1-2 form. | Q Interest Assessmen |
| For an explanation of interest assessment, see page (viii) of the general instructio | ns located in the paper SA1-2 form. | Q Interest Assessmen |
| For an explanation of interest assessment, see page (viii) of the general instructio | ns located in the paper SA1-2 form. | Q Interest Assessmen |
| For an explanation of interest assessment, see page (viii) of the general instructio | ns located in the paper SA1-2 form. | Q Interest Assessment |
| For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment | xdays | Q Interest Assessmen |
| For an explanation of interest assessment, see page (viii) of the general instructio | xdays | Q Interest Assessment |
| For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here | ns located in the paper SA1-2 form. x x x days | Q Interest Assessment |
| For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment | ns located in the paper SA1-2 form. | Q Interest Assessment |
| For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment | ns located in the paper SA1-2 form. | Q Interest Assessmen |
| For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment | Ins located in the paper SA1-2 form. x | Q Interest Assessmen |
| For an explanation of interest assessment, see page (viii) of the general instruction. Line 1 Enter the amount of late payment or underpayment | ns located in the paper SA1-2 form. x | Q Interest Assessmen |
| For an explanation of interest assessment, see page (viii) of the general instruction. Line 1 Enter the amount of late payment or underpayment | Ans located in the paper SA1-2 form. | Q Interest Assessmen |
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| Cable Worksheet | | Total amount of remittance | Number of SAs rec'd | Initials |
|-------------------------------------|--------------------------|-------------------------------|-----------------------------|-----------------|
| | VVUIKSIIE | Date of remittance | _ Check | ☐FILING FEES |
| Cable ID # | | | | Amount Initials |
| Examined by | Reviewed b | Date examination completed | Allocation number | |
| Space A Accounting Period | | | | |
| | □ January 1 - June 30, 2 | 2017 | □July 1 - December 31, 2017 | |
| | Letter sent | I | Information received | |
| | | | Phone call/Date/Contact | |
| Space B Owner | | | | |
| | □Letter sent | | Information received | |
| | | l | Phone call/Date/Contact | |
| Space D Area Served | | | | |
| | Letter sent | I | Information received | |
| | Accepted | | Phone call/Date/Contact | |
| Space E Secondary Transission | | | | |
| Service Subscribers: | Letter sent | | Information received | |
| and Rates | | | Phone call/Date/Contact | |
| Space G Primary Transmitters: | | | | |
| Television | Letter sent | | □Information received | |
| | | | Phone call/Date/Contact | |
| Space H Primary Transmitters: | | | | |
| Radio | Accepted | | Phone call/Date/Contact | |

| | | Space I Substitute Carriage |
|-----------------------|--------------------------|--|
| Letter sent | □Information received | |
| Accepted | Phone call/Date/Contact | |
| | | Space J Part-time Carriage Log (SA3 only) |
| ⊡Letter sent | □ Information received | |
| Accepted | Phone call/Date/Contact | |
| | | Space K Gross Receipts |
| Letter sent | Information received | |
| Letter sent | Phone call/Date/Contact | |
| | | Space L Copyright Filing and Royalty Fee |
| Royalty Fee should be | Refund request to fiscal | |
| Letter sent | Information received | |
| Accepted | Phoe call/Date/Contact | |
| | | Space M Channels |
| Letter sent | □Information received | |
| Accepted | Phone call/Date/Contact | |
| | | Space O Certification |
| Letter sent | □Information received | |
| | Phone call/Date/Contact | |
| | | Space P Statement of Gross Receipts |
| Letter sent | □Information received | |
| Accepted | Phone call/Date/Contact | |
| | | Space Q Interest Assessment |
| Letter sent | □Info/add'I fee received | |
| Accepted | Phone call/Date/Contact | |