THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

DATE RECEIVED	AMOUNT
I CAMON TO TAKE	\$
2/24/22	
	ALLOCATION NUMBER

Return to: Library of Congress Copyright Office-LD 101 Independence Avenue SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.) January 1–June 30						
Bowner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another cocorporate title of the subsidiary, not that of the parent corporation. In line 2, list any other 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 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 Licensin	ng period should submit					
	1 LEGAL NAME OF OWNER OF CABLE SYSTEM: KAPLAN TELEPHONE COMPANY, INC.	62243					
	2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):						
	3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM: 118 N IRVING AVE. (Number, street, rural route, apartment, or suite number) KAPLAN, LA 70548 (City, town, state, zip)						
C	Instructions: In line 1, give any business or trade names used to identify the business and operation of t names already appear in space B. In line 2, give the mailing address of the system, if different from the address	the system unless these ress given in space B.					
System	1 IDENTIFICATION OF CABLE SYSTEM: KAPLAN TELEPHONE COMPANY, INC.						
	MAILING ADDRESS OF CABLE SYSTEM: 118 N IRVING AVE. (Number, street, rural route, apartment, or suite number) KAPLAN, LA 70548 (City, town, state, zip)						
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community record rules: "a separate and distinct community or municipal entity (including unincorporated communities areas and including single, discrete unincorporated areas)." 47 C.F.R. §76.5(dd). The first community that you of system identification hereafter known as the "first community." Please use it as the first community on all to Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported identified city.	es within unincorporated u list will serve as a form future filings.					
	CITY OR TOWN STATE CITY OR TOWN	STATE					
First ► Community	KAPLAN LOUISIANA RURAL PORTIONS OF VERMILION PARISH	LOUISIANA					
	• • • • • • • • • • • • • • • • • • • •						

Privacy Act Notice: Section 111 of title 17 of the *United States Code* authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:				
KAPLAN TELEPHONE COMPANY	INC		62243	
Instructions: List each separate community in FCC rules: "a separate and distinct communeas and including single, discrete unincorp of system identification hereafter known as to Note: Entities and properties such as hotels, applied to the community of the comm	served by the cable syst nunity or municipal entite porated areas)." 47 C.F.F.	R. §76.5(dd). The first community that you li	st will serve as a form ure filings.	Area Served
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

KAPLAN TELEPHONE COMPANY, INC.

62243

Е

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.

BLOCK	1 Agric & Te	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential: • Service to first set	1,088	\$25.00			
Service to additional set(s)FM radio (if separate rate)					
Motel, hotel					
Commercial Converter					
Residential Nonresidential					

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	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: Pay cable Pay cable—add'I channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Converter	\$2.00	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Other Services: • Reconnect • Disconnect • Outlet relocation • Move to new address	\$14.00 \$65.00	EXPANDED BASIC DIGITAL	

LEGAL NAME OF OWNER OF CABLE SYSTEM:		
KAPLAN TELEPHONE COMPANY INC		Name
TONE COMPANY INC	62243	

PRIMARY TRANSMITTERS: TELEVISION

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 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 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 multicast for example, WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately;

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 network 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.

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
KATC	3.1	T ¹	LAFAYETTE, LA
KLAF	15.2		LAFAYETTE, LA
KADN	15.1		LAFAYETTE, LA
KLWB	50.1		LAFAYETTE, LA
KATC	3.2		LAFAYETTE, LA
KLFY	10.1	the state of the second	LAFAYETTE. LA
KADN	15.3	Experience in a	LAFAYETTE, LA
KLPB	24.1	en grown in the just legal	LAFAYETTE, LA
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		A00	
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G

Primary Transmitters: Television LEGAL NAME OF OWNER OF CABLE SYSTEM:

KAPLAN TELEPHONE COMPANY, INC.

62243



Primary Transmitters: Radio

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.

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 the Copyright Office regulations on this point, see page (iv) of the general instructions.

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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ORM SA1-2. PAGE 5.				312			n 74	
LEGAL NAME OF OWNER OF CABLE SYSTEM. KAPLAN TELEPHONE COM	PANY, II	NC.			62243	ı	Name	
SUBSTITUTE CARRIAGE: S In General: In space I, identify system carried on a substitute be tions, or authorizations. For a fu the general instructions.	SPECIAL every non	STATEMEN	sion program, broadca	st by a <i>dis</i>	nd former FCC ru	les. redula- 1	Substitute Carriage:	
 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 								
2. LOG OF SUBSTITUTE PROPING In General: List each substitute clear. If you need more space, particular column 1: Give the title of experiod, was broadcast by a distaunder certain FCC rules, regulated Do not use general categories if "NBA Basketball: 76ers vs. Bulls Column 2: If the program was Column 3: Give the call sign Column 4: Give the broadcathe case of Mexican or Canadia Column 5: Give the month art first. Example: for May 7, give "Column 6: State the times with the nearest five minutes. Examples "6:00–6:30 p.m." Column 7: Enter the letter "For to delete under FCC rules and rewas substituted for programming on October 19, 1976.	e program elease atta very nonne- int station tions, or a ke "movie s." s broadca of the sta- st station' an stations and day wh- 5/7." hen the su- mple: a pro- ti if the lis- egulations	and that your of the country of the	pages. on program ("substitute able system substitute sable system substitute see page (v) of the gen pall." List specific programs." Otherwise, entering the substitute programmunity to which the manuality with which the carried the substitute arm was carried by your by a system from 6:01:1 as substituted for programs as substituted for programs.	e program") d for the program titles, for "No." am titles, for "sam. he station is a station is a program. U cable syste 5 p.m. to 6	that, during the gramming of ano tions for further in the example, "I Low selicensed by the identified), se numerals, with the times 128:30 p.m. shoul at your system wetter "P" if the list	accounting ther station information. We Lucy" or FCC or, in in the month accurately does as required and program		
SUB	STITUTE	PROGRAM			SUBSTITUTE GE OCCURRED	7. REASON		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION		
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: KAPLAN TELEPHONE COMPANY, INC.	62243
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount yall amounts (gross receipts) paid to your cable system by subscribers for the system's secon (as identified in space E) during the accounting period. For a further explanation of how to copage (vi) of the general instructions. • 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.	dary transmission service
Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructons: 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than See page (vi) of the general instructions for more information.	n or equal to \$263,800 n \$527,600
	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 p 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 Line 3. Filing Fee	\$
	Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 1, 2 and 3	\$
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	0)
		N41 - 1
	1. Base amount under statutory formula	_
To any of a	2. Enter amount of gross receipts from space K \$163,250.00	
	3. Subtract line 2 from line 1 \$100,550.00	_
	4. Enter the amount of gross receipts from space K	\$163,250.00
	5. Enter the amount from line 3	\$100,550.00
	6. Subtract line 5 from line 4	\$627.00
	7. Multiply line 6 by .005 (enter figure here)	\$ 313.50
	8. Interest charge. Enter the amount from line 4, space Q, page 8	2.4
	9. Filing Fee	
	10 TOTAL DOVALTY AND EILING FEES DAVABLE FOR ACCOUNTING DEDICO	\$ 333.50
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)
	1. Enter the amount of gross receipts from space K \$	_
	2. Base amount under statutory formula \$ 263,800	<u>o</u>
	3. Subtract line 2 from line 1	_
	4. Multiply line 3 by .01	
		1,319
	6. Interest Charge. Enter the amount from line 4, space Q, page 8	
		20.00
	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7	\$
	IMPORTANT: Your remittance must be in the form of an electronic payment payable to Register of Congeneral instructions for more information.	opyrights. See page i of the

LEGAL NAME OF OWNER OF CABLE SYSTEM: KAPLAN TELEPHONE COMPANY, INC. 62243	Name
CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	M Channels
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.) Name CARL A. TURNLEY Telephone 337-643-7171 (Area code) Address 118 N. IRVING AVE. (Number, street, rural route, apartment, or suite number) KAPLAN, LA 70548 (City, town, state, zip) Email (optional) Fax (optional)	N Individual to Be Contacted for Further Information
 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of 	O Certification
 space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B, and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact con- 	
tained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [See 18 U.S.C. sec.1001] Handwritten signature: Handwritten signature:	
Typed or printed name: CARL A. TURNLEY Title: VICE PRESIDENT (Title of official position held in corporation or partnership) Date: 2/24/2022	

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: KAPLAN TELEPHONE COMPANY, INC.	62243
P Special Statement Concerning Gross Receipts Exclusions	SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, so lowing sentence: "In determining the total number of subscribers and the service of providing secondary transmissions of primary b scribers and amounts collected from subscribers receiving For more information on when to exclude these amounts, so During the accounting period, did the cable system exclude a made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) by	gross amounts paid to the cable system for the basic roadcast transmitters, the system shall not include subning secondary transmissions pursuant to section 119." ee the note on page (vi) of the general instructions. any amounts of gross receipts for secondary transmissions
	Name Mailing address	Name Mailing address
Q Interest Assessment	INTEREST ASSESSMENT You must complete this worksheet for those royalty payment For an explanation of interest assessment, see page (vi) of Line 1. Enter the amount of late payment or underpayment	the general instructions.
	Line 2. Multiply line 1 by the interest rate* and enter the sur	x ———— days
	Line 3. Multiply line 2 by the number of days late and enter	the sum herex .00274
	Line 4, Multiply line 3 by .00274** and enter here and in spaline 2, or block 2, line 8, or block 3, line 6	(interest charge)
	* To view the interest rate chart click on www.copyright.go contact the Licensing Division at (202) 707-8150 or licen	ov/licensing/interest-rate.pdf. For further assistance please sing@copyright.gov.
	**This is the decimal equivalent of 1/365, which is the inte	
	Note: If you are filing this worksheet covering a statement o list below the owner, address, first community served, ID no	umber, and accounting period as given in the original filing.
	OwnerAddress	
	ID number First community served	data (p '

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