

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
8/9/2022	\$
	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

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	<input type="text" value="2021/2"/>	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 <input type="text"/> Barcode Data Filing Period (optional - see instructions)
B Owner	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. 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.	
	<input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. <input type="text"/>	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM OMNI III CABLE TV, INC.	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) _____	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. BOX 308 <small>(Number, street, rural route, apartment, or suite number)</small> JAY, OK 74346 <small>(City, town, state, zip)</small>	
C System	INSTRUCTIONS: 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.	
	1	IDENTIFICATION OF CABLE SYSTEM: _____
	2	MAILING ADDRESS OF CABLE SYSTEM: _____ <small>(Number, street, rural route, apartment, or suite number)</small> _____ <small>(City, town, state, zip code)</small>

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: OMNI III CABLE TV, INC.	SYSTEM ID# 0
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E Secondary Transmission Service: Subscribers and Rates	<p>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.</p>				
BLOCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential - Analog 1st Set	108	26.5			
Service to additional set(s)	186	2.50	HBO	-	18.00
Residential - Digital 1st Set	293	35.00	CINEMAX	-	18.00
Service to additional set(s)	197	6.00	HBO/MAX PKG	2	30.00
Motel, hotel				-	
Commercial					
Converter			DVR Box	13	9.00
• Residential					
• Non-residential					

F Services Other Than Secondary Transmissions: Rates	<p>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.</p>				
BLOCK 1		BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential		NEW WIRE INSTALL	20.00
• Pay cable		• Motel, hotel		DVR BOX	9.00
• Pay cable—add'l channel		• Commercial			
• Fire protection		• Pay cable		DIGITAL	
• Burglar protection		• Pay cable-add'l channel		Basic Cable	35.00
Installation: Residential		• Fire protection		Extended	70.00
• First set		• Burglar protection		Total Package	15.00
• Additional set(s)		Other services:		TOTAL PACKAGE	#####
• FM radio (if separate rate)		• Reconnect	25.00		
• Converter		• Disconnect			
		• Outlet relocation	20.00		
		• Move to new address	25.00		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: OMNI III CABLE TV, INC.	SYSTEM ID# 0
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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
KOTV	6	N	CBS TULSA, OK
KTUL	8	N	ABC TULSA, OK
AETV	11	E	PBS FAYETTEVILLE, AR
KJRH	14	N	NBC TULSA, OK
KMYT	15	I	MNT TULSA, OK
KQCW	18	I	CW19 TULSA, OK
KOKI	23	I	FOX TULSA, OK
KDOR	24	I	TBN TULSA, OK
KRSC	25	E	RSUTV CLAREMORE, OK
* SEE ATTACHMENT FOR DIGITAL STATIONS			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: OMNI III CABLE TV, INC.	SYSTEM ID# 0
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I Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG	
	In General: In space I, identify <i>every nonnetwork television program</i> , broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.	
	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? <input type="checkbox"/> YES <input type="checkbox"/> NO 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 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 <i>required</i> 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 permitted to delete under FCC rules and regulations in effect on October 19, 1976.		

SUBSTITUTE PROGRAM				WHEN SUBSTITUTE CARRIAGE OCCURRED			7. REASON FOR DELETION
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		
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: OMNI III CABLE TV, INC.	SYSTEM ID# 0
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K Gross Receipts	<p>GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 5px;">\$ 81,175.27</td> </tr> <tr> <td style="font-size: small; text-align: center;">(Amount of gross receipts)</td> </tr> </table>	\$ 81,175.27	(Amount of gross receipts)
\$ 81,175.27				
(Amount of gross receipts)				

IMPORTANT: You must complete a statement in space P concerning gross receipts.

L Copyright Royalty Fee	<p>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.</p>
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
<p>Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00</p>	
<p>Line 1. Royalty fee for accounting period \$ 52.00</p> <p>Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 \$ 0.23</p> <p>Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.23</p>	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
<p>1. Base amount under statutory formula \$ 263,800.00</p> <p>2. Enter amount of gross receipts from space K _____</p> <p>3. Subtract line 2 from line 1 _____</p> <p>4. Enter the amount of gross receipts from space K _____</p> <p>5. Enter the amount from line 3 _____</p> <p>6. Subtract line 5 from line 4 _____</p> <p>7. Multiply line 6 by .005 (enter figure here) _____</p> <p>8. Interest charge. Enter the amount from line 4, space Q, page 8 0.00</p> <p>9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 _____</p>	
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
<p>1. Enter the amount of gross receipts from space K _____</p> <p>2. Base amount under statutory formula \$ 263,800.00</p> <p>3. Subtract line 2 from line 1 _____</p> <p>4. Multiply line 3 by .01 _____</p> <p>5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00</p> <p>6. Interest charge. Enter the amount from line 4, space Q, page 8 0.00</p> <p>7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 _____</p>	

FILING FEE AND TOTAL REMITTANCE DUE

Filing Fee and Total Remittance Due	<p>1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.23</p> <p>2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00</p> <p>3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.23</p>
<p>EFT Trace # or TRANSACTION ID # </p>	
<p>Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.</p>	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: OMNI III CABLE TV, INC.	SYSTEM ID# 0
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M Channels	<p>CHANNELS</p> <p>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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations <input style="width: 150px; height: 20px;" type="text"/></p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services <input style="width: 150px; height: 20px;" type="text"/></p>
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N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)</p> <p>Name JASON ANDERSON Telephone 918-253-4545</p> <p>Address P.O. BOX 308 226 S 4TH STREET <small>(Number, street, rural route, apartment, or suite number)</small></p> <p>JAY, OK 74346-0308 <small>(City, town, state, zip)</small></p> <p>Email jsanderson@grand.net Fax (optional) 918-253-3400</p>
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O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</p> <ul style="list-style-type: none"> I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) <ul style="list-style-type: none"> <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or <input type="checkbox"/> (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 <input checked="" type="checkbox"/> (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 contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] <p style="text-align: center;"> X /s/ JASON ANDERSON</p> <hr style="width: 50%; margin-left: auto; margin-right: 0;"/> <p style="text-align: center; font-size: small;">Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</p> <p>Typed or printed name: JASON ANDERSON</p> <p>Title: 1ST VICE PRESIDENT <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: 08.08.2022</p>
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

OMNI III CABLE TV, INC.

0

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 following 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."

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

YES. Enter the total here and list the satellite carrier(s) below. \$

P

Special Statement Concerning Gross Receipts Exclusion

Name Mailing Address

Name Mailing Address

INTEREST ASSESSMENT

You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.

Line 1 Enter the amount of late payment or underpayment \$ 52.00

x 1%

Line 2 Multiply line 1 by the interest rate* and enter the sum here 0.52

x 161 days

Line 3 Multiply line 2 by the number of days late and enter the sum here 83.72

x 0.00274

Line 4 Multiply line 3 by 0.00274** and enter here \$ 0.23

(interest charge)

* 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 ID number First community served Accounting period

Q

Interest Assessment

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SD	HD		99	1099	DISNEY XD			Total Package (+Expanded)
		Basic Package	100		DISNEY JUNIOR	61		ESPN CLASSIC
2	1002	NBC - KJRH	103		UNIVERSAL KIDS	65	1065	SEC NETWORK
6	1006	CBS - KOTV	107		CARTOON NETWORK	68		BIG10 NETWORK
7	1007	CW - KQCW	115	1115	USA	69	1069	NFL NETWORK
8	1008	ABC - KTUL	116		TBS	82		LONGHORN NETWORK
10	1010	MYNET - KMYT	117	1117	FREEFORM	86		ACC NETWORK
11	1011	PBS - KOED	118	1118	SYFY	110		DISCOVERY FAMILY CHANNEL
18	1018	ION - KTPX	119		BBC AMERICA	113		BOOMERANG
19		TBN - KDOR	120		TNT	125		GAME SHOW NETWORK
21		CTN - KWHB	121	1121	FX	132		THE INSPIRATION NETWORK
22	1022	IND - KGEB	126	1126	A&E	136		LIFETIME REAL WOMEN
23	1023	FOX - KOKI	127		TRUTV	153		DIY NETWORK
24		QVC	131	1131	FXX	156		COOKING CHANNEL
30		BOUNCE TV	134	1134	LIFETIME	158		DISCOVERY LIFE
31		LAFF	135	1135	LIFETIME MOVIE NETWORK	189		GREAT AMERICAN COUNTRY
32		PBS KIDS 24/7	139		OXYGEN	210		AMERICAN HEROES CHANNEL
33		GRIT	140		WETV	211	1211	SCIENCE
34		QUBO	141		OWN	219	1219	DESTINATION AMERICA
35	1035	RSUTV - KRSU	142		HALLMARK CHANNEL	221		OUTDOOR CHANNEL
36		COZI TV	143	1143	HALLMARK MOVIES & MYSTERIES	223		RURAL FREE DELIVERY TV
37		COMET	147		E!	260		FLIX
38		NEWS 6 NOW	152	1152	HGTV	264		TCM
39		COURT TV MYSTERY	155	1155	FOOD NETWORK			
40		HOME SHOPPING NETWORK	167	1167	BRAVO			
41		CREATE	191		THE WEATHER CHANNEL			
42		OETA	192		CNN			Premium Packages
43		C-SPAN	193	1193	FOX NEWS CHANNEL	340		STARZ
44		C-SPAN2	194		FOX BUSINESS NETWORK	344		STARZ KIDS & FAMILY
45		HEROES & ICONS	195	1195	CNBC	350		STARZ INBLACK
46		C-SPAN3	196		NEWSMAX	352		STARZ ENCORE
50	1050	WGN	197		HLN	354		STARZ ENCORE BLACK
58		BYU TELEVISION	199	1199	MSNBC	356		STARZ ENCORE SUSPENSE
59		EWTN GLOBAL CATHOLIC NETWORK	205		FYI	362		STARZ ENCORE CLASSIC

70		TENNIS CHANNEL	206	1206	HISTORY CHANNEL	364		STARZ ENCORE WESTERNS
			207		VICELAND			
		Expanded Basic Package (+Basic)	212		INVESTIGATION DISCOVERY	375		SHOWTIME
60	1060	ESPN	213	1213	TLC	377		SHO2
62	1062	ESPN NEWS	215	1215	ANIMAL PLANET	379		SHO SHOWCASE
63	1063	ESPNU	216		NATIONAL GEOGRAPHIC WILD	387		SHO BEYOND
64	1064	ESPN2	217	1217	NATIONAL GEOGRAPHIC CHANNEL	391		TMC
66	1066	FOX SPORTS 1	218	1218	DISCOVERY CHANNEL	393		TMCXTRA
67	1067	FOX SPORTS 2		1220	MOTORTREND			
72	1072	NBCSN	240	1240	TRAVEL CHANNEL			
74		GOLF CHANNEL	265		AMC			
98	1098	DISNEY CHANNEL	266		FX MOVIE CHANNEL			
			268		IFC			