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 FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) For additional information, \$ contact the U.S. Copyright General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER 2/21/2022

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20212 Barcode Data Filing Period (optional - see instructions)	
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	
		Scott Telecom & Electronics Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	_
		149 Woodland St., P.O. Box 489 (Number, street, rural route, apartment, or suite number)	
		Gate City, VA 24251 (City, town, state, zip)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
С		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:
Nume	Scott Telecom & Electronics Inc.	6366
D	Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated community or nunicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings.	unities within unincorporated areas and including single, discrete ve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hocity.	ome parks should be reported in parentheses below the identified
-	CITY OR TOWN	STATE VA
First Community	Gate City Weber City	VA VA
community	Hiltons	VA
	Yuma	VA VA
d Rows as Necessary	Daniel Boone	VA
	Duffield	VA VA
	Nickelsville	VA VA
		VA
	Dungannon Sandy Pidge	
	Sandy Ridge	VA

	LEGAL NAME OF OWNER OF CA								TEM ID
Name	Scott Telecom & Electro							515	6366
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
—	system, that is, the retransmission			-					
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•					-		
Rates	each category by counting the n	•		•		•			
	separately for the particular serv	ice at the rate	indicated	-not the num	ber of set	s receiving ser	vice).	Ū	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc				iy standar	d rate variation	s within a	particular rate	
	Block 1: In the left-hand block				es of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide			0					
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of						idel Selvi		
	Block 2: If your cable system	0			· · ·	service that are	e different	from those	
	printed in block 1 (for example, t					,	<i>, , , , , , , , , ,</i>	, 0	
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	and block. A tw	o- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOC	(2	
		NO. OF					BLOOR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:			40.05					
	Service to first set		3,906	18.95					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES					
E	In General: Space F calls for rat	•	,		-	• •			
F	not covered in space E, that is, t								
Services	service for a single fee. There an furnished at cost or (2) services	•	2		•		0.	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the							-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Rales	listed in block 1 and for which a				•	•	•		
	brief (two- or three-word) descrip								
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			tion: Non-resid					
	• Pay cable		• Mote	el, hotel			HBO/C	inemax	35.0
	• Pay cable—add'l channel		• Corr	nmercial			Starz/E	incore	15.0
	Fire protection		• Pay	cable			Showti	me/TMC	15.0
	<ul> <li>Burglar protection</li> </ul>		• Pay	cable-add'l cha	annel		Digital	Package	59.8
	Installation: Residential		• Fire	protection					
	• First set	100.00	• Burg	glar protection					
	<ul> <li>Additional set(s)</li> </ul>		Other s	ervices:					
	• FM radio (if separate rate)		• Rec	onnect		75.00			
	Converter		• Disc	onnect					
			Outl	et relocation					
				erreiocation					

Inting Period: 2	LEGAL NAME OF OWNER OF			FORM SA1-2E. PAGE : SYSTEM ID:
Name	Scott Telecom & Elect			6366 <sup>-</sup>
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: relevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information <b>Column 1:</b> List each station' multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channel of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enteri (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	so in space I, if the station was carried a concerning substitute basis stations, s call sign. <i>Do not</i> report origination p with a station according to its over-the	(1) stations carried only on a part-ti e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta urried by your cable system on a sul- e Special Statement and Program both on a substitute basis and also see page (v) of the general instruct rogram services such as HBO, ESF -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station	me basis under ams [sections tions carried on a bostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WETP-HD-PBS	24.3	E	SNEEDVILLE, TN
	WETP-CREATE	24.5	E-M	SNEEDVILLE, TN
Rows as Necessary	WLFG-DT-RELIG-LFT	14.1	I	GRUNDY, VA
	WLFG-DECADES	14.1	I-M	GRUNDY, VA
	WCYB-DT-NBC	5.3	Ν	BRISTOL, VA
	WCYB-CW-HD	5.4	N-M	BRISTOL, VA
	WEMT-DT-FOX	28.3	N	GREENEVILLE, TN
	WJHL-HD-CBS	9.1	N	JOHNSON CITY, TN
	WJHL-D2-ABC	9.2	N	JOHNSON CITY, TN
	WKPT-COZI	32.3	I	KINGSPORT, TN
	WKPT-METV	32.4	I-M	KINGSPORT, TN
	WKPT-LAFF	32.5	I-M	KINGSPORT, TN
	WKPT-COURTMY	32.6	I-M	KINGSPORT, TN

EGAL NAME OF								SYSTEM II 636
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. entify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei It the Co sign of e he statio ion's sign g a checl n's locatio	-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. hal was electronically process (mark in the "S/D" column. on (the community to which the	t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se sed by the FCC	) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	, AM or FM	S/D	LOCATION OF STATION	
ONLE OIGH				ONLE OIGH		0/0		
		1						

ccounting Period							10	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
	Scott Telecom & Elect	ronics inc	•					63661
	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ad explanation of the programm	fy every noni	network televis riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> static C rules, regula	ations, or au	uthorizations	. For a further
Carriage: Special	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Statement and	During the accounting per	•	r cable system	carry, on a substitute bas	is, any nonne	twork telev	ision progra	
Program Log	broadcast by a distant stat	tion?				l	YES	NO
	<b>Note:</b> If your answer is "No' log in block 2.	", leave the r	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complet	te the progra	am
	<ol> <li>LOG OF SUBSTITUTE In General: List each substiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broad the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes.</li> </ol>	titute program ce, please a of every non distant station gulations, or ies like "mov Bulls." n was broad sign of the s adcast station adian station th and day w ve "5/7." es when the	m on a separa add additional r nnetwork televi on and that yo r authorizations vies" or "baske least live, enter tation broadca n's location (th ns, if any, the o when your syst substitute pro-	rows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the ger tball." List specific progra r "Yes." Otherwise enter " isting the substitute progra to community to which the community with which the tem carried the substitute gram was carried by your	program") tha ed for the prog eral instruction m titles, for ex No." am. e station is lice station is liden program. Use cable system.	t, during th ramming o ns for furth ample, "I L nsed by the tified). numerals, List the tir	e accountir f another st er informatio ove Lucy" o e FCC or, ir with the mo nes accurat	ng iation on. or n n
	stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the I and regulatio	listed program ons in effect du	was substituted for progr ring the accounting period	amming that y l; enter the let	ter "P" if th	e listed prog	
	stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the I and regulatio nming that yo	listed program ons in effect du	was substituted for progr ring the accounting period s permitted to delete und	amming that y d; enter the let er FCC rules a	ter "P" if th	e listed prog ons in ITUTE	gram
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Accounting Period:	2021/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			;	SYSTEM ID#
	Scott Telecom & Electronics Inc.				63661
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts	ystem's see on of how to	condary transmi compute this a	ssion service mount, see \$ 3!	<b>97,039.72</b> ross receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more i</li> </ul>	out less tha	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	ı must pay for thi	s six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore 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 \$26	3,800 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	397,039.72		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	133,239.72		
	4. Multiply line 3 by .01		\$	1,332.40	
	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		\$	2,651.40
	FILING FEE AND TOTAL REMITTANCE DL	E			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,651.40	
	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,671.40
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1				hts!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: & Electronics Inc.				SYSTEM ID# 63661
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's	total num	Is on which the cable system carried ber of activated channels during the	accounting period.	13
	on which the	I number of activated channe cable system carried televisio dcast services	on broadc	ast stations		273
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		DRMATION IS NEEDED (Identify an	individual to whom	
for Further Information	Name Address	Roger Fraysier 149 Woodland St., P.	.O. Box	489	Telephone	276-452-7364
		(Number, street, rural route, apartr Gate City, VA 24251 (City, town, state, zip)	ment, or su	te number)		
	Email	rfraysier@sctc.c	org		Fax (optional	
O Certification	• I, the undersigne	d, hereby certify that (Check or	ne, <i>but on</i>			
	(Agent	of owner other than corpora in line 1 of space B and that the	ation or p le owner is	p) I am the owner of the cable system artnership) I am the duly authorized a not a corporation or partnership; or ation) or a partner (if a partnership) of	gent of the owner of the cable s	system as identified
	I have examined	the statement of account and h te, and correct to the best of m	-	clare under penalty of law that all state ge, information, and belief, and are m		
				/s/ Roger Fraysier electronic signature on the line above to nature using an "/s/ signature" (e.g., /s,		-
		Typed or printed	l name:	Roger Fraysier		
		Title: (Tit		tions Manager position held in corporation or partnership)		
		Date:			February 21, 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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ott Telecom & Electronics Inc.	6366
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Mailing Address	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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