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					
08/15/23	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20212 Barcode Data Filing Period (optional - see instructions)
Accounting 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
	Community Cable & Broadband, Inc.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	P.O. BOX 307 (Number, street, rural route, apartment, or suite number)
	SKIATOOK, OK, 74070
	(City, town, state, zip)
С	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.
System	1 IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

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

Accounting Period:	2021/2	
	T	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Community Cable & Broadband, Inc.	63776
D	Instructions: List each separate community served by the cable system. A "communiseparate and distinct community or municipal entity (including unincorporated communicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will scommunity." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, discrete serve 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 Community Add Rows as Necessary	SKIATOOK	OK
	COLLINSVILLE	OK
	SPERRY	OK
Add Rows as Necessary	AVANT	OK OK
	BARNSDALL	OK
	HOMINY OILTON	OK OK
	YALE	OK OK
	IALL	

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Community Cable & Broadband, Inc.

63776

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

OCK 1	BLOCK	< 2		
NO. OF			NO. OF	
SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
1,220	37.95			
	NO. OF SUBSCRIBERS 1,220	NO. OF SUBSCRIBERS RATE 1,220 37.95	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 1,220 37.95	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS 1,220 37.95

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel				
Pay cable—add'l channel		Commercial				
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential						
• First set	29.95	Burglar protection				
Additional set(s)	29.95	Other services:				
• FM radio (if separate rate)		Reconnect	20.00			
Converter		Disconnect				
		Outlet relocation				

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

substitute program basis, as explained in the next paragraph.

SYSTEM ID# 63776

Community Cable & Broadband, Inc.

PRIMARY TRANSMITTERS: TELEVISION

G

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 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
KJRH	8	N	TULSA, OK
KJRH-DT2	8.2	I-M	TULSA, OK
KJRH-DT3	8.3	I-M	TULSA, OK
КТРХ	28	l	OKMULGEE, OK
кокі	22	N	TULSA, OK
коту	45	N	TULSA, OK
KQCW	20	l	MUSKOGEE, OK
KTPX-DT2	28.2	I-M	OKMULGEE, OK
KTPX-DT3	28.3	I-M	OKMULGEE, OK
KTPX-DT4	28.4	I-M	OKMULGEE, OK
KTPX-DT5	28.5	I-M	OKMULGEE, OK
KTPX-DT6	28.6	I-M	OKMULGEE, OK
KOKI-DT2	22.2	I-M	TULSA, OK
KOKI-DT3	22.3	I-M	TULSA, OK
КМҮТ	34	l	TULSA, OK
KMYT-DT2	34.2	I-M	TULSA, OK
KMYT-DT3	34.3	I-M	TULSA, OK
KMYT-DT4	34.4	I-M	TULSA, OK
KRSU	32	E	CLAREMORE, OK
KDOR	36	l	BARTLESVILLE, OK
KDOR-DT2	36.2	I-M	BARTLESVILLE, OK
KDOR-DT3	36.3	I-M	BARTLESVILLE, OK
KDOR-DT4	36.4	I-M	BARTLESVILLE, OK
KDOR-DT5	36.5	I-M	BARTLESVILLE, OK
KWHB	16	1	TULSA, OK

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63776

Community Cable & Broadband, Inc.

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KWHB-DT2	16.2	I-M	TULSA, OK
KWHB-DT3	16.3	I-M	TULSA, OK
KOED	11	E	TULSA, OK
KETA	13	E	OKLAHOMA CITY, OK
KETA-DT2	13.2	E-M	OKLAHOMA CITY, OK
KETA-DT3	13.3	E-M	OKLAHOMA CITY, OK
KTUL	10	N	TULSA, OK
KTUL-DT2	10.2	I-M	TULSA, OK
KTUL-DT3	10.3	I-M	TULSA, OK
KOTV-DT3	45.3	I-M	TULSA, OK
КОСВ	33	I	OKLAHOMA CITY, OK
KWTV	25	N	OKLAHOMA CITY, OK
KAUT	19	I	OKLAHOMA CITY, OK
KSBI	23	I	OKLAHOMA CITY, OK
KGEB	12	I	TULSA, OK
КТВО	15	I	OKLAHOMA CITY, OK
кокн	24	N	OKLAHOMA CITY, OK

ounting Period:	2021/2			FORM SA1-2E. PAGE							
Mana	LEGAL NAME OF OWNER OF	GAL NAME OF OWNER OF CABLE SYSTEM:									
Name	Community Cable & E	Broadband, Inc.		6377							
	PRIMARY TRANSMITTERS:	TELEVISION									
G	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										
Primary ransmitters: Television	substitute program basis, as)(2) and (4), or 76.63 (referring to 76.6° explained in the next paragraph. With respect to any distant stations ca	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\								
		les, regulations, or authorizations: in space G—but do list it in space I (th a substitute basis.	e Special Statement and Program Log	y)—if the							
	• 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.										
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Community Cable & Broadband, Inc.

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an

Н

Primary Transmitters: Radio

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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

- 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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Accounting Perio							FORM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF Community Cable & B						SYSTEM ID# 63776
	OUDOTITUTE CARRIAGE	- 005014		T AND DOODAM I O			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televis eriod, under spe	ion program, broadcast by cific present and former F0	a <i>distant</i> stati CC rules, regul	ations, or authorizat	tions. For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE			
Special	During the accounting per				sis, any nonne	twork television pr	ogram
Statement and Program Log	broadcast by a distant sta	tion?				T _{YI}	ES X NO
	Note: If your answer is "No	" leave the	rest of this nac	ne blank. If your answer is	"Yes" vou m		
	log in block 2.	, 10010 1110	root of time pag	jo blank. II your anower le	100, you iii	act complete alle p	logium
	2. LOG OF SUBSTITUTE In General: List each subs clear. 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 prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please a of every no distant stat gulations, or ies like "mo Bulls." In was broad sign of the sadcast statice and and day ye "5/7." es when the Example: a er "R" if the and regulation ming that y	am on a separa add additional innetwork televi- ion and that your authorizations vies" or "basked dcast live, enterestation broadca on's location (the ones, if any, the ones, if any, the ones are program carri- listed program carri-	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the geretball." List specific program "Yes." Otherwise enter "asting the substitute program community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for programing the accounting periods.	program") the ed for the prog- neral instruction m titles, for ex No." am. e station is lice station is idea program. Use cable system :15 p.m. to 6:2 ramming that y d; enter the le	at, during the according amming of another instance for further information for further information for further income and by the FCC of the further income acceptance in the second formation for the further income acceptance in the	unting er station mation. cy" or or, in e month curately be equired
	enection Cotober 13, 1370	•			WHI	EN SUBSTITUTE	
	5	UBSTITUT	E PROGRAM	1	CARR	IAGE OCCURRE	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION TO
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROW —	10
		 				 	
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LEGAL NAME OF OWNER OF CABLE SYSTEM: Community Cable & Broadband, Inc.					SYSTEM I
					03/
page (vii) of the general instructions located in the Gross receipts from subscribers for seconda during the accounting period	stem by subscribers for the eriod. For a further explanate paper SA1-2 form. ary transmission service(s)	e system's s	secondary transn to compute this a	nission service amount, see	77,794.00
IMPORTANT: You must complete a statement in	space P concerning gross	s receipts.		(Amount of g	ross receipts)
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 spa Use block 2 if the amount of gross receipts in spa Use block 3 if the amount of gross receipts in spa	ace K is \$137,100 or less ace K is more than \$137,10 ace K is more than \$263,80	00 but less th	han \$527,600	263,800	
BLOCK 1: G	ROSS RECEIPTS OF \$1	137,100 OR	LESS		
Instructions: As a cable system with gross receipts accounting period is \$52.00	of \$137,100 or less, the roya	alty fee that y	you must pay for t	his 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 AC	CCOUNTING PERIOD. Add	l lines 1 and	2		
BLOCK 2: GROSS RECE	EIPTS OF \$263,800 OR L	ESS (but m	ore than \$137,1	00)	
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, sp	pace Q, page 8				0.00
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOL	JNTING PERIOD. Add lines	s 7 and 8		·	
BLOCK 3: GROSS RECEI	PTS OF MORE THAN \$2	263,800 (but	t less than \$527	,600)	
Enter the amount of gross receipts from space K		\$	277,794.00		
2. Base amount under statutory formula		\$	263,800.00	-	
3. Subtract line 2 from line 1		\$	13,994.00		
4. Multiply line 3 by .01			\$	139.94	
5. Royalty due on the first \$263,800 of gross receip	ots (under statutory formula)		\$	1,319.00	
6. Interest charge. Enter the amount from line 4, sp	pace Q, page 8		\$	21.27	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOL	JNTING PERIOD. Add lines	s 4, 5, and 6		\$	1,480.21
FILING FEE AND	TOTAL REMITTANCE D	DUE			
Royalty Fee Payable for Accounting Period (from	n Block 1, 2, or 3, above)		\$	1,480.21	
Royalty Fee Payable for Accounting Period (from Filing Fee (See the instructions for more information)	,			1,480.21 20.00	
	tion on filing fee calculations	s)	\$		1,500.21
:	page (vii) of the general instructions located in the Gross receipts from subscribers for secondaring the accounting period. IMPORTANT: You must complete a statement in Important in Impor	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. 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 1 if the amount of gross receipts in space K is more than \$137,10. Use block 3 if the amount of gross receipts in space K is more than \$137,10. Use block 3 if the amount of gross receipts in space K is more than \$263,8. See page (vi) of the general instructions located in the paper SA1-2 form for more block 1. GROSS RECEIPTS OF \$: Instructions: As a cable system with gross receipts of \$137,100 or less, the roy accounting period is \$52.00 Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add BLOCK 2: GROSS RECEIPTS OF \$263,800 OR L 1. Base amount under statutory formula 2. Enter amount of gross receipts from space K. 3. Subtract line 2 from line 1 4. 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. 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line BLOCK 3: GROSS RECEIPTS OF MORE THAN \$2 1. Enter the amount of gross receipts from space K. 2. Base amount under statutory formula 3. Subtract line 2 from line 1 4. Multiply line 3 by .01 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) 6. Interest charge. Enter the amount from line 4, space Q, page 8.	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. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 2 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 to Use block 2 if the amount of gross receipts in space K is more than \$263,800 but less to Use block 2 if the amount of gross receipts in space K is more than \$263,800 but less to Use block 2 if the amount of gross receipts in space K is more than \$263,800 but less to Use block 2 if the amount of gross receipts in space K is more than \$263,800 but less to Use block 2 if the amount of gross receipts in space K is more than \$263,800 but less to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less to Use block 2 if the amount inform more information BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that accounting period is \$52,00 Line 1. Royalty fee for accounting period . Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m 1. Base amount under statutory formula \$ 2. Enter the amount of gross receipts from space K 5. Enter the amount 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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less the amount of gross receipts from space K 2. Base amount under statutory formula 5. Auditiply line 3 by .01 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) 6. Interest charge. Enter the a	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. 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 \$ Use block 2 if the amount of gross receipts in space K is more than \$233,800 but less than \$527,600 see page (vi) of the general instructions located in the paper \$A1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for taccounting period is \$52.00 Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100 and the statutory formula). 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 of gross receipts from space K. 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 for the samount under statutory formula and second	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the gross receipts in space K is \$137,100 or less Use block 1 fit he amount of gross receipts in space K is \$137,100 or less Use block 2 fit he 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 or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$137,100 or less BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) 1. Base amount under statutory formula . \$ 263,800.00 2. Enter amount of gross receipts from space K 5. Enter the amount of gross receipts from space K 5. Enter the amount from line 3 6. Subtract line 2 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 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 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 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 9. TOTAL ROYALTY FEE PAYABLE FOR

Accounting Period:	2021/2 FORM SA1-2E. PAG	iΕ 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Community Cable & Broadband, Inc. 637	
M Channels	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 150+	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name BRUCE BEARD Telephone 314-462-9000	
	Address 1714 Deer Track Trail (Number, street, rural route, apartment, or suite number) St. Louis, MO 63131 (City, town, state, zip)	
	Email BBEARD@CINNAMONMUELLER.COM Fax (optional	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of 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 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)] 	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: DENNIS SOULE Title: PRESIDENT/CEO (Title of official position held in corporation or partnership)	
	Date: August 15, 2023]

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.

counting Period: 2021/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ommunity Cable & Broadband, Inc.	63776
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.	Special Statement Concerning Gross Receipts Exclusion
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? X NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment 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 Assessment
x 1% _	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	14.59
x	lays
	'61.56
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	21.27
* 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.	3
** 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.	a
Owner	
Address	
ID number	
First community served	
Accounting period	

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