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					
2/10/22	\$ 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	ACC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		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					
		Johnson City Energy Authority					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		BrightRidge					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		2600 Boones Creek Rd. ((Number, street, rural route, apartment, or suite number)					
		Johnson City, TN 37615 (City, town, state, zip)					
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rural route, apartment, or suite number)					
		(City, town, state, zip code)					

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

Accounting Period:	2021/2	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM \$A1-2E. PAGE 1b. SYSTEM ID# 63789
	Johnson City Energy Authority Instructions: List each separate community served by the cable system. A	
D	"a separate and distinct community or municipal entity (including unincoldiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all futur Note: Entities and properties such as hotels, apartments, condominiums,	rporated communities within unincorporated areas and including single, y that you list will serve as a form of system identification hereafter known e filings.
Served	identified city.	
	CITY OR TOWN	STATE
First	Johnson City	TN
Community		
Add Rows as Necessary		
Add nows as Necessary		

Accounting Period: 2021/2 FORM SA1-2E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63789 Johnson City Energy Authority SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Secondary last day of the accounting period (June 30 or December 31, as the case may be). Transmission Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and 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 Rates 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 DI OCK 1

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,006	26.00				
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	30	34.00				
Converter						
Residential						
Non-residential						
		•				

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	RATE		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		Fire protection				
 First set 		Burglar protection				
 Additional set(s) 		Other services:				
 FM radio (if separate rate) 		Reconnect	25.00			
 Converter 		Disconnect				
		Outlet relocation	75.00			
		Move to new address				

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63789 Johnson City Energy Authority PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 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 Transmitters: 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 Television 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 **WETP** 24 Ε SNEEDVILLE, TN **WCYB** 5 **BRISTOL, VA** N **WJHL** 11 Ν JOHNSON CITY, TN Add Rows as Necessary WEMT 28 N **GREENEVILLE, TN WKPT** 32 N KINGSPORT, TN WLFG 14 ı GRUNDY, VA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Johnson City Energy Authority

63789

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.

Н

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.

Primary Transmitters: Radio

- 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
	l	 					
		 					
		 					
						 	
						 	
						 	
						 	
		 					
		 				 	
						 	
						 	
						 	
						 	
		ļ					
	ļ	ļ					
	ļ	ļ				 	
	ļ	ļ				 	
		ļ				 	
		ļ				 	
		ļ				 	
		1					

Assouration Design	.d. 2021/2					-	ODM CA4 OF DACE F	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TFM·			F	ORM SA1-2E. PAGE 5. SYSTEM ID#	
Name	Johnson City Energy						63789	
	CURCUITUTE CARRIACE	- CDECI	AL STATEME	INT AND DROCDAM LO				
1	SUBSTITUTE CARRIAGE In General: In space I, identi	_				tion that your apple	system carried on a	
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mu	st be included	in this log, see page (v) of t	he general in	structions in the pap	er SA1-2 form.	
Carriage:	1. SPECIAL STATEMENT	CONCER	RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	network television p		
Program Log	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							
	Note: If your answer is "No	", leave the	rest of this pa	nge blank. If your answer is	s "Yes," you ı	must complete the p	orogram	
	log in block 2.							
	LOG OF SUBSTITUTE In General: List each subst			ato lino. Uso abbroviations	s whorover n	ossible if their mea	ning is	
	clear. If you need more spa				s wilelevel b	ossible, il tileli filea	illing is	
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo						
	"NBA Basketball: 76ers vs.		deast live ent	er "Yes." Otherwise enter '	"No "			
				casting the substitute progr				
				the community to which the			or, in	
	the case of Mexican or Can Column 5: Give the mor			stem carried the substitute			ne month	
	first. Example: for May 7 giv	ve "5/7."						
	Column 6: State the time to the nearest five minutes.			ogram was carried by you ried by a system from 6:01				
	stated as "6:00–6:30 p.m."	Lxampic.	a program can	ned by a system from 0.0 i	1. 10 p.iii. to c	7.20.00 p.m. 3110did	bc	
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							
	effect on October 19, 1976.	•	,	•		· ·		
					WHE	N SUBSTITUTE		
	SI	JBSTITUT	E PROGRAM	1	CARRI	7. REASON FOR		
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — T	0	
						<u> </u>		
						<u> </u>		
						_		
						_		
						_		

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#					
Name	Johnson City Energy Authority		63789					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute thi 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.	emission servic s amount, se	3,056.00					
	CORPURIOUS ROYAL TV FFF							
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 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.	\$263,800						
	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-mont!							
	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		0.00					
	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	_						
	2. Enter amount of gross receipts from space K	<u>-</u>						
	3. Subtract line 2 from line 1	_						
	4. Enter the amount of gross receipts from space K	163,056.00						
	5. Enter the amount from line 3	100,744.00						
	6. Subtract line 5 from line 4	62,312.00						
	7. Multiply line 6 by .005 (enter figure here)	\$	311.56					
	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	\$	311.56					
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52)	7,600)						
	Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula \$ 263,800.00	-						
	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) \$	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	·						
	EILING FEE AND TOTAL DEMITTANCE DUE							
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	311.56						
Due	Siling 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	\$	331.56					
	EFT Trace # or TRANSACTION ID #							
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for							

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.			
Name		OWNER OF CABLE SYSTEM: Energy Authority			SYSTEM ID# 63789			
M Channels	to its subscribers 1. Enter the total	s, and (2) the cable system's to number of channels on which	total number of activated channels d	Γ	6			
	on which the ca	number of activated channel able system carried television ast services	broadcast stations		172			
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accoun	IER INFORMATION IS NEEDED (Id nt.)	entify an individual to whom				
for Further Information	Name	Terri K. Firestein	00.000	Telephone 3	301-788-6889			
	Address	10806 Garrison Hollo	ment, or suite number)					
		Clear Spring, MD 217 (City, town, state, zip)	722					
	Email	tfireccg@myact	v.net	Fax (optional)				
0	CERTIFICATION	(This statement of account m	ust be certified and signed in accord	ance with Copyright Office regulations)				
Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, but only one, of the boxes.)					
	(Owne	r other than corporation or pa	artnership) I am the owner of the cabl	system as identified in line 1 of space B	3; or			
	X (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							
		er or partner) I am an officer (i line 1 of space B.	f a corporation) or a partner (if a partne	rship) of the legal entity identified as owr	ner of the cable system			
		e, and correct to the best of my	hereby declare under penalty of law th knowledge, information, and belief, ar	at all statements of fact contained herein d are made in good faith.				
			X /s/ Terri K. Firestein					
			Enter an electronic signature on the lin Enter signature using an "/s/ signature	•				
		Typed or printed	name: Terri K. Firestein					
		Title: (Title of o	Sr. Director & Consultant fficial position held in corporation or partners	iip)				
		Date:		February 10, 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 th 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 telephon 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 i 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

ccounting Period: 2021/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ohnson City Energy Authority	63789
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 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	Q Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	

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 th 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.