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
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for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

		 Return completed workbook by
FOR COPYRIGHT	OFFICE USE ONLY	email to
DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
01/09/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

A	ACCOUNTI	NG PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2021/2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		ions: 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 ry, not that of the parent corporation.
Owner	List any	other name or names under which the owner conducts the business of the cable system.
		were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single ent of account and royalty fee payment covering the entire accounting period.
	X Check he	ere if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGA	L NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Argent	Communications LLC
	BUSIN	ESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	10 B	IG ADDRESS OF OWNER OF CABLE SYSTEM enning Street, Suite 10, Box 235 street, rural route, apartment, or suite number)
	West	Lebanon, NH 03784 n, state, zip)
С		NS: In line 1, give any business or trade names used to identify the business and operation of the system unless these y appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System		ICATION OF CABLE SYSTEM:
		G ADDRESS OF CABLE SYSTEM:
	2 (Number	
	(Italiiboi),	street, rural route, apartment, or suite number)
	(City, tow	n, state, zip code)

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Argent Communications LLC	0.0.1
	Instructions: List each separate community served by the cable system. A '	-
D Area	separate and distinct community or municipal entity (including unincorpora unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, o	r mobile home parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	Тгоу	NH
Community		
Add Rows as Necessary		

									-2E. PAGE
Name	LEGAL NAME OF OWNER OF C/	ABLE SYSTEM:						515	TEM ID
	Argent Communications	s LLC							(
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted of Block 2: If your cable system I printed in block 1 (for example, ti	pace E should of on of television a ay cable) in space (June 30 or De blocks in space (transmission s umber of billings ice at the rate in harged for each (Example: "\$20 ounts allowed fi in space E, the a to their subscr blocks where an incomposite should be coun ble service to a once again unden as rate catego	cover a and rac ace F, r ecembe e E cal service. s in tha ndicate n catego D/mth") or adva form li ibers. (lividual ted as ddition er "Serv ries for	Il categories of tio broadcasts not here. All the er 31, as the ca Il for the number In general, yo t category (the d—not the num ory of service. . Summarize a nace payment. ists the categor Give the number or organization a subscriber in al sets would b vice to additional secondary trai	secondary by your sys facts you se may be r of subsc u can comp number of sber of sets nclude bot ny standard ies of secce r of subsc i is receivir each appli e included al set(s)."	stem to subscrib state must be th). ribers to the cab pute the number persons or orga s receiving servit th the amount of d rate variations ondary transmiss ribers and rate fing service that fa icable category. in the count und service that are	ers. Give in nose existin le system, of subscri- anizations of ce). the charge within a pa- sion service or each list alls under of Example: a ler "Service different fro	nformation Ig on the broken bers in charged a and the articular rate that cable ted category different a residential te to the com those	
	with the number of subscribers a sufficient.	ind rates, in the	right-h	and block. A tv	/o- or three	e-word description	on of the se	ervice is	
		OCK 1			1		BLOC	< 2	
		NO. OF		DATE	0.17		2010	NO. OF	DATE
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		80	64.02/mth	Lifeline	9		20	46.02/
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrib hose services ti e two exceptior or facilities furn it in which it is u rate column. e charged by th your cable sys separate charge	er) info nat are is: you ished to usually he cable tem fur e was n	rmation with re not offered in of do not need to o nonsubscribe billed. If any ra e system for ea nished or offer nade or establi	spect to all combinatio give rate in rs. Rate in tes are cha ch of the a ed during ti	n with any secor nformation conc formation should arged on a varia upplicable service he accounting p	ndary trans erning (1) s d include b ble per-pro es listed. eriod that v	mission services oth the gram basis, vere not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	laential				
	Pay cable Pay cable—add'l channel			otel, hotel mmercial					
	Fire protection			y cable	oprol				
	•Burglar protection			y cable-add'l cl	annei				
	Installation: Residential			e protection					
	• First set			rglar protection					
	· Additional act/->		· ITDOP						
	Additional set(s)			services:					
	• FM radio (if separate rate)		•Re	connect					
			• Re • Dis	connect sconnect					
	• FM radio (if separate rate)		• Re • Dis • Ou	connect					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE
Name	Argent Communication			
	PRIMARY TRANSMITTERS:			
G Primary ransmitters:	In General: In space G, iden carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e)	tify every television station (including during the accounting period, <i>except</i> effect on June 24, 1981, permitting th (2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	(1) stations carried only on a part-ti ne carriage of certain network progra	me basis under ams [sections
Television	Substitute Basis Stations: basis under specific FCC rule • Do not list the station here station was carried only on a • List the station here, and als basis. For further information Column 1: List each station's multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WR Column 3: Indicate in each of educational station, by enterii (for independent multicast), " For the meaning of these term Column 4: Give the location	With respect to any distant stations ca es, regulations, or authorizations: in space G—but do list it in space I (th substitute basis. so in space I, if the station was carried concerning substitute basis stations, s call sign. <i>Do not</i> report origination p with a station according to its over-the	he Special Statement and Program I d 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- or "E-M" (for noncommercial educati actions in the paper SA1-2 form. the community to which the station	Log)—if the o on some other ions. N, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WGBH	2	N	BOSTON
	WFXT	3	N	BOSTON
Rows as Necessary	WBZ	4	N	BOSTON
,	WCVB	5	N	BOSTON
	WMUR	9	N	MANCHESTER
	WENH	11	N	BOSTON
	HSN	12.1	N	National
	TVG/ZAP TO IT	14	N	
		14		National
	WEATHER CHANNEL	16		
			N	National
	WBTS	16	N	National
		16 17		
	WBTS	16	N	National
	WBTS HLN	16 17	N N	National National
	WBTS HLN CNN	16 17 18	N N N	National National National
	WBTS HLN CNN C-SPAN2	16 17 18 23	N N N N	National National National National
	WBTS HLN CNN C-SPAN2 C-SPAN3	16 17 18 23 24	N N N N N	National National National National National
	WBTS HLN CNN C-SPAN2 C-SPAN3 HALLMARK	16 17 18 23 24 39.1	N N N N N N	National National National National National National
	WBTS HLN CNN C-SPAN2 C-SPAN3 HALLMARK HALLMARK MOVIES	16 17 18 23 24 39.1 39.2	N N N N N N N	National National National National National National National
	WBTS HLN CNN C-SPAN2 C-SPAN3 HALLMARK HALLMARK MOVIES GAC	16 17 18 23 24 39.1 39.2 39.3	N N N N N N N N N	National
	WBTS HLN CNN C-SPAN2 C-SPAN3 HALLMARK HALLMARK MOVIES GAC BRAVO	16 17 18 23 24 39.1 39.2 39.3 40.3	N N N N N N N N N	National
	WBTS HLN CNN C-SPAN2 C-SPAN3 HALLMARK HALLMARK MOVIES GAC BRAVO A&E	16 17 18 23 24 39.1 39.2 39.3 40.3 40.4	N N N N N N N N N N N N	National
	WBTS HLN CNN C-SPAN2 C-SPAN3 HALLMARK HALLMARK MOVIES GAC BRAVO A&E Lifetime	16 17 18 23 24 39.1 39.2 39.3 40.3 40.4 41.1	N N N N N N N N N N N N	National
	WBTS HLN CNN C-SPAN2 C-SPAN3 HALLMARK HALLMARK MOVIES GAC BRAVO A&E Lifetime HISTORY TLC	16 17 18 23 24 39.1 39.2 39.3 40.3 40.4 41.1 41.2	N N N N N N N N N N N N N N N N	National
	WBTS HLN CNN C-SPAN2 C-SPAN3 HALLMARK HALLMARK MOVIES GAC BRAVO A&E Lifetime HISTORY TLC DISCOVERY	16 17 18 23 24 39.1 39.2 39.3 40.3 40.4 41.1 41.2 41.3 41.4	N N N N N N N N N N N N N N N N N N N	National National
	WBTS HLN CNN C-SPAN2 C-SPAN3 HALLMARK HALLMARK MOVIES GAC BRAVO A&E Lifetime HISTORY TLC	16 17 18 23 24 39.1 39.2 39.3 40.3 40.4 41.1 41.2 41.3	N N N N N N N N N N N N N N N N	National

	LEGAL NAME OF OWNER OF			SYST	TE I
Name				5151	
	Argent Communication				
	PRIMARY TRANSMITTERS:	TELEVISION			
G		ntify every television station (including tra during the accounting period, <i>except</i> (1			
		effect on June 24, 1981, permitting the			
Primary		(2) and (4), or 76.63 (referring to 76.61(e	e)(2) and (4))]; and (2) certain sta	ations carried on a	
ansmitters: Television		explained in the next paragraph. With respect to any distant stations carri	ied by your cable system on a su	bstitute program	
CICVISION		es, regulations, or authorizations:		bolicito program	
	• Do not list the station here i	in space G—but do list it in space I (the	Special Statement and Program	Log)—if the	
	station was carried only on a				
		so in space I, if the station was carried b n concerning substitute basis stations, se			
		's call sign. <i>Do not</i> report origination prog			
		with a station according to its over-the-ai			
	"WETA-2" as the same on th				
		I number the FCC assigned to the televis	sion station for broadcasting over	the air in its community	
		C is channel 4 in Washington, D.C. case whether the station is a network sta	tion an independent station, or a	anoncommercial	
	leducational station, by entern	ing the letter "N" (for network), "N-M" (for	network multicast), "I" (for indep	pendent), "I-M"	
	(for independent multicast), "	"E" (for noncommercial educational), or "	E-M" (for noncommercial educat		
	(for independent multicast), " For the meaning of these terr	"E" (for noncommercial educational), or " ms, see page (iv) of the general instruction	E-M" (for noncommercial educat ons in the paper SA1-2 form.	ional multicast).	
	(for independent multicast), " For the meaning of these terr Column 4: Give the location	"E" (for noncommercial educational), or " ms, see page (iv) of the general instruction of each station. For U.S. stations, list the	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station	ional multicast). is licensed by the	
	(for independent multicast), " For the meaning of these terr Column 4: Give the location	"E" (for noncommercial educational), or " ms, see page (iv) of the general instruction	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station	ional multicast). is licensed by the	
	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadi	"E" (for noncommercial educational), or " ms, see page (iv) of the general instruction of each station. For U.S. stations, list the ian stations, if any, give the name of the	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station community with which the statior	ional multicast). is licensed by the n is identified.	
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	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN TCM	"E" (for noncommercial educational), or " ms, see page (iv) of the general instruction of each station. For U.S. stations, list the ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 44	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION N	tional multicast). is licensed by the is identified. 4. LOCATION OF STATION National	
	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN TCM ANIMAL PLANET	"E" (for noncommercial educational), or " ms, see page (iv) of the general instruction of each station. For U.S. stations, list the ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 44 45.2	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION N N	ional multicast). is licensed by the is identified. 4. LOCATION OF STATION National National	
	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN TCM ANIMAL PLANET FOX NEWS	"E" (for noncommercial educational), or " ms, see page (iv) of the general instruction of each station. For U.S. stations, list the ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 44 45.2 46.2	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION N N N	ional multicast). is licensed by the is identified. 4. LOCATION OF STATION National National National	
	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN TCM ANIMAL PLANET FOX NEWS CNBC	"E" (for noncommercial educational), or " ms, see page (iv) of the general instruction of each station. For U.S. stations, list the ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 44 45.2 46.2 46.3	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION N N N N N	ional multicast). is licensed by the is identified. 4. LOCATION OF STATION National National National National	
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	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN TCM ANIMAL PLANET FOX NEWS CNBC MSNBC TBS TNT CARTOON BOOMERANG	E [*] (for noncommercial educational), or " ms, see page (iv) of the general instruction of each station. For U.S. stations, list the ian stations, if any, give the name of the stations, if any, give the name of the station of the s	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION N N N N N N N N N N N N N N N	ional multicast). is licensed by the is identified. A. LOCATION OF STATION National	
	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN TCM ANIMAL PLANET FOX NEWS CNBC MSNBC TBS TNT CARTOON BOOMERANG C-SPAN	E [*] (for noncommercial educational), or " ms, see page (iv) of the general instruction of each station. For U.S. stations, list the ian stations, if any, give the name of the stations, if any, give the name of the station stations, if any, give the name of the stations and stations are stations at the station station station station station stations are stations at the station static stati	E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION N N N N N N N N N N N N N N N N N N	ional multicast). is licensed by the is identified. 4. LOCATION OF STATION National	
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EGAL NAME OF Argent Com	OWNER OF C		YSTEM:					SYSTEM
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl				ied on an	н
eceivable if (1) in the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing	y the sys be recei t the Cop sign of e he statio ion's sign g a check	I-Band FM Carriage: Under O tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. n is AM or FM. hal was electronically processor mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see par his point, see par his point, see par his point, see part his point his point his point his point his point his point his point his point his point his	eadend, and (2) enna, during ce ge (v) of the ge system as a se) it can b ertain sta eneral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
			the community with which the					
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							FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Argent Communication	ns LLC						0
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
	In General: In space I, identi	fy every non	network televis	<i>ion program</i> , broadcast by	a <i>distant</i> statio	on, that your	cable syster	n carried on a
	substitute basis during the ad	counting pe	riod, under spe	cific present and former FC	C rules, regula	ations, or aut	thorizations.	For a further
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMENT	-						
Statement and	 During the accounting per 	-	r cable system	carry, on a substitute bas	sis, any nonne	etwork televi	ision progra	
Program Log	broadcast by a distant stati	on?					YES	NO
	Note: If your answer is "No	" leave the	rest of this pag	je blank. If your answer is	"Yes," you m	ust complet	e the progra	am
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever po	ssible, if the	eir meaning i	is
	clear. If you need more spa Column 1: Give the title			ision program ("substitute	program") th	at. during th	e accountin	a
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	gramming o	f another sta	ation
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		vies or baske	etball." List specific program	m titles, for ex	kample, "I Lo	ove Lucy of	r
	_		dcast live, ente	r "Yes." Otherwise enter "l	No."			
				sting the substitute progra				
	the case of Mexican or Can			ne community to which the			e FCC or, in	
				tem carried the substitute			with the mo	onth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your				ely
	stated as "6:00–6:30 p.m."		a program cam		15 p.m. to o	20.30 p.m. s		
	Column 7: Enter the lette			was substituted for progr				
	to delete under FCC rules a was substituted for program							gram
	effect on October 19, 1976.		our system wa			anu regulati		
								T
					11	EN SUBSTI		7. REASON FOR
		2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	IAGE OCCU	IMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		— то	
						-	_	
						-	_	
							_	
						-		
							_	
							_	
							<u> </u>	
							_	
						-	_	
						-	_	
							_	
					1.1			

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	Argent Communications LLC		0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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.	ssion service mount, see	3,018.90 ss receipts)
L 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 \$26 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. 	53,800.	
	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 accounting period is \$52.00.	s six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$	0.53
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.53
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more 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 \$263,800 (but less than \$527,	600)	
		000)	
	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)	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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.53	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.53
	EFT Trace # or TRANSACTION ID # 76346123471		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2021/2									FORM SA	1-2E. PAGE 7
Name	LEGAL NAME OF OWNE Argent Communica		:							S	YSTEM ID# C
M Channels	to its subscribers, ar 1. Enter the total nur system carried tel 2. Enter the total nur on which the cable	nust give (1) the numb nd (2) the cable systen nber of channels on w evision broadcast stat nber of activated char e system carried televi i services	n's total nu rhich the ca ions nnels ision broad	cable 	er of activated chanr	nels during the a	accounting period.	Γ		41	
N Individual to Be Contacted		CONTACTED IF FUR		NFOF	RMATION IS NEEDE	D (Identify an i	individual				
for Further Information	Name Ja	son Kovarik					Γ	elephone (877) 295-12	54	
	(Nur We	Benning St, Sui mber, street, rural route, ap est Lebanon, NH r, town, state, zip)	partment, or s	r suite							
	Email	jason@arger	ntcommur	unica	tions.com		Fax (optional				
O	X (Agent of o in lin (Officer or in lin • I have examined the s	reby certify that (Check er than corporation or wner other than corpore e 1 of space B and that partner) I am an office e 1 of space B. statement of account an id correct to the best of 001(1986)] Typed or print Title:	one, but or r partnersh pration or p the owner r (if a corpor d hereby d my knowle X Enter a Enter s ed name: Gene	only of ship) r part r is no ooratii decla ledge an el- signa	ne, of the boxes.) I am the owner of the nership) I am the dut ot a corporation or par on) or a partner (if a p re under penalty of law	cable system as y authorized age tnership; or artnership) of th v that all statem ef, and are made varik he line above to ature" (e.g., /s/ ik	s identified in line 1 o ent of the owner of th e legal entity identifie ents of fact contained e in good faith.	f space B; or e cable syste ed as owner c	m as identified	em	
		Date:					1/9/2023				

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 filing, a determination that would be made by a court of law.

	021/2	FORM SA1-2E. PAGE 8
AL NAME OF OWN	ER OF CABLE SYSTEM:	SYSTEM ID#
ent Communi	cations LLC	0
The Satellite Ho lowing sentence "In detern service o	ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS me Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- : mining the total number of subscribers and the gross amounts paid to the cable system for the basic f providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
For more inform located in the pa	ation on when to exclude these amounts, see the note on page (vii) of the general instructions per SA1-2 form.	
	unting period, did the cable system exclude any amounts of gross receipts for secondary transmissions e carriers to satellite dish owners?	
	the total here and list the satellite carrier(s) below	
Name	Name	
Mailing Address	Mailing Address	
INTEREST A	SSESSMENT	
	ete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. on of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the	e amount of late payment or underpayment \$ 52.00	Interest Assessment
Line 1 Enter the	e amount of late payment or underpayment	Interest Assessment
		Interest Assessment
	x 1%	Interest Assessment
Line 2 Multiply	x 1%	Interest Assessment
Line 2 Multiply	x 1% line 1 by the interest rate* and enter the sum here 0.52 x 370 days	Interest Assessment
Line 2 Multiply Line 3 Multiply Line 4 Multiply	x 1% line 1 by the interest rate* and enter the sum here 0.52 x 370 days line 2 by the number of days late and enter the sum here 192.40 x 0.00274** line 3 by 0.00274** and enter here 0.00274	Interest Assessment
Line 2 Multiply Line 3 Multiply Line 4 Multiply	x 1% line 1 by the interest rate* and enter the sum here 0.52 x 370 days line 2 by the number of days late and enter the sum here 192.40 x 0.00274	Interest Assessment
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the	line 1 by the interest rate* and enter the sum here $x = \frac{1\%}{0.52}$ $x = \frac{370}{4ays}$ line 2 by the number of days late and enter the sum here	Interest Assessment
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the	x 1% 100 1% 101 1% 102 0.52 x 370 102 192.40 102 192.40 102 192.40 102 192.40 102 192.40 102 100274 102 100274 103 100274 104 100274 105 100274 105 100274 105 100274 106 100274 107 100274 108 1000274 109 1000274 1000274 1000274 1000274 1000274 1000274 1000274 1000274 1000274 1000274 1000274 1000274 1000274 1000274 1000274 1000274 1000274 1000274 1000274 1000274 1000274 1000274 1000274 1000274 1000274	Interest Assessment
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are	Ine 1 by the interest rate* and enter the sum here 0.52 x 370 Ine 2 by the number of days late and enter the sum here 192.40 x 0.00274** Ine 3 by 0.00274** and enter here 192.40 L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$ 0.53 (interest charge) e interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please e Licensing Division at (202) 707-8150 or licensing@copyright.gov.	Interest Assessment
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are	x 1% x 1% x 1% x 370 x 370 days line 2 by the number of days late and enter the sum here 192.40 x 0.00274** line 3 by 0.00274** and enter here 192.40 L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$ 0.53 (interest charge) e interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please a Licensing Division at (202) 707-8150 or licensing@copyright.gov. For further assistance please a clearing equivalent of 1/365, which is the interest assessment for one day late. e filing this worksheet covering a statement of account already submitted to the Copyright Office, please	Interest Assessment
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the ow	x 1% x 1% x 1% x 370 x 370 days line 2 by the number of days late and enter the sum here 192.40 x 0.00274 line 3 by 0.00274** and enter here 192.40 L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$ 0.53 (interest charge) 0.53 e interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please e Licensing Division at (202) 707-8150 or licensing@copyright.gov. e decimal equivalent of 1/365, which is the interest assessment for one day late. e filing this worksheet covering a statement of account already submitted to the Copyright Office, please mer, address, first community served, ID number, and accounting period as given in the original filing.	Interest Assessment
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the ow Owner Address	x 1% ine 1 by the interest rate* and enter the sum here 0.52 x 370 days time 2 by the number of days late and enter the sum here 192.40 x 0.00274** 192.40 x 0.00274** 192.40 x 0.00274 x 0.00274 time 3 by 0.00274** and enter here 2 L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$ 0.53 (interest charge) e interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please e Licensing Division at (202) 707-8150 or licensing@copyright.gov. decimal equivalent of 1/365, which is the interest assessment for one day late. e filing this worksheet covering a statement of account already submitted to the Copyright Office, please enter, address, first community served, ID number, and accounting period as given in the original filing. ArgentCommunications LLC 10 Benning St Suite 160 Box 235 West Lebanon, NH 03784 10	Interest Assessment
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the ow Owner Address	x 1% x 1% 1ine 1 by the interest rate* and enter the sum here 0.52 x 370 days 192.40 x 0.00274 line 3 by 0.00274** and enter here 192.40 L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$ 0.53 (interest charge) (interest charge) e interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please e Licensing Division at (202) 707-8150 or licensing@copyright.gov. decimal equivalent of 1/365, which is the interest assessment for one day late. e filing this worksheet covering a statement of account already submitted to the Copyright Office, please errer, address, first community served, ID number, and accounting period as given in the original filing. ArgentCommunications LLC 10 Benning St Suite 160 Box 235 West Lebanon, NH 03784	Interest Assessment
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the ow Owner Address	x 1% x 1% 1ine 1 by the interest rate* and enter the sum here	Interest Assessment

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