This form is effective beginning with the January 1 to June 30, 2017, accounting period (201	7/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

SA1-2E Short Form

				Return completed workbook by
-	ENT OF ACCOUNT	FOR COPYRIG	GHT OFFICE USE ONLY	email to
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
-	ems (Short Form)	7-28-22	\$	For additional information, contact the U.S. Copyright Office Licensing Division at
n the first tab of this workbook.			ALLOCATION NUMBER	(202) 707-8150.
Α	ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (YY)	YY/(Period))	
	2022/1	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 owne subsidiary, not that of the parent co		ary of another corporation, give the full corpora	te title of the
Owner	List any other name or names under	which the owner conducts the business of the	e cable system.	
		g the accounting period, only the owner on the payment covering the entire accounting perio	e last day of the accounting period should subm od.	it a single
	Check here if this is the system's firs	t filing. If not, enter the system's ID number as	ssigned by the Licensing Division.	22638
	LEGAL NAME OF OWNER/MA	ILING ADDRESS OF CABLE SYSTEM		
	LEGAL NAME OF OWNER/MA			

		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 369
		(Number, street, rural route, apartment, or suite number)
		MILTONVALE, KS 67466-0368
		(City, town, state, zip)
	INCTO	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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		IDENTIFICATION OF CABLE SYSTEM:
	1	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	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 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.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	TWIN VALLEY COMMUNICATIONS, INC.	226
	Instructions: List each separate community served by the cable system. A "communit	
D	separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	nunities within unincorporated areas and including single, disc we as a form of system identification hereafter known as the "fi
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentneses below the identi-
Served	city.	
		STATE
First	MILTONVALE	KS
Community	BENNINGTON	KS
	GREENLEAF	KS
dd Rows as Necessary	TESCOTT	KS
	BARNARD	KS
	BEVERLY	KS
	MILFORD	KS
	RILEY	KS
	OLSBURG	KS
	CLYDE	KS
	GREEN	KS
	DELPHOS	KS
	LONGFORD	KS
	WAKEFIELD	KS
	LEONARDVILLE	KS
	CLIFTON	KS
	MORGANVILLE	KS
	AURORA	KS
	GLASCO	KS
	CLAY CENTER	KS
	KEATS	KS
	SOLOMON	KS
	MINNEAPOLIS	KS
	ABILENE	KS
	CHAPMAN	
		KS
	JUNCTION CITY	KS

								-2E. PAGE		
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					SYS	TEM ID		
	TWIN VALLEY COMMUN	NICATIONS,	INC.					2263		
_	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES									
E	In General: The information in s	pace E should	cover all categories o	of secondary						
. .	system, that is, the retransmission									
Secondary Transmission	about other services (including plast day of the accounting period	, , ,	,	,		nose exist	ing on the			
Service: Sub-	Number of Subscribers: Both					ole system	, broken			
scribers and	down by categories of secondary	•								
Rates	each category by counting the n	0	0,0				charged			
	separately for the particular serv						to and the			
	Rate: Give the standard rate of unit in which it is generally billed	-				-				
	category, but do not include disc	· ·	,			5 Within a p				
	Block 1: In the left-hand block				ondary transmis	sion servio	e that cable			
	systems most commonly provide									
	that applies to your system. Not		-		-					
	categories, that person or entity subscriber who pays extra for ca									
	1 3									
	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, t									
	with the number of subscribers a	and rates, in the	right-hand block. A t	wo- or three	e-word descripti	on of the s	ervice is			
	sufficient.	DCK 1				BLOCK	· 2			
		NO. OF				DECON	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBE	RS RATE	CATE	GORY OF SEF	RVICE	SUBSCRIBERS	RATE		
	Residential:									
	Service to first set	1	,300 47.99							
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC			e						
_					l your cable sys	tem's serv	ices that were			
F	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	•		•		• • • •				
Services Other Than	furnished at cost or (2) services amount of the charge and the ur									
Secondary	-		usually blied. If ally I	ales ale ch	arged on a van	able pei-pi	ograffi basis,			
Fransmissions:	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.									
Rates		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.									
	brief (two- or three-word) descrip	otion and include	e the rate for each.			1				
		BLOC					BLOCK 2	1		
	CATEGORY OF SERVICE	-	CATEGORY OF SEF		RATE	CATEGO	DRY OF SERVICE	RATE		
	Continuing Services:		Installation: Non-res	sidential						
	• Pay cable	109.99	• Motel, hotel							
	Pay cable—add'l channel Eiro protoction	124.99	Commercial							
	Fire protection		Pay cable Pay cable add'l a	honnol						
	•Burglar protection		Pay cable-add'l c	nannei				+		
	Installation: Residential		Fire protection					+		
			 Burglar protectior 	1						
	First set		Other							
	 Additional set(s) 		Other services:		05.00					
	• Additional set(s) • FM radio (if separate rate)		Reconnect		25.00					
	 Additional set(s) 		ReconnectDisconnect		25.00					
	• Additional set(s) • FM radio (if separate rate)		Reconnect		25.00					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
Name	TWIN VALLEY COMM			226			
	PRIMARY TRANSMITTERS: TELEVISION						
G Primary nsmitters: elevision	In General: In space G, ider carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do not list the station here station was carried only on a • List the station here, and al basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WR Column 3: Indicate in each educational station, by enter (for independent multicast),	tify every television station (including tr o during the accounting period, <i>except</i> (o effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.61 explained in the next paragraph. With respect to any distant stations can es, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. so in space I, if the station was carried n concerning substitute basis stations, s is call sign. <i>Do not</i> report origination pri- with a station according to its over-the- he form. I number the FCC assigned to the telev IC is channel 4 in Washington, D.C. case whether the station is a network st ing the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or	1) stations carried only on a part-tiu e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also ee page (v) of the general instructi ogram services such as HBO, ESF air designation. For example, repo- ision station for broadcasting over tation, an independent station, or a pr network multicast), "I" (for indepen- "E-M" (for noncommercial educati	me basis under ams [sections tions carried on a ostitute program og)—if the on some other ons. 'N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M"			
	For the meaning of these ter	ms, see page (iv) of the general instruct of each station. For U.S. stations, list t	tions in the paper SA1-2 form.				
		ian stations, if any, give the name of the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	KSNW	3	N	WICHITA, KS			
	KOOD	9	E	BUNKER HILL, KS			
lecessary	KAKE	10	N	WICHITA, KS			
	ĸtwu	11	E	TOPEKA, KS			
	кисн	12	N	WICHITA, KS			
	KSAS FOX	26	N	WICHITA, KS			
	КМТЖ МҮТҮ	17	N-M	WICHITA, KS			
	KSCW	33	N-M	WICHITA, KS			
	KWCH WEATHER	24	N	WICHITA, KS			
	WIBW	13	N-M	TOPEKA, KS			
	KSNT	27	N	TOPEKA, KS			
	WIBW METV	22	N-M	TOPEKA, KS			
	ктмј	43	N	TOPEKA, KS			
	КТКА	49	Ν	TOPEKA, KS			
	KTKA CW	20	N-M	TOPEKA, KS			
	KSAS2 DABL	44	N-M	WICHITA, KS			
	KMTW3 CHARGE	19	N-M	WICHITA, KS			
	KSCW DECADES	7	N-M	WICHITA, KS			
	KAKE METV	2	N-M	WICHITA, KS			
	KMTW2 STADIUM	18	N-M	WICHITA, KS			
	KSAS2 ANTENNA TV	8	N-M	WICHITA, KS			
	KSAS3 COMET	14	N-M	WICHITA, KS			
	KTMJ COURT TV	45	N-M	WICHITA & TOPEKA, KS			
	WIBW HEROS & ICON	47	N-M	TOPEKA, KS			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		S	SYSTEM			
Name	TWIN VALLEY COMMUNICATIONS, INC.							
	PRIMARY TRANSMITTERS:	•						
G		ntify every television station (including translation translation) during the accounting period, <i>except</i> (1						
P-in-am/	FCC rules and regulations in	effect on June 24, 1981, permitting the	carriage of certain network progr	ams [sections				
Primary ransmitters:	substitute program basis, as	(2) and (4), or 76.63 (referring to 76.61(explained in the next paragraph.	· · · · · · · · · · · · · · · · · · ·					
Television		With respect to any distant stations carr es, regulations, or authorizations:	ried by your cable system on a su	ibstitute program				
	• 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	a substitute basis. so in space I, if the station was carried b	both on a substitute basis and als	a an aoma other				
	,	n concerning substitute basis stations, se						
		s call sign. <i>Do not</i> report origination pro	•					
	"WETA-2" as the same on th	with a station according to its over-the-a ne form.	air designation. For example, rep	ort multistream				
	Column 2: Give the channel	number the FCC assigned to the televis	sion 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							
	Column 3: Indicate in each of	0 /	ation. an independent station, or	a noncommercial				
	educational station, by enteri	case whether the station is a network sta ing the letter "N" (for network), "N-M" (fo	or network multicast), "I" (for indep	pendent), "I-M"				
	educational station, by enteri (for independent multicast), "	case whether the station is a network staing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or	or network multicast), "I" (for inder "E-M" (for noncommercial educa	pendent), "I-M"				
	educational station, by enteri (for independent multicast), " For the meaning of these term	case whether the station is a network sta ing the letter "N" (for network), "N-M" (fo	or network multicast), "I" (for indep "E-M" (for noncommercial educa tions in the paper SA1-2 form.	pendent), "I-M" tional multicast).				
	educational station, by enteri (for independent multicast), " For the meaning of these tern Column 4: Give the location	case whether the station is a network sta ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruct	or network multicast), "I" (for indep "E-M" (for noncommercial educa tions in the paper SA1-2 form. ne community to which the statior	pendent), "I-M" tional multicast). n is licensed by the				
	educational station, by enteri (for independent multicast), " For the meaning of these tern Column 4: Give the location	case whether the station is a network sta ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list th	or network multicast), "I" (for indep "E-M" (for noncommercial educa tions in the paper SA1-2 form. ne community to which the statior	pendent), "I-M" tional multicast). n is licensed by the				
	educational station, by enteri (for independent multicast), " For the meaning of these tern Column 4: Give the location	case whether the station is a network sta ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list th	or network multicast), "I" (for indep "E-M" (for noncommercial educa tions in the paper SA1-2 form. ne community to which the statior	pendent), "I-M" tional multicast). n is licensed by the	TON			
	educational station, by enteri (for independent multicast), " For the meaning of these teri Column 4: Give the location FCC. For Mexican or Canadi	case whether the station is a network sta ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list th ian stations, if any, give the name of the	or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. ne community to which the station community with which the station	pendent), "I-M" tional multicast). n is licensed by the n is identified.	ïon			
	educational station, by enteri (for independent multicast), " For the meaning of these teri Column 4: Give the location FCC. For Mexican or Canadi	case whether the station is a network stating the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or 'ms, see page (iv) of the general instruct of each station. For U.S. stations, list the inan stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the station community with which the station 3. TYPE OF STATION	bendent), "I-M" tional multicast). n is licensed by the n is identified. 4. LOCATION OF STAT	TION			
	educational station, by enteri (for independent multicast), " For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN KTMJ GRIT	case whether the station is a network sta ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list th ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 46	or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the station community with which the station 3. TYPE OF STATION N-M	bendent), "I-M" tional multicast). n is licensed by the n is identified. 4. LOCATION OF STAT WICHITA & TOPEKA, KS	ION			
	educational station, by enteri (for independent multicast), " For the meaning of these teri Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN KTMJ GRIT KWCH3 HEROES & IC	case whether the station is a network sta ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list th ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 46 5	or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the station community with which the station 3. TYPE OF STATION N-M N-M	bendent), "I-M" tional multicast). n is licensed by the n is identified. 4. LOCATION OF STAT WICHITA & TOPEKA, KS WICHITA, KS	ION			
	educational station, by enteri (for independent multicast), " For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN KTMJ GRIT KWCH3 HEROES & IC KWCH CIRCLE	case whether the station is a network stating the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list the ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 46 5 4	or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the station community with which the station 3. TYPE OF STATION N-M N-M N-M	bendent), "I-M" tional multicast). h is licensed by the h is identified. 4. LOCATION OF STAT WICHITA & TOPEKA, KS WICHITA, KS WICHITA, KS	TON			
	educational station, by enteri (for independent multicast), " For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN KTMJ GRIT KWCH3 HEROES & IC KWCH CIRCLE KWCH START	case whether the station is a network stating the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list the ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 46 5 4 6	or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the station community with which the station 3. TYPE OF STATION N-M N-M N-M N-M	eendent), "I-M" tional multicast). n is licensed by the n is identified. 4. LOCATION OF STAT WICHITA & TOPEKA, KS WICHITA, KS WICHITA, KS WICHITA, KS	ION			
	educational station, by enteri (for independent multicast), " For the meaning of these teri Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN KTMJ GRIT KWCH3 HEROES & IC KWCH CIRCLE KWCH START TELEMUNDO	case whether the station is a network stating the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or "ms, see page (iv) of the general instruct of each station. For U.S. stations, list the ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 46 5 4 6 39	or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the station community with which the station 3. TYPE OF STATION N-M N-M N-M N-M N-M	eendent), "I-M" tional multicast). n is licensed by the n is identified. 4. LOCATION OF STAT WICHITA & TOPEKA, KS WICHITA, KS WICHITA, KS WICHITA, KS	TON			

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. 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,	EGAL NAME OF								SYSTEM 22
 Harden and the end of the end t				-					
 cecivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, and 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. aper 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 ignal, 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 identified). 	n General: List	t every radio s	tation ca					ied on an	Н
	eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate t Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stati this by placing sive the statior	y the sys be receivent t the Cop sign of e he statio ion's sign a check n's locatio	tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. In is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the	the system's hea ystem's FM anter is point, see page ed by the cable se e station is licens	dend, and (2) nna, during ce e (v) of the ge ystem as a sep ed by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
			1			-	S/D	LOCATION OF STATION	
Image: Section of the section of th	C. ILL DIGIT	7.00 01 10	0,0		ON LE OTON		0,0		
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Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID
	TWIN VALLEY COMMU	INICATIO	NS, INC.					22638
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non counting pe	network televisi riod, under spec	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				0			
Special Statement and	 During the accounting peri 	od, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televi	ision prograr	
Program Log	broadcast by a distant stat	ion?				ļ	YES	× NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	ust complet	e the progra	m
	log in block 2. 2. LOG OF SUBSTITUTE							
	period, was broadcast by a under certain FCC rules, re- Do not use general categori "NBA Basketball: 76ers vs. Column 2 : If the program Column 3 : Give the call s Column 4 : Give the broa the case of Mexican or Can Column 5 : Give the mon first. Example: for May 7 giv Column 6 : State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please a of every nor distant stati gulations, or es like "moo Bulls." n was broad sign of the s dcast statio adian statio th and day n e "5/7." s when the Example: a er "R" if the nd regulatic	add additional r network televi on and that you r authorizations vies" or "baske lcast live, enter tation broadca n's location (th ns, if any, the c when your syst substitute prog program carrie	ows to the tables. sion program ("substitute pur cable system substitutes s. See page (v) of the gene tball." List specific program "Yes." Otherwise enter "N sting the substitute progra e community to which the community with which the s community with which the s gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period	brogram") that d for the prog and instruction in titles, for ex- lo." m. station is licer station is licer brogram. User cable system 15 p.m. to 6:2 mming that y	at, during th ramming o ns for furthe ample, "I Le nsed by the tified). a numerals, List the tin 28:30 p.m. s rour system ter "P" if the	e accounting f another sta er informatio ove Lucy" or e FCC or, in with the mor nes accurate should be n was <i>require</i> e listed progr	g n. nth ely
	s	UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7		7. REASON FO	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. ⁻ FROM	TIMES — TO	DELETION
							_	
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Accounting Period:	2022/1 FORM SA1-2E. PAG	E 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM	
	TWIN VALLEY COMMUNICATIONS, INC. 226	38
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross 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 \$263,800. • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information. 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 • • • • • • • • • • • • • • • • • • •	
	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	
	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 \$ 374,322.00	
	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 \$ 2,424.22	-
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 2,424.22	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 2,444.22]
	EFT Trace # or TRANSACTION ID # 68424000	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2022/1			FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: COMMUNICATIONS, INC.		SYSTEM ID# 22638
M Channels	to its subscribe	ers, and (2) the cable system's tota		32
	2. Enter the to on which the	tal number of activated channels e cable system carried television bi	roadcast stations	211
N Individual to Be Contacted		O BE CONTACTED IF FURTHER t about this statement of account.)	INFORMATION IS NEEDED (Identify an individual	
for Further Information	Name	Darcie Nguyen	Telephone	785-427-9523
	Address	22 Spruce St (Number, street, rural route, apartment Miltonvale, KS 67466 (City, town, state, zip)	, or suite number)	
	Email		Fax (optional	
O Certification	I, the undersign (Own	ed, hereby certify that (Check one, <i>l</i> er other than corporation or partn nt of owner other than corporatior	be certified and signed in accordance with Copyright Office regulations) but only one, of the boxes.) hership) I am the owner of the cable system as identified in line 1 of space I or partnership) I am the duly authorized agent of the owner of the cable s over is not a corporation or partnership; or	
	 I have examine are true, compl 	in line 1 of space B. d the statement of account and here	corporation) or a partner (if a partnership) of the legal entity identified as ow by declare under penalty of law that all statements of fact contained herein owledge, information, and belief, and are made in good faith.	ner of the cable system
		Ent	X /s/ Scott Leitzel er an electronic signature on the line above to certify this statement. er signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed na	me: Scott Leitzel	
			Off Operations official position held in corporation or partnership)	
		Date:	7/27/2022	

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

unting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
N VALLEY COMMUNICATIONS, INC.	22638
 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
** 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	

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.

C	Cable Worksheet		Total amount of remittance	Number of SAs rec'd		I	Initials	
			Date of remittance	− □Check □EFT		FILING FEES		
Cable ID #						Amount	Initials	
Examined by		Reviewed by	Date examination completed	Allocatio	on number			
Space A Accounting	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)							
Period	Letter	sent	E	Information received				
	Accep	ted	E	Phone call/Date/Contact				
Space B Owner								
	Letter	sent	E	□ Information received				
	Accep	ted	Ľ	Phone call/Date/Contact				
Space D Area Served								
	Letter	sent	E	□Information received				
			Phone call/Date/Contact					
Space E Secondary Transission								
Service Subscribers:	Letter	sent	E	Information received				
and Rates	Accep	ted	E	Phone call/Date/Contact				
Space G Primary Transmitters:								
Television	Letter	sent	□Information received					
		ted	[Phone call/Date/Contact				
Space H Primary Transmitters:								
Radio	Accep	ted	[Phone call/Date/Contact				

		Carriage
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	□Information received	(SA3 only)
	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	□ Information received	
	Phoe call/Date/Contact	
		Space M Channels
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	☐Information received	
	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□Info/add'l fee received	
Accepted	Phone call/Date/Contact	