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							
8/25/22	\$							
	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	OUNTING 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								
		MASSILLON CABLE TV, INC.								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		814 CABLE CT NW, PO BOX 1000 Number, street, rural route, apartment, or suite number)								
		MASSILLON, OH 44647 (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:								
		POWHATAN POINT								
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	(Number, street, rural route, apartment, or suite number)								
		(City, town, state, zip code)								

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	MASSILLON CABLE TV, INC.	258
D	Instructions: List each separate community served by the cable system. A "community" is the "a separate and distinct community or municipal entity (including unincorporated communitie discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser	es within unincorporated areas and including single,
Area Served	as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home park identified city.	cs should be reported in parentheses below the
	CITY OR TOWN	STATE
First	BRIDGEPORT COLERAIN TWP	ОН
Community	JACOBSBURG YORK TWP	ОН
	POWHATAN POINT VILLAGE	OH
d Rows as Necessary	POWHATAN POINT YORK TWP	OH
	ST. CLAIRSVILLE WHEELING TWP	OH
	ST. CLAIRSVILLE COLERAIN TWP	OH
	BARTON	OH
	CRESCENT	OH
	MAYNARD BELLAIRE VILLAGE	OH OH
	BELLAIRE VILLAGE BELLAIRE RICHLAND TWP	OH OH
	BELLAIRE PULTNEY TWP	OH
	BELLAIRE PEASE TWP	OH
	BELMONT SMITH TWP	OH
	BRIDGEPORT RICHLAND TWP	ОН
	BRIDGEPORT PULTNEY TWP	ОН
	BRIDGEPORT PEASE TWP	ОН
	GLENCOE SMITH TWP	ОН
	GLENCOE RICHLAND TWP	OH
	JACOBSBURG RICHLAND TWP	OH
	JACOBSBURG SMITH TWP	OH
	NEFFS RICHLAND TWP	OH
	NEFFS PULTNEY TWP	OH
	ST.CLAIRSVILLE RICHLAND TWP	OH
	STEWARTSVILLE RICHLAND TWP AMSTERDAM JEFFERSON COUNTY	OH OH
	BERGHOLZ JEFFERSON COUNTY	OH OH
	SPRINGFIELD JEFFERSON COUNTY	OH
	LOUDON CARROLL COUNTY	OH
	VILLAGE OF SALINEVILLE COLUMBIANA COUNTY	OH
	WASHINGTON TWP COLUMBIANA COUNTY	OH
	FOX TWP CARROLL COUNTY	ОН
	BRUSH CREEK TWP JEFFERSON COUNTY	ОН
	WARWOOD	WV
	BEECH BOTTOM	WV
	WINDSOR HEIGHTS	WV
	VILLAGE OF WOODSFIELD MONROE COUNTY	ОН
	VILLAGE OF LEWISVILLE MONROE COUNTY	OH
	CENTER TWP MONROE COUNTY	OH
	SUMMIT TWP MONROE COUNTY	OH
	LEE TWP MONROE COUNTY	OH
	OHIO TWP MONROE COUNTY	OH

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 2588

MASSILLON CABLE TV, INC.

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,470	35.95-52.95			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
				1	ĭ

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 2							
CATEGORY OF SERVICE	EGORY OF SERVICE RATE CATEGORY OF SERVICE RATE							
Continuing Services:		Installation: Non-residential						
• Pay cable	15.50	Motel, hotel		НВО	22.15			
 Pay cable—add'l channel 	73-90	Commercial		STARZ/ENCORE	15.50			
Fire protection		• Pay cable		SHOWTIME	9-20.15			
•Burglar protection		 Pay cable-add'l channel 		ENCORE	4.75			
Installation: Residential		 Fire protection 		HD ESSENTIALS	7.95			
• First set		 Burglar protection 		CINEMAX	15.15			
 Additional set(s) 		Other services:		STARZ	15.50			
 FM radio (if separate rate) 		 Reconnect 						
Converter		Disconnect						
		 Outlet relocation 						
		 Move to new address 						

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 2588

MASSILLON CABLE TV, INC.

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
 Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each

multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KDKA CBS	2.1	N	PITTSBURGH
KDKA START TV	2.2	N-M	PITTSBURGH
WOUB PBS	20.1 - 44.1	E	ATHENS-CAMBRIDGE
WOUB OHIO CH	20.5-44.5	E-M	ATHENS-CAMBRIDGE
WOUB PBS KIDS	20.6-44.6	E-M	ATHENS-CAMBRIDGE
WQED PBS	13.1	E	PITTSBURGH
WQED CREATE	13.2	E-M	PITTSBURGH
WTOV NBC	9.1	N	STEUBENVILLE
WTOV FOX	9.2	N-M	STEUBENVILLE
WTOV MeTV	9.3	N-M	STEUBENVILLE
WTRF CBS	7.1	N	STEUBENVILLE-OH-WHEELING WV
WTRF MyNetwork TV	7.2	N-M	STEUBENVILLE OH-WHEELING WV
WTRF ABC	7.3	N-M	STEUBENVILLE-OH-WHEELING WV
WTRF Court TV Myste	7.4	N-M	STEUBENVILLE-OH-WHEELING WV
KDKA Dabl	2.3	N-M	PITTSBURGH
WOUB Classic	20.2-44.2	E-M	ATHENS-CAMBRIDGE
WOUB PBS World	20.3-44.3	E-M	ATHENS-CAMBRIDGE
WOUB Create	20.4-44.4	E-M	ATHENS-CAMBRIDGE
WQED SHOWCASE	13.4	E-M	PITTSBURGH
WQED WORLD	13.3	E-M	PITTSBURGH
WPGH FOX	53.1	N	PITTSBURGH
WPNT MyNetwork TV	22.1	N	PITTSBURGH
WPGH Antenna TV	53.2	N-M	PITTSBURGH
WPGH CHARGE	53.3	N-M	PITTSBURGH

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 2588

MASSILLON CABLE TV, INC.

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WNEO PBS	45.1	E	ALLIANCE
WNEO Fusion	45.2	E-M	ALLIANCE
FNX	45.3	E-M	ALLIANCE
WQED PBS Kids	13.5	E-M	PITTSBURGH
WBCB CW	21.2	N-M	YOUNGSTOWN
WYFX MY NETWORK	62.2	N-M	YOUNGSTOWN
WFMJ NBC	21.1	N	YOUNGSTOWN
WKBN CBS	27.1	<u>N</u>	YOUNGSTOWN
WYTV ABC	33.1	<u>N</u>	YOUNGSTOWN
WYFX FOX	62.1	N	YOUNGSTOWN
WVPB PBS	24.1	E	WHEELING
WVPB West Virginia	24.2	E-M	WHEELING
WVPB PBS Kids	24.3	E-M	WHEELING
WYFX Bounce	62.4	N-M	YOUNGSTOWN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MASSILLON CABLE TV, INC.

2588

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					
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		l					
		l					
		ļ					
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Accounting Perio							FO	RM SA1-2E. PAGE 5.			
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#			
	MASSILLON CABLE TV, INC. 2588										
•	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G						
ı	In General: In space I, iden										
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1										
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Program Log	broadcast by a distant sta	ition?					YES	X NO			
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	"Yes," you r	nust com	plete the pro	ogram			
	log in block 2.										
	2. LOG OF SUBSTITUT In General: List each subs			rato lino. I leo abbroviations	whorever n	occiblo if	thoir mooni	na is			
	clear. If you need more spa				wilelevel po	JSSIDIE, II	illeli illealii	ing is			
				vision program ("substitute							
	period, was broadcast by a under certain FCC rules, re			ns. See page (v) of the ger							
	Do not use general catego	ries like "mo		cetball." List specific progra							
	"NBA Basketball: 76ers vs Column 2: If the progra		dcast live, ent	er "Yes." Otherwise enter "	No."						
				casting the substitute progr							
	the case of Mexican or Ca			the community to which the community with which the			the FCC o	r, in			
	Column 5: Give the mo	nth and day		stem carried the substitute			als, with the	month			
	first. Example: for May 7 gi		e substitute ni	ogram was carried by your	cable syster	m List the	e times acci	ırately			
	to the nearest five minutes										
	stated as "6:00–6:30 p.m."	ter "D" if the	lieted progra	m was substituted for progr	amming that	Vour eve	tem was red	uired			
	to delete under FCC rules										
	was substituted for program	•	your system w	as permitted to delete und	er FCC rules	and regu	ulations in				
	effect on October 19, 1976	· .		Ţ	1			1			
						N SUBS		7 DEACON FOR			
			E PROGRAM 3. STATION'S		5. MONTH		CURRED TIMES	7. REASON FOR DELETION			
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то				
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Accounting Period:	2022/1 FORM SA1-2E. PAGE 6									
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MASSILLON CABLE TV, INC. 2588									
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 c 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, se 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. \$463,709.46									
	IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of 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									
	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									
	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)									
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)									
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									
	EFT Trace # or TRANSACTION ID # 271DMFAI									
	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:				SYSTEM ID# 2588
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the carrier	s, and (2) the cable system's to I number of channels on which	otal numb the cable	er of activated channels during t		9-17 & 0 - IPTV ONLY 65-86 & 0 - IPTV ONLY
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accoun		RMATION IS NEEDED (Identify	an individual to whom	
for Further Information	Name	KATHERINE GESSN			Telephone	330-833-5509
	Address	814 CABLE CT NW (Number, street, rural route, apartr MASSILLON, OH 446	nent, or suit			
	Email	(City, town, state, zip)			Fax (optional)	
	CERTIFICATION	(This statement of account mu	ust be cer	ified and signed in accordance	with Copyright Office regulations)	
O Certification	• I, the undersign	ed, hereby certify that (Check o	ne, <i>but on</i>	y one, of the boxes.)		
	(Owne	er other than corporation or p	artnershi	p) I am the owner of the cable sys	stem as identified in line 1 of space	B; or
				artnership) I am the duly authoriz t a corporation or partnership; or	ed agent of the owner of the cable	system as identified
		cer or partner) I am an officer (i line 1 of space B.	f a corpor	ation) or a partner (if a partnershi	p) of the legal entity identified as ov	vner of the cable system
		te, and correct to the best of my		clare under penalty of law that all e, information, and belief, and are	statements of fact contained herei e made in good faith.	n
			X	/S/ KATHERINE GESSI	NER	
				electronic signature on the line abo nature using an "/s/ signature" (e.g		
		Typed or printed	I name:	KATHERINE GESSNEI	₹	
		Title:	PRES	DENT n held in corporation or partnership)		
		Date:		numanananananananananananananananananana	August 25, 2022	

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

Accounting Period: 2022/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 2588 MASSILLON CABLE TV, INC. 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 fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name 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. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 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 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** 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. Owner Address ID number First community served Accounting period

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