This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
08/12/2022	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		Barcode Data Filing Period (optional - see instructions)							
Accounting Period									
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner		List any other name or names under which the owner conducts the business of the cable system.							
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		ADVANCED TELEPHONE SYSTEMS, INC							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		HTC COMMUNICATIONS							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		75 MAIN STREET (Number, street, rural route, apartment, or suite number)							
		HICKORY, PA 15340-1118 (City, town, state, zip)							
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
		(City, town, state, zip code)							

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

	T	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	ADVANCED TELEPHONE SYSTEMS, INC	618
	Instructions: List each separate community served by the cable system. A "community" is	
D	"a separate and distinct community or municipal entity (including unincorporated commu	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will	serve as a form of system identification hereafter known
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	parks should be reported in parentheses below the
Served	identified city.	
Cerveu		
	CITY OR TOWN	STATE
First	MT PLEASANT TOWNSHIP	PA
ommunity	CROSS CREEK TOWNSHIP	PA
	INDEPENDENCE TOWNSHIP	PA
ows as Necessary	CHARTIERS TOWNSHIP	PA
	CECIL TOWNSHIP	PA
	HOUSTON BOROUGH	PA
	SMITH TOWNSHIP	PA
	JEFFERSON TOWNSHIP	PA
	HOPEWELL TOWNSHIP	PA
	BURGETTSTOWN TOWNSHIP	PA
	WEST MIDDLETOWN BOROUGH	PA
	WEST WIIDLETOWN BOROUGH	FA

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61833

ADVANCED TELEPHONE SYSTEMS, INC

E

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	1,065	31.99					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
1				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

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	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential		ı		
Pay cable		Motel, hotel		l	EXPANDED BASIC	90.99
 Pay cable—add'l channel 		Commercial			TIER	25.99
Fire protection		• Pay cable		Ĺ	CINEMAX	12.26
Burglar protection		 Pay cable-add'l channel 			SHOWTIME	19.53
Installation: Residential		 Fire protection 			STARZ	19.53
• First set		 Burglar protection 		L	HBO	14.99
 Additional set(s) 		Other services:				
 FM radio (if separate rate) 		 Reconnect 				
Converter		Disconnect		Ī		
		 Outlet relocation 		Ī		
		 Move to new address 		Î		
				ľ		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 61833

ADVANCED TELEPHONE SYSTEMS, INC

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	25	N	PITTSBURGH, PA
WTAE	27	N	PITTSBURGH, PA
WPXI	23	N	PITTSBURGH, PA
WQED	4	E	PITTSBURGH, PA
WPCW	11	N	MONROEVILLE, PA
WPCB	28	N	TURTLE CREEK, PA
WPGH	20	N	PITTSBURGH, PA
WPNT	21	N	PITTSBURGH, PA
WINP	16	N	PITTSBURGH, PA

	11111 <mark> </mark>		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

ADVANCED TELEPHONE SYSTEMS, INC

61833

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
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Accounting Darig	.d. 2022/1						FOR	M SA1 3E DACE E
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FOR	M SA1-2E. PAGE 5. SYSTEM ID#
Name								61833
Substitute Carriage: Special Statement and Program Log	ADVANCED TELEPHONE SYSTEMS, INC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system call substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for explanatio							
	was substituted for prograin effect on October 19, 1976 S 1. TITLE OF PROGRAM	UBSTITUT	E PROGRAM 3. STATION'S CALL SIGN	1	WHE	N SUBSI AGE OC		7. REASON FOR DELETION

accounting Period:			1-2E. PAGE 6					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ADVANCED TELEPHONE SYSTEMS, INC	SY	STEM ID# 61833					
K Gross Receipts	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		,561.93					
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	Amount of gros	is receipts)					
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 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.	s,80(
	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 si accounting period is \$52.00	ix-month						
	Line 1. Royalty fee for accounting period							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR 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	561.93						
	· · · · · · · · · · · · · · · · · · ·	238.07						
	<u>-</u>	323.86						
	7. Multiply line 6 by .005 (enter figure here) \$		666.62					
	8. Interest charge. Enter the amount from line 4, space Q, page 8.		0.00					
	o. Interest charge. Enter the amount from line 4, space Q, page 6		0.00					
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		666.62					
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600))						
	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							
		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	0.00						
	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)	666.62						
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		686.62					
	EFT Trace # or TRANSACTION ID #							
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Co See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more in							

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: LEPHONE SYSTEMS, INC				SYSTEM ID: 61833
M Channels	to its subscribers The total system carried to the total on which the car.	, and (2) the cable system's to number of channels on which television broadcast stations . number of activated channels ble system carried television I		els during the acc	counting period.	210
N Individual to Be Contacted		BE CONTACTED IF FURTHI bout this statement of accoun	ER INFORMATION IS NEEDE .)	D (Identify an ind	ividual to whom	
for Further Information	Name	CINNAMON KRAMER			Telephon	724-356-2211
	Address	75 MAIN STREET (Number, street, rural route, apartm	ent, or suite number)			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HICKORY, PA 15340 (City, town, state, zip)	-1118			
	Email	CINNAMON.KR	AMER@HKY.COM		Fax (optional)	
0	CERTIFICATION (This statement of account mu	st be certified and signed in ac	ccordance with Co	opyright Office regulations)
Certification	• I, the undersigne	ed, hereby certify that (Check o	ne,but only one, of the boxes.)			
	(Owner	r other than corporation or pa	rtnership) I am the owner of th	ne cable system a	s identified in line 1 of spac	e B; or
			tion or partnership) I am the downer is not a corporation or part		ent of the owner of the cabl	e system as identified
		er or partner) I am an officer (ine 1 of space B.	a corporation) or a partner (if a	partnership) of th	ne legal entity identified as o	wner of the cable system
		e, and correct to the best of my	nereby declare under penalty of knowledge, information, and be			oin (
			X /s/Brian Jeffers			_
		- 0	Enter an electronic signature on Enter signature using an "/s/ sigr			
		Typed or printed	name: BRIAN JEFFER	RS		
		Title: (Title of off	TREASURER cial position held in corporation or pa	artnership)		
		Date:			8/17/2022	

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Accounting Period: 2022/1 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

VANCED TELEPHONE SYSTEMS, INC	61833
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	
* 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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