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						
8/1/22	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	Barcode Data Filing Period (optional - see instructions)
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
	Auburn Essential Services
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 506, 210 S Cedar St (Number, street, rural route, apartment, or suite number)
	Auburn, IN 46706-2302 (City, town, state, zip)
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	1 IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

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

Accounting Period:	2022/1	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Auburn Essential Services	FORM SA1-2E. PAGE 1b. SYSTEM ID# 63434
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo 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 mobil identified city.	unity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known
Served	identified City.	
First Community	CITY OR TOWN Auburn	STATE Indiana
Add Rows as Necessary		

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Auburn Essential Services

SYSTEM ID#

63434

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.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	758	42.95					
 Service to additional set(s) 							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	34	48.95					
Converter							
Residential							
Non-residential							
		•					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel				
 Pay cable—add'l channel 		Commercial				
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
First set	48.95	Burglar protection				
Additional set(s)	38.95	Other services:				
 FM radio (if separate rate) 		Reconnect	48.95			
Converter		Disconnect	35.00			
		Outlet relocation	58.95			
		 Move to new address 	48.95			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63434

Auburn Essential Services

G

Primary Transmitters: Television

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
WANE-DT	2	N	FORT WAYNE, IN
WFWA-DT	3	E	FORT WAYNE, IN
WPTA-DT	4	N	FORT WAYNE, IN
WISE-DT	6	N	FORT WAYNE, IN
WISE-DT2	7	N	FORT WAYNE, IN
WFFT-DT	8	N	FORT WAYNE, IN
WGN America	9	N	FORT WAYNE, IN
WINM-DT	11	<u> </u>	FORT WAYNE, IN
TBN	13		FORT WAYNE, IN
WFWA-DT2	14	E	FORT WAYNE, IN
WFWA-DT3	15	E	FORT WAYNE, IN
WFWA-DT4	16	E	FORT WAYNE, IN
WPTA-DT2	17	N	FORT WAYNE, IN
WANE-DT3	18	<u> </u>	FORT WAYNE, IN
WPTA-DT3	19	<u>l</u>	FORT WAYNE, IN
WANE-DT2	20	<u>l</u>	FORT WAYNE, IN
YCN	22	<u> </u>	FORT WAYNE, IN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Auburn Essential Services

63434

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 Perio	nd. 2022/1						FORM	A SA4 2E DACE E		
Accounting Penc	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FURIV	SYSTEM ID#		
Name	Auburn Essential Serv	vices						63434		
	SUBSTITUTE CARRIAG				_					
•	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
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	nge blank. If your answer is	"Yes," you r	nust complete	the prog	ram		
	log in block 2.									
	2. LOG OF SUBSTITUTI		_					_		
	In General: List each subsclear. If you need more spa				s wherever po	ossible, if their	meaning	IS		
	Column 1: Give the title	of every no	nnetwork tele	vision program ("substitute						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general categor									
	"NBA Basketball: 76ers vs.		1	"Y " OH						
				er "Yes." Otherwise enter " casting the substitute progr						
	Column 4: Give the broa	adcast stati	on's location (the community to which the	e station is lic		FCC or, i	in		
	the case of Mexican or Car			e community with which the stem carried the substitute			ith the m	onth		
	first. Example: for May 7 gi		mion your oy	otom ourned the capetitate	program. ot	oo mamoralo, m		ionar		
	Column 6: State the time to the nearest five minutes			ogram was carried by your				itely		
	stated as "6:00–6:30 p.m."	. схаптріє. с	a program can	ned by a system nom o.o i	. 13 p.111. to 0	1.20.30 p.111. SII	ould be			
				n was substituted for progr						
	to delete under FCC rules was substituted for prograr							ogram		
	effect on October 19, 1976	•	, ,	,		J				
					WHE	N SUBSTITU	TE			
	s	UBSTITUT	E PROGRAM	1		AGE OCCUR		7. REASON FOR		
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIME	S	DELETION		
	1. 11122 01 1110 010 1111	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO			
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LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM IC			
Auburn Essential Services			·	6343			
all amounts (gross receipts) paid to your cable system by subscribers for th (as identified in space E) during the accounting period. For a further explan page (vii) of the general instructions located in the paper SA1-2 form.	e system ation of h	's secondary tran	smission servic	e			
during the accounting period			7	5,323.00 oss receipts)			
 Use block 3 if the amount of gross receipts in space K is more than \$263,80 	00 but les	ss than \$527,600	> \$263,800				
BLOCK 1: GROSS RECEIPTS OF \$1	37,100 C	OR LESS					
Instructions: As a cable system with gross receipts of \$137,100 or less, the rogaccounting period is \$52.00	yalty fee t	hat you must pay	for this six-mont	i i			
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	d lines 1 a	and 2	· · · <u>· · · · · · · · · · · · · · · · </u>				
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR L	ESS (but	t more than \$137	7,100)				
Base amount under statutory formula	\$	263,800.00	<u></u>				
2. Enter amount of gross receipts from space K	\$	205,323.00	<u> </u>				
3. Subtract line 2 from line 1	\$	58,477.00	_				
			205,323.00				
5. Enter the amount from line 3		\$	58,477.00				
			146,846.00				
				734.23			
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 \$2	63,800 (I	but less than \$52	27,600)				
Enter the amount of gross receipts from space K	•						
Base amount under statutory formula	\$	263,800.00	<u> </u>				
3. Subtract line 2 from line 1			_				
4. Multiply line 3 by .01		· · · · <u> </u>					
5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u>\$</u>	1,319.00				
6. Interest charge. Enter the amount from line 4, space Q, page 8		· · · · <u> </u>	0.00				
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line	s 4, 5, an	nd 6					
FILING FEE AND TOTAL REMITTANCE D	UE						
Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		<u>\$</u>	734.23				
2. Filing Fee (See the instructions for more information on filing fee calculation	ıs)	<u>\$</u>	20.00				
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	754.23			
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for it call defined in space E) during the accounting period. For a further explan 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. Important: You must complete a statement in space P concerning gross. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: - Complete block 1, block 2, or block 3. - Use block 2 if the amount of gross receipts in space K is more than \$137,1 to See page (vi) of the general instructions located in the paper SA1-2 form than \$263,8 (see page (vi)) of the general instructions located in the paper SA1-2 form than \$263,8 (see page (vi)) of the general instructions located in the paper SA1-2 form for 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 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR L 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 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 line BLOCK 3: GROSS RECEIPTS OF MORE THAN \$2 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 6. Interest charge. Enter the amount from line 4, space Q, page 8 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line FILING FEE AND TOTAL REMITTAN	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of the pager (wii) of the general instructions located in the pager 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 in MPORTANT: You must complete a statement in space P concerning gross receipts complete belook 1, block 2, or block 3. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but let See page (vi) of the general instructions located in the paper SA1-2 form for more inform BLOCK 1: GROSS RECEIPTS OF \$137,100 or less to block 3 if the amount of gross receipts in space K is more than \$253,800 but let See page (vi) of the general instructions located in the paper SA1-2 form for more inform BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee to 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 is BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but also a substract line 2 from line 1 . BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but also a substract line 2 from line 1 . \$. S. Subtract line 2 from line 1 . 4. Enter the amount of gross receipts from space K . 5. Enter the amount of gross receipts from space K . 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 leads to the page of the pag	Auburn Essential Services GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay, all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the page (xi) 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. COPYRIGHT ROYALTY FEE instructions: To compute the royally fee you owe: COmplete block 1, block 2, or block 3. Use block 1 the amount of gross receipts in space K is sta7,100 or less Use block 1 the amount of gross receipts in space K is more than \$137,100 but less than or equal to 10 but block 3 if the amount of gross receipts in space K is more than \$23,800 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 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 or less) (but less)	Auburn Essential Services GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission services in definition in space E) during the accounting period. For a further explanation of how to compute this amount, see page (viii) of the general instructions located in the paper SA1-2 form. Gross receipts for subscriberts for secondary transmission service(a) during the accounting period. MPORTANT: You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: To complete the royalty fee you owe: - Use block 1 of the amount of gross receipts in space K is more than \$137,100 or less. - Use block 1 of the amount of gross receipts in space K is more than \$137,100 or less. - Use block 1 of the amount of gross receipts in space K is more than \$137,100 or less. - Use block 1 of the amount of gross receipts in space K is more than \$137,100 or less. - Use block 2 of the amount of gross receipts in space K is more than \$137,100 or less. - BLOCK 1: GROSS RECEIPTS OF \$137,100 or less. - BLOCK 2: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that you must pay for this six-mont accounting period is \$32.00 - 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 - 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 - Saladract line 2 from line 1. - Saladract line 5 from line 1. -			

Accounting Period:	2022/1			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM: al Services		SYSTEM ID# 63434
M Channels	to its subscribers 1. Enter the total	numust give (1) the number of channels on which the and (2) the cable system's total number of activanumber of channels on which the cable elevision broadcast stations	[18
	Enter the total on which the ca	number of activated channels ble system carried television broadcast stations st services	[30
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION (a) iout this statement of account.)	S NEEDED (Identify an individual to whom	
for Further Information	Name	Terri K. Firestein	Telephone	301-788-6889
	Address	10806 Garrison Hollow Rd. Number, street, rural route, apartment, or suite number)		
		Clear Spring, MD 21722 City, town, state, zip)		
	Email	tfireccg@myactv.net	Fax (optional)	
0	CERTIFICATION	This statement of account must be certified and si	gned in accordance with Copyright Office regulations)
Certification	• I, the undersigne	, hereby certify that (Check one, but only one, of the	boxes.)	
	(Owne	other than corporation or partnership) I am the o	wner of the cable system as identified in line 1 of space l	B; or
		of owner other than corporation or partnership) I be 1 of space B and that the owner is not a corporation	am the duly authorized agent of the owner of the cable son or partnership; or	system as identified
		or partner) I am an officer (if a corporation) or a page 1 of space B.	rtner (if a partnership) of the legal entity identified as ow	ner of the cable system
		and correct to the best of my knowledge, information	enalty of law that all statements of fact contained herein n, and belief, and are made in good faith.	
		X /s/ Terri	K. Firestein	
			nature on the line above to certify this statement. n "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Terri K.	Firestein	
		Title: Sr. Director and (Title of official position held in corp		
		Date:	08/01/2022	

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

Accounting Period: 2022/1 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63434 **Auburn Essential Services** 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 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 x = 0.00274Line 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@loc.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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