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							
07/18/22	\$ 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	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									
		Sycamore Telephone Company									
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)									
		Sycamore Telephone Company									
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM									
		104 East Seventh Street (Number, street, rural route, apartment, or suite number)									
		Sycamore, Ohio 44882 (City, town, state, zip)									
	INSTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless thes	e								
С		es 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)									
		(Sing term) cana, Ele condy									

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								
	T	FORM SA1-2E. PAGE 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	Sycamore Telephone Company	63701							
	Instructions: List each separate community served by the cable system. A "cor	mmunity" is the same as a "community unit" as defined in FCC rules: "a							
<b>D</b>	separate and distinct community or municipal entity (including unincorporated	d communities within unincorporated areas and including single, discrete							
D	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.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified								
Area	city.								
Served	City.								
	CITY OR TOWN	STATE							
First	Sycamore	Ohio							
Community	McCutchenville McCutchenville	Ohio							
•									
	Melmore	Ohio							
Add Rows as Necessary	Carey	Ohio							
	Upper Sandusky	Ohio							
	Tiffin	Ohio							
	Nevada	Ohio							
	11074444	00							

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63701

## Sycamore Telephone Company

## 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	310	62.50					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
1		1		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 1						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential					
Pay cable		Motel, hotel		Expanded Basic	94.44		
Pay cable—add'l channel		Commercial		Variety	#####		
Fire protection		• Pay cable		НВО	17.95		
•Burglar protection		Pay cable-add'l channel		Cinemax	13.45		
Installation: Residential		Fire protection		Starz/Encore	10.95		
• First set		Burglar protection		Showtime	15.95		
Additional set(s)		Other services:					
• FM radio (if separate rate)		Reconnect					
Converter		Disconnect					
		Outlet relocation					
		Move to new address					

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

63701

Name

Sycamore Telephone Company 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
WTOL	11.1	N	Toledo, Ohio
WTOL-DT2-True Crim	11.2	N-M	Toledo, Ohio
WTOL-DT3-Grit	11.3	N-M	Toledo, Ohio
WTOL-DT4-Quest	11.4	N-M	Toledo, Ohio
WTVG	13.1	N	Toledo, Ohio
WTVGT2-CW	13.2	N-M	Toledo, Ohio
WTVGT3-MeTV	13.3	N-M	Toledo, Ohio
WTVGT4-Circle	13.4	N-M	Toledo, Ohio
WTVGT6-Dabl	13.6		Toledo, Ohio
WTVGT7-Weather	13.7		Toledo, Ohio
WLMB	40	N	Toledo, Ohio
WNWO	24.1	N	Toledo, Ohio
WNWO-DT2-Stadium	24.2	N-M	Toledo, Ohio
WNWO-DT3-Comet	24.3	N-M	Toledo, Ohio
WNWO-DT4 TBD	24.4	N-M	Toledo, Ohio
WBNS	10.1	N	Columbus, Ohio
WBNS-DT2-MeTV	10.2	N-M	Columbus, Ohio
WBNS-DT3 Dabl	10.3	N-M	Columbus, Ohio
WBGU	27.1	E	Bowling Green, Ohio
WBGUT2-EC	27.2	E-M	Bowling Green, Ohio
WBGUT3-CR	27.3	E-M	Bowling Green, Ohio
WGTE	30.1	E	Toledo, Ohio
WGTET2-FAM	30.2	E-M	Toledo, Ohio
WGTET3-CRE	30.3	E-M	Toledo, Ohio

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63701 Sycamore Telephone Company PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** Transmitters: substitute program basis, as explained in the next paragraph. Television 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 **WUPW** 36.1 Toledo, Ohio WUPWDT2-Bounce N-M Toledo, Ohio 36.2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### Sycamore Telephone Company

63701

### 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
5. LEE 51514	7 W O I I W	1	200,411014 01 017411014	37 122 31314	, uvi Oi i ivi	5,5	200,111011 01 01/111011
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Accounting Perio	<b>d: 2022/1</b>  LEGAL NAME OF OWNER OF (	CABLE SYST	EM:						FORI	M SA1-2E. PAGE 5.  SYSTEM ID#
Name	Sycamore Telephone C									63701
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LO	G					
Substitute	<b>In General:</b> 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 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	CONCER	NING SUBSTI	ITUTE CARRIAGE						
Special Statement and	During the accounting peri	od, did you	r cable system	carry, on a substitute ba	asis,	, any nonne	twork telev	ision p	rogram	<u>1</u>
Program Log	proadcast by a distant station?									
	<b>Note:</b> If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.									
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was substituted for programming that your system was permitted to delete under FCC rules and regulations in									ion n. hth dy	
	effect on October 19, 1976.					WHE	N SUBST	TTUTE	Ξ	
	S	JBSTITUT	E PROGRAM	 	4	CARR	AGE OCC		ED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	N	5. MONTH AND DAY	6. FROM	TIMES —	то	BELLTION
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Accounting Period: 2	<b>2022/1</b> Fi	ORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Sycamore Telephone Company	SYSTEM ID# 63701
	Sycamore relephone company	63701
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission s (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, 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.	ervice
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-m accounting period is \$52.00	onth
	Line 1. Royalty fee for accounting period	52.00
	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	52.00
	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	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of group receipts from appear K	
	1. Enter the amount of gross receipts from space K	
	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)	0.00
		0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
		_
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2.00
Total Remittance Due	Filling Fee (See the instructions for more information on filling fee calculations)	5.00
	,	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID # 270TUANT	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copy See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period: 2	2022/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: bhone Company				SYSTEM ID# 63701
<b>M</b> Channels	Enter the total system carried     Enter the total on which the control of t	s, and (2) the cable system's number of channels on which	total number ch the cable ns		ccounting period.	27
N Individual to Be Contacted		about this statement of accou		MATION IS NEEDED (Identify an ind		
for Further Information	Name Address	Richard Ekleberry II  104 East Seventh Str	reet		Telephone	419-927-6012
		(Number, street, rural route, apart Sycamore, OH 4488 (City, town, state, zip)	tment, or suite n	number)		
	Email	rick.ekleberry@	syctelco.cor	om	Fax (optional	
_	CERTIFICATION (	This statement of account m	ust be certifie	ed and signed in accordance with Co	opyright Office regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check o	one, <i>but only o</i>	one, of the boxes.)		
	(Owner	other than corporation or p	oartnership) l	I am the owner of the cable system as	s identified in line 1 of space	B; or
				nership) I am the duly authorized age ot a corporation or partnership; or	ent of the owner of the cable :	system as identified
		er or partner) I am an officer ( in line 1 of space B.	(if a corporatio	on) or a partner (if a partnership) of th	e legal entity identified as ow	ner of the cable system
		e, and correct to the best of m		re under penalty of law that all statem, , information, and belief, and are made		
			X /s	s/ Richard Ekleberry II		-
				ctronic signature on the line above to c ure using an "/s/ signature" (e.g., /s/ Jc		
		Typed or printed	d name: R	Richard Ekleberry II		
		Title:		Manager sition held in corporation or partnership)		
		Date:			7/15/22	

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.

ounting Period: 2022/1					FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYS	STEM:				SYSTEM ID#
camore Telephone Company	<u> </u>				63701
service of providing secon scribers and amounts collections are second for more information on when to elocated in the paper SA1-2 form.  During the accounting period, did made by satellite carriers to satell  NO	1988 amended Title 17, section umber of subscribers and the gradary transmissions of primary be ected from subscribers receiving exclude these amounts, see the the cable system exclude any a	oss amounts paid to the roadcast transmitters, the secondary transmission note on page (vii) of the amounts of gross receipt	pyright Act by adding the fol- cable system for the basic ne system shall not include suns pursuant to section 119." e general instructions		P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address		Name Mailing Address			
INTEREST ASSESSMENT					
You must complete this workshee For an explanation of interest asset	* * * *			t.	Q
Line 1 Enter the amount of late p	payment or underpayment				Interest Assessment
·			x		
Line O. Mulkimbaline d backler internet		_			
Line 2 Multiply line 1 by the inter	est rate" and enter the sum here	е	·· <u> </u>		
Line 3 Multiply line 2 by the num	ber of days late and enter the sı	um here	x	days -	
	,		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	ock 3 line 6	(interest charge)		
	rt click on www.copyright.gov/lic on at (202) 707-8150 or licensing	= .	, ,		
-	ent of 1/365, which is the interest		ny lata		
·			•	_	
NOTE: If you are filing this worksh list below the owner, address, first	•	•	., .	se	
Owner					
Address					
ID number					
ID number  First community served					
Accounting period					

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