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@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						
	Holston Electric Cooperative						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	HolstonConnect, LLC						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	1200 W. Main Street [Number, street, rural route, apartment, or suite number)						
	Rogersville, TN 37857 (City, town, state, zip)						
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these						
	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:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#
	Holston Electric Cooperative	63785
Area Served	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
<b>-</b>	CITY OR TOWN	STATE
First Community	Rogersville	TN
Add Rows as Necessary		

Accounting Period: 2022/1 FORM SA1-2E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63785 **Holston Electric Cooperative** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary last day of the accounting period (June 30 or December 31, as the case may be). Transmission Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subscribers and 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 Rates 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 DI 0 01/ /

BLO	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,639	39.95			
<ul> <li>Service to additional set(s)</li> </ul>					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	22	59.95			
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				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
• Pay cable		Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial				
<ul> <li>Fire protection</li> </ul>		• Pay cable				
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel				
Installation: Residential		Fire protection				
<ul> <li>First set</li> </ul>		Burglar protection				
<ul><li>Additional set(s)</li></ul>	2.99	Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	15.00			
<ul> <li>Converter</li> </ul>		Disconnect				
		Outlet relocation	60.00			
		Move to new address				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63785

## **Holston Electric Cooperative**

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
WAPK	43	N	TRI-CITIES
WATE	6	N	KNOXVILLE
WBIR	10	N	KNOXVILLE
WBIR.2	44	N-M	KNOXVILLE
WCYB.2	4	N-M	TRI-CITIES
WCYB	5	N	TRI-CITIES
WEMT	13	N	TRI-CITIES
WETP	2	E	TRI-CITIES
WETP.2	49	E-M	TRI-CITIES
WETP.3	41	E-M	TRI-CITIES
WJHL	11	N	TRI-CITIES
WJHL.2	32	N-M	TRI-CITIES
WKNX	7	N	KNOXVILLE
WKOP	30	E	KNOXVILLE
WKOP.2	47	E-M	KNOXVILLE
WKOP.3	48	E-M	KNOXVILLE
WKPT	9	N	TRI-CITIES
WKPT.2	29	N-M	TRI-CITIES
WPXK	12	N	KNOXVILLE
WTNZ	14	N	KNOXVILLE
WTNZ.3	42	N-M	KNOXVILLE
WVLR	7	N	KNOXVILLE
WVLT	3	N	KNOXVILLE

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **Holston Electric Cooperative**

63785

### 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	

Accounting Darie	nd. 2022/1						FORM	A SA1 2E DACE E
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURIN	SYSTEM ID#
Name	Holston Electric Coop	erative						63785
	SUBSTITUTE CARRIAG	E. SDECI	AL STATEME	INT AND DROCDAM I O	G			
1	In General: In space I, ident				_	tion that your	cable evet	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programn	ning that mu	st be included	in this log, see page (v) of the	ne general ins	structions in the	e paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCER	RNING SUBS	TITUTE CARRIAGE				
Special Statement and	ent and							ram
Program Log								NO
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	s "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				wherever po	ossible, if their	r meaning	j is
				vision program ("substitute	program") tl	hat, during the	accounti	ing
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-
				er "Yes." Otherwise enter "				
		•		casting the substitute progr the community to which the		censed by the	FCC or	in
	the case of Mexican or Car	nadian stati	ons, if any, the	community with which the	station is id	entified).		
			when your sy	stem carried the substitute	program. Us	se numerals, v	with the m	nonth
	first. Example: for May 7 gi  Column 6: State the tim		e substitute pr	ogram was carried by your	cable syste	m. List the tim	es accura	ately
	to the nearest five minutes							,
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for progr	ramanain a that			ino d
	to delete under FCC rules			n was substituted for progr luring the accounting perio				
	was substituted for prograr							
	effect on October 19, 1976	-						
					WHE	N SUBSTITU	ITE	
	S	UBSTITUT	E PROGRAM	1				7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIME		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	
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Accounting Period:	2022/1			FORM S	SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Holston Electric Cooperative			\$	SYSTEM ID:			
	Holston Electric Gooperative				03/0			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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.	stem's sec	condary transi compute this	mission servi amount, see	ce			
		<u>'</u>	L	(variount or g	rece receipte)			
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 bu:  Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more info	ıt less tha	n \$527,600	\$263,800				
	BLOCK 1: GROSS RECEIPTS OF \$137,10	00 OR LE	ESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty f accounting period is \$52.00	fee that yo	ou must pay fo	r this six-mon	itl			
	Line 1. Royalty fee for accounting period			· <u>-</u>				
	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	s 1 and 2		· •				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	(but more	e than \$137,′	100)				
	Base amount under statutory formula	2	263,800.00					
	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	· · · · · · <u> </u>						
	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)							
	Enter the amount of gross receipts from space K	4	100,781.00					
	2. Base amount under statutory formula	2	263,800.00					
	3. Subtract line 2 from line 1	1	36,981.00					
	4. Multiply line 3 by .01	<u>_</u>	\$	1,369.81				
	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 lines 4, 5	5, and 6 .		\$	2,688.81			
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u> </u>	\$	2,688.81				
Due	Filing Fee (See the instructions for more information on filing fee calculations)	···· <u> </u>	\$	20.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,708.81			
	Important: Your remittance must be in the form of an electronic paymer See page i of the general instructions in the paper SA1-2 f		-		ights!			

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.	
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM: c Cooperative			SYSTEM ID# 63785	
M Channels	to its subscribers		f channels on which the cable system carried televotal number of activated channels during the acco		12	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services  48					
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour	ER INFORMATION IS NEEDED (Identify an indivint.)	idual to whom		
for Further Information	Name	Terri K Firestein		Telephone 301-78	8-6889	
	Address	10806 Garrison Hollo (Number, street, rural route, apartn	nent, or suite number)		0.00.00.00.00.00.00.00.00.00.00.00.00.0	
	***************************************	Clear Spring, MD 217 (City, town, state, zip)	22			
	Email	tfireccg@myact	/.net Fa	ax (optional)		
0	CERTIFICATION	This statement of account mo	ust be certified and signed in accordance with Cop	oyright Office regulations)		
Certification		d, hereby certify that (Check or				
			<b>rrtnership)</b> I am the owner of the cable system as ide			
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or					
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.					
		e, and correct to the best of my	nereby declare under penalty of law that all statement knowledge, information, and belief, and are made in			
			X /s/ Terri K. Firestein			
			Enter an electronic signature on the line above to cert Enter signature using an "/s/ signature" (e.g., /s/ John			
		Typed or printed	name: Terri K. Firestein		100100100100100100100100100100100100100	
			Sr. Director & Consultant ficial position held in corporation or partnership)			
		Date:	A	August 12. 2022		

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ounting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Iston Electric Cooperative	63785
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 Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x day	s
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	<u>-</u>
* To view the interest rate chart click on <a href="https://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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.	
, , , , , , , , , , , , , , , , , , , ,	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filling.  Owner	

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