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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	FOR COPYRIGHT OFFICE USE ONLY			
	ary Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov 		
General instr	ems (Short Form) uctions are located o of this workbook	02/17/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
L						
A	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: ()	YYY/(Period))			
	2002 /2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
	2022/2					
		Barcode Data Filing Period (optiona	I - see instructions)			
Accounting Period						
	Instructions:					
В			osidiary of another corporation, give the full	corporate		
Owner	List any other name or names under w	which the owner conducts the business o	f the cable system.			
	-	the accounting period, only the owner of ty fee payment covering the entire accou	n the last day of the accounting period shoul	d submit a		
		iling. If not, enter the system's ID numbe		1687		
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTE	И			
	Haefele TV Inc					
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	IT)			
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM				
	PO Box 312					
	(Number, street, rural route, apartment, or sui Spencer, NY 14883-0312	te number)				
	(City, town, state, zip)	uning and the second				
С	INSTRUCTIONS: In line 1, give any bunch and a space B. In line 1, give any bunch and a space B. In line 1, give any bunch and a space B. In line 1, give any bunch and					
System	1 Enfield	:				
	MAILING ADDRESS OF CABLE SYST	EM:				
	2 Same as above	to a up hoof				
		le number)				
	(City, town, state, zip code)					
Privacy Act Noti	ce: Section 111 of title 17 of the United States Code	authorizes the Copyright Offce to collect the	ne personally identifying information (PII) reque	ested on this		

Final of 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I					
Name	Haefele TV Inc	16					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 know as the "first community." Please use it as the first community on all future filings.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	me parks should be reported in parentheses below the					
	CITY OR TOWN	STATE					
First	ENFIELD TOWN	NY					
Community	HECTOR TOWN	NY					
	CATHARINE TOWN	NY					
dd Rows as Necessary							

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM I	
Name		ADLE STSTEM	•					313	16	
	Haefele TV Inc								10	
E	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND R	ATES					
E	In General: The information in s	-		-		•				
Secondary	system, that is, the retransmission about other services (including p									
Fransmission										
Service: Sub-	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									
scribers and Rates	down by categories of secondary each category by counting the n	•		•		•				
Nates	separately for the particular serv			0,1		•		senarged		
	Rate: Give the standard rate c	-	-	•				-		
	unit in which it is generally billed category, but do not include disc	• •	,		any standa	rd rate variatior	is within a	particular rate		
	Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ce that cable		
	systems most commonly provide	e to their subso	ribers. (Give the numb	er of subse	cribers and rate	for each li	sted category		
	that applies to your system. Not									
	categories, that person or entity subscriber who pays extra for ca									
	first set" and would be counted of									
	Block 2: If your cable system	•								
	printed in block 1 (for example, t with the number of subscribers a									
	sufficient.		e ngnt-n	and block. A t		e-word descrip		Service 13		
	BLC	DCK 1					BLOC			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA	
	Residential:	SOBOCIVID			UA II			ODDOCKIDENO		
	Service to first set		330	19.95						
	 Service to additional set(s) 		444	1.00						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s					
-	In General: Space F calls for rat					Il your cable sy	stem's ser	vices that were		
F	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• •	,		
Other Than										
Secondary	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.									
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable servic Block 2: List any services that your cable system furnished or offered during the accounting p							t were not		
natoo	listed in block 1 and for which a separate charge was made or established. List these other ser									
	brief (two- or three-word) description and include the rate for each.									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA	
	Continuing Services:			tion: Non-res	idential					
	• Pay cable	9.00/14.95		el, hotel						
	• Pay cable—add'l channel			nmercial						
	Fire protection		,	cable						
	•Burglar protection Installation: Residential		,	cable-add'l cl	anner					
	First set	30.00		glar protection						
	Additional set(s)			services:						
	• FM radio (if separate rate)			connect		30.00				
	• Converter			connect						
			• Out	let relocation		10.00				

Namo	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM				
Name	Haefele TV Inc			1				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary	carried by your cable system FCC rules and regulations i	entify every television station (including tra em during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61)	 stations carried only on a part- carriage of certain network program 	-time basis under rams [sections				
ransmitters: Television	substitute program basis, a Substitute Basis Stations basis under specific FCC ru	s: With respect to any distant stations carr ules, regulations, or authorizations: re in space G—but do list it in space I (the	ried by your cable system on a su	ubstitute program				
	station was carried <i>only</i> on • List the station here, and a basis. For further information	n a substitute basis. also in space I, if the station was carried b on concerning substitute basis stations, se	both on a substitute basis and als see page (v) of the general instruc	so on some other ctions.				
		n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	-	-				
	"WETA-2" as the same on t Column 2: Give the channe	0	c					
	Column 3: Indicate in each	h case whether the station is a network sta	, , ,					
	(for independent multicast), For the meaning of these te Column 4: Give the locatio	ering the letter "N" (for network), "N-M" (fo , "E" (for noncommercial educational), or ' erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the	"E-M" (for noncommercial educat tions in the paper SA1-2 form. he community to which the statior	tional multicast). n is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WSTM DT 3-1	19	N	SYRACUSE, NY				
	WSTQ DT 3-2	19	N-M	SYRACUSE, NY				
Rows as Necessary	WSTM DT 3-3	19	N-M	SYRACUSE, NY				
	WTVH DT 5-1	47	N	SYRACUSE, NY				
	WTVH DT 5-2	47	N-M	SYRACUSE, NY				
	WTVH DT 5-3	47	N-M	SYRACUSE, NY				
	WSYR DT 9-1	17	N	SYRACUSE, NY				
	WSYR DT 9-2	17	N-M	SYRACUSE, NY				
	WSYR DT 9-3	17	N-M	SYRACUSE, NY				
	WSYR DT 9-4	17	N-M	SYRACUSE, NY				
	WCNY DT 24-1		Е	SYRACUSE, NY				
	WCNT DT 24-1	20						
	WCNY DT 24-2	20 20	E-M	SYRACUSE, NY				
				SYRACUSE, NY SYRACUSE, NY				
	WCNY DT 24-2	20	E-M					
	WCNY DT 24-2 WCNY DT 24-3	20 20	E-M E-M	SYRACUSE, NY				
	WCNY DT 24-2 WCNY DT 24-3 WCNY DT 24-4	20 20 20	E-M E-M E-M	SYRACUSE, NY SYRACUSE, NY				
	WCNY DT 24-2 WCNY DT 24-3 WCNY DT 24-4 WENY DT 36-1	20 20 20 35	E-M E-M E-M N	SYRACUSE, NY SYRACUSE, NY ELMIRA, NY				
	WCNY DT 24-2 WCNY DT 24-3 WCNY DT 24-4 WENY DT 36-1 WENY DT 36-2	20 20 20 35 35 35	E-M E-M E-M N N	SYRACUSE, NY SYRACUSE, NY ELMIRA, NY ELMIRA, NY				
	WCNY DT 24-2 WCNY DT 24-3 WCNY DT 24-4 WENY DT 36-1 WENY DT 36-2 WENY DT 36-3	20 20 20 35 35 35 35	E-M E-M E-M N N N N-M	SYRACUSE, NY SYRACUSE, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY				
	WCNY DT 24-2 WCNY DT 24-3 WCNY DT 24-4 WENY DT 36-1 WENY DT 36-2 WENY DT 36-3 WENY DT 36-4	20 20 20 35 35 35 35 35 35	E-M E-M E-M N N N N-M	SYRACUSE, NY SYRACUSE, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY				
	WCNY DT 24-2 WCNY DT 24-3 WCNY DT 24-4 WENY DT 36-1 WENY DT 36-2 WENY DT 36-3 WENY DT 36-4 WNYS DT 43-1	20 20 20 35 35 35 35 35 35 14	E-M E-M E-M N N N N-M I	SYRACUSE, NY SYRACUSE, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY SYRACUSE, NY				
	WCNY DT 24-2 WCNY DT 24-3 WCNY DT 24-4 WENY DT 36-1 WENY DT 36-2 WENY DT 36-3 WENY DT 36-4 WNYS DT 43-1 WNYS DT 43-2	20 20 20 35 35 35 35 35 35 14 14 14	E-M E-M N N N N-M N-M I I I-M	SYRACUSE, NY SYRACUSE, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY SYRACUSE, NY SYRACUSE, NY				
	WCNY DT 24-2 WCNY DT 24-3 WCNY DT 24-4 WENY DT 36-1 WENY DT 36-2 WENY DT 36-3 WENY DT 36-4 WNYS DT 43-1 WNYS DT 43-2 WSKG DT 46-1	20 20 20 35 35 35 35 35 14 14 14 31	E-M E-M N N N N-M I I I-M E	SYRACUSE, NY SYRACUSE, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY SYRACUSE, NY SYRACUSE, NY BINGHAMTON, NY				

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:			SYSTEM			
Name	Haefele TV Inc				1			
	PRIMARY TRANSMITTERS	: TELEVISION						
G	carried by your cable syst	dentify every television station (including tra tem during the accounting period, <i>except</i> (s in effect on June 24, 1981, permitting the	(1) stations carried only on a par	t-time basis under				
Primary		I(e)(2) and (4), or 76.63 (referring to 76.61)						
Fransmitters:	substitute program basis,	as explained in the next paragraph.						
Television		ns: With respect to any distant stations carr rules, regulations, or authorizations:	ried by your cable system on a s	ubstitute program				
		ere in space G—but do list it in space I (the	Special Statement and Program	n Log)—if the				
		d also in space I, if the station was carried I						
		tion concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination pro						
		ed with a station according to its over-the-a	•					
	"WETA-2" as the same or			and the first second section of the second sec				
		nel number the FCC assigned to the televis WRC is channel 4 in Washington, D.C.	ision station for broadcasting ove	er 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							
			ation, an independent station, or	a noncommercial				
	Column 3: Indicate in eac educational station, by en	ch case whether the station is a network sta itering the letter "N" (for network), "N-M" (fo	or network multicast), "I" (for inde	ependent), "I-M"				
	Column 3: Indicate in eac educational station, by en (for independent multicast	ch case whether the station is a network sta itering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or	or network multicast), "I" (for inde "E-M" (for noncommercial educa	ependent), "I-M"				
	Column 3: Indicate in eac educational station, by en (for independent multicast For the meaning of these	ch case whether the station is a network sta itering the letter "N" (for network), "N-M" (fo	or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form.	ependent), "I-M" ational multicast).				
	Column 3: Indicate in each educational station, by en (for independent multicast For the meaning of these Column 4: Give the locati	ch case whether the station is a network sta ttering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static	ependent), "I-M" ational multicast). on is licensed by the				
	Column 3: Indicate in each educational station, by en (for independent multicast For the meaning of these Column 4: Give the locati	ch case whether the station is a network sta ttering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list th	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static	ependent), "I-M" ational multicast). on is licensed by the				
	Column 3: Indicate in each educational station, by en (for independent multicast For the meaning of these Column 4: Give the locati	ch case whether the station is a network sta ttering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list th	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static	ependent), "I-M" ational multicast). on is licensed by the	STATION			
	Column 3: Indicate in eac educational station, by en (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can	ch case whether the station is a network sta tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list the hadian stations, if any, give the name of the	or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. ne community to which the static e community with which the static	ependent), "I-M" ational multicast). on is licensed by the on is identified.	STATION			
	Column 3: Indicate in eac educational station, by en (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN	ch case whether the station is a network statering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or ' terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list th hadian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static e community with which the static 3. TYPE OF STATION	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF S	STATION			
	Column 3: Indicate in each educational station, by en (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WSPX DT 56-1	ch case whether the station is a network statering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or 'terms, see page (iv) of the general instruction of each station. For U.S. stations, list the tradian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static community with which the static 3. TYPE OF STATION	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF S SYRACUSE, NY	STATION			
	Column 3: Indicate in eac educational station, by en (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WSPX DT 56-1 WSPX DT 56-2	ch case whether the station is a network statering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list the hadian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 36 36	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. The community to which the static e community with which the static 3. TYPE OF STATION I I-M	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF S SYRACUSE, NY SYRACUSE, NY	STATION			
	Column 3: Indicate in each educational station, by en (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WSPX DT 56-1 WSPX DT 56-2 WSPX DT 56-3	ch case whether the station is a network statering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or ' terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list the nadian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 36 36 36 36	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static community with which the static 3. TYPE OF STATION I I-M I-M	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF S SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY	STATION			
	Column 3: Indicate in eac educational station, by en (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WSPX DT 56-1 WSPX DT 56-2 WSPX DT 56-3 WSPX DT 56-4	ch case whether the station is a network statering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list the hadian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 36 36 36 36 36	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static community with which the static 3. TYPE OF STATION I I-M I-M I-M	ependent), "I-M" ational multicast). on is licensed by the on is identified.	STATION			
	Column 3: Indicate in eac educational station, by en (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WSPX DT 56-1 WSPX DT 56-2 WSPX DT 56-3 WSPX DT 56-4 WSYT DT 68-1	ch case whether the station is a network statering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list the hadian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 36 36 36 36 14	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static community with which the static 3. TYPE OF STATION I I-M I-M I-M N	ependent), "I-M" ational multicast). on is licensed by the on is identified.	STATION			
	Column 3: Indicate in eac educational station, by en (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WSPX DT 56-1 WSPX DT 56-2 WSPX DT 56-3 WSPX DT 56-4 WSYT DT 68-1	ch case whether the station is a network statering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list the hadian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 36 36 36 36 14	or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static community with which the static 3. TYPE OF STATION I I-M I-M I-M N	ependent), "I-M" ational multicast). on is licensed by the on is identified.	STATION			

laefele TV l	OWNER OF C		I GI LIWI.					SYSTEM I 16
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) n the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate i Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Cc sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pag ed by the cable s he station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se wed by the FC0) it can l ertain st eneral ir parate a	be expected, ated intervals. Instructions in the. and discrete	Primary Transmitters Radio
		6/D				¢/P		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
A								

Accounting Perio	00:2022/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Haefele TV Inc							1687
	SUBSTITUTE CARRIAG	-	-					
l Outer#texts	In General: In space I, ident substitute basis during the a	accounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, o	r authorization	ns. For a further
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special		-						
Statement and	 During the accounting per 		ir cable syster	n carry, on a substitute ba	isis, any noni	network te	levision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer i	s "Yes," you ı	nust com	plete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if	their meaning	n is
	clear. If you need more spa	ace, please	add additiona	rows to the tables.				-
	Column 1: Give the title period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re							
	Do not use general categor							
		m was broa		er "Yes." Otherwise enter				
				asting the substitute prog				•
	the case of Mexican or Car			the community to which the community with which the			the FCC or,	IN
				stem carried the substitute			als, with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example: a	a program car	ned by a system from 6.0	1:15 p.m. to c	.28:30 p.r	n. should be	
		ter "R" if the	listed prograr	n was substituted for prog	ramming that	your syst	tem was <i>requ</i>	ired
	to delete under FCC rules	and regulati	ons in effect d	luring the accounting perio	od; enter the	etter "P" i	f the listed pro	
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	and regu	lations in	
	effect on October 19, 1976							
	S	UBSTITUT	E PROGRAM	1		N SUBST		7. REASON FOR
	S	2. LIVE?	E PROGRAM 3. STATION'S CALL SIGN		5. MONTH	AGE OCO 6.	CURRED TIMES	7. REASON FOR DELETION
		1		4. STATION'S LOCATION	CARRI	AGE OC	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
	Haefele TV Inc		1687
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmers (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service amount, se	,324.91
	COPYRIGHT ROYALTY FEE		
L 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 \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$263,80(
	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 t accounting period is \$52.00	nis six-month	
	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 \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	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 gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME O Haefele TV I	F OWNER OF CABLE SYSTEM: nc				SYSTEM ID# 1687
M Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	You must give (1) the number of ers, and (2) the cable system's otal number of channels on whic ed television broadcast stations otal number of activated channel e cable system carried television adcast services	total number of activate In the cable Is I broadcast stations	ed channels during the acc	counting period.	30 81
N Individual to Be Contacted		TO BE CONTACTED IF FURTH ct about this statement of accou		NEEDED (Identify an ind	lividual to whom	
for Further Information	Name	Lee Haefele			Telephone	607-589-6235
	Address	PO Box 312 24 E Ti (Number, street, rural route, apart Spencer, NY 14883 (City, town, state, zip)	oga Street tment, or suite number)			
	Email	htv@htva.net			Fax (optional) 607-589-721	1
O Certification	I, the undersi (Ow (Ag X (Of I have examinare true, comp	DN (This statement of account m igned, hereby certify that (Check uner other than corporation or p ent of owner other than corpor in line 1 of space B and that the fficer or partner) I am an officer in line 1 of space B. ned the statement of account and blete, and correct to the best of m iction 1001(1986)]	one, <i>but only one</i> , of the partnership) I am the ov ration or partnership) I owner is not a corporatio (if a corporation) or a pa d hereby declare under p	boxes.) wner of the cable system as am the duly authorized age on or partnership; or irtner (if a partnership) of th penalty of law that all staten	s identified in line 1 of space f ent of the owner of the cable s ne legal entity identified as ow ments of fact contained herein	system as identified ner of the cable system
				laefele nature on the line above to c n "/s/ signature" (e.g., /s/ Jc		
		Typed or printe Title:	d name: Lee Hae President	fele		
		(Title of o	official position held in corpor	ration or partnership)	02/17/2023	

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 fing, a determination that would be made by a court of law.

			FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CAB	LE SYSTEM:		SYSTEM ID#
efele TV Inc			1687
The Satellite Home Viewer lowing sentence: "In determining the t service of providing	total number of subscribers and the gro secondary transmissions of primary br	EIPTS EXCLUSIONS 111(d)(1)(A), of the Copyright Act by adding the fol- poss amounts paid to the cable system for the basic roadcast transmitters, the system shall not include sub- secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on wh located in the paper SA1-2		note on page (vii) of the general instructions	Receipts Exclusion
made by satellite carriers to		mounts of gross receipts for secondary transmissions	
X NO			
YES. Enter the total he	ere and list the satellite carrier(s) below		
Name Mailing Address		Name Mailing Address	
INTEREST ASSESSM	IENT		
		omitted as a result of a late payment or underpayment. general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount c	of late payment or underpayment		Interest Assessment
		x	
Line 2 Multiply line 1 by the	e interest rate* and enter the sum here	e	
		xdays	6
Line 3 Multiply line 2 by th	e number of days late and enter the su	um 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 blo		
	ate chart click on <i>www.copyright.gov/lid</i> Division at (202) 707-8150 or licensing	(interest charge) censing/interest-rate.pdf. For further assistance please g@copyright.gov.	
** This is the decimal ed	quivalent of 1/365, which is the interest	t assessment for one day late.	
	-	count already submitted to the Copyright Office, please , and accounting period as given in the original filing.	
Owner Address			
///////////////////////////////////////			
ID number First community served			

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 the 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.