Tł	nis form is e	ffectiv	ve be	eginning with the	January	1 to June 30), 2017, acc	ounting period	(2017/1)
lf :	you are filing	for a	orior	accounting period,	contact	the Licensing	Division for	r the correct forr	n.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>	
General instructions are located in the first tab of this workbook.	01/17/2023	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	

Accounting Period 2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Accounting Period 102223 Barcode Data Filing Period (optional - see instructions) B Instructions: See the full legal and 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. Ust 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 systement of account and royalty fee payment covering the entire accounting period. 20563 Check here If this is the system's first filing. If not, enter the system's 10 number assigned by the Licensing Division. 20563 LEGAL NAME OF OWNER/MALLING ADDRESS OF CABLE SYSTEM Eleast Statement of account and royalty fee payment covering the entire accounting period. Business NAME(s) OF OWNER OF CABLE SYSTEM Business NAME(s) OF OWNER OF CABLE SYSTEM 20563 MalLING ADDRESS OF OWNER OF CABLE SYSTEM Potoutine accounting address of the system unless these names used to identify the business and operation of the system unless these names used to identify the business and operation of the system unless these names used to identify the business and operation of the system unless these names used to identify the business and operation of the system unless these names used to identify the business and operation of the system unless these names used to identi	Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
Accounting Period R Accounting Period R Accounting P			2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
B 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. Ust 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 filling. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Television Association of Republic BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM PO Box 555 Number: steet, rain totale, spattment, or submit and out appear in space 5. In line 2, give the mailing address of the system, if different from the address given in space 1. 1 Dentrification of CABLE SYSTEM: 2 NUMBER: steet, roal route, apathemet, or submit mathematics	Accounting		20222 Barcode Data Filing Period (optional - see instructions)
B 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. Ust 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, 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. 20563 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 20563 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Television Association of Republic 30563 BUSINESS NAME(8) OF OWNER OF CABLE SYSTEM Television Association of Republic 30563 BUSINESS OF OWNER OF CABLE SYSTEM Felorities and account and only account ac	Period		
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 Television Association of Republic BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 555 Number: steed, runal roote, apattment, or sule numbe Republic, WA, 39166 Licity, Ioury, state, zpr. NSTRUCTIONS: 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, it different from the address given in space 1 DeNTIFICATION OF CABLE SYSTEM: 1 DENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 3 DENTIFICATION OF CABLE SYSTEM: 4 DENTIFICATIO	В		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
statement of account and royalty fee payment covering the entire accounting period. 20563 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 10563 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM 10 Television Association of Republic 10 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) 10 MAILING ADDRESS OF OWNER OF CABLE SYSTEM 10 PO Box 555 10 NUMBER: steet, runn folder, apartment, or suble number Republic, WA, 99166 Icity, town, when, steet 10 IDENTIFICATION OF CABLE SYSTEM: 10 2 10	Owner		List any other name or names under which the owner conducts the business of the cable system.
Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Television Association of Republic BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 555 Number, steed, wat node, apartment, or sube number Republic, WA, 99166 Udy, town, stele, app. NSTRUCTIONS: 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 1 1 IDENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM:			statement of account and royalty fee payment covering the entire accounting period.
C Instruction of Republic System 1 IDENTIFICATION OF CABLE SYSTEM: 1 IDENTIFICATION OF CABLE SYSTEM: 2			
Business name(s) of owner of cable system (if Different) Mailing address of owner of cable system PO Box 555 Number, street, rural route, apartment, or suite numbe Republic, WA, 99166 (bit); bivn, state, zip; 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, it different from the address given in space t 1 IDENTIFICATION OF CABLE SYSTEM: 2 Number, street, rural route, apartment, or suite number			LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
Mailling address of owner of Cable system PO Box 555 (Number, street, nural route, apartment, or suite numbe Republic, WA, 99166 (C) System 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 t 1 IDENTIFICATION OF CABLE SYSTEM: 2 Number, street, nural route, apartment, or suite number			Television Association of Republic
PO Box 555 Number: street, rulal route, apartment, or suite numbe Republic, WA, 99166 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 names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space I 1 IDENTIFICATION OF CABLE SYSTEM: 2 Mailing address of cABLE SYSTEM: 2 Number, street, rural route, apartment, or suite number			BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
PO Box 555 Number: street, rulal route, apartment, or suite numbe Republic, WA, 99166 (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 names already appear in space B. In line 2, give the mailing address of the system, it different from the address given in space I 1 IDENTIFICATION OF CABLE SYSTEM: 2 Mailing AdDREss of CABLE SYSTEM: 2 Number, street, rural route, apartment, or suite number			
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, it different from the address given in space t System IDENTIFICATION OF CABLE SYSTEM: 1 MAILING ADDRESS OF CABLE SYSTEM: 2 Mailing address of cable system:			MAILING ADDRESS OF OWNER OF CABLE SYSTEM
Republic, WA, 99166 (City, town, state, zp) 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, it different from the address given in space t System 1 IDENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM:			PO Box 555 (Number, street, rural route, apartment, or suite numbe
System names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space t 1 IDENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 1 INumber, street, rural route, apartment, or suite numbe			
1 MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite numbe	С		
2 (Number, street, rural route, apartment, or suite numbe	System	1	IDENTIFICATION OF CABLE SYSTEM:
			MAILING ADDRESS OF CABLE SYSTEM:
(Čity, town, state, zip code)		2	(Number, street, rural route, apartment, or suite numbe
			(City, town, state, zip code)

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Television Association of Republic	20563
D Area	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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 mot	d communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known s.
Served	identified city.	
	CITY OR TOWN	STATE
First Community		
d Rows as Necessary		

	1								1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM	/ :					SY	
	Television Association	of Republi	С						20563
F	SECONDARY TRANSMISSIO	N SERVICE: S	UBSCF	RIBERS AND I	RATES				
E	In General: The information in								
Secondary	system, that is, the retransmiss								
Secondary Transmission	about other services (including last day of the accounting perio						e mose ex	asung on	
Service: Sub-	Number of Subscribers: Bot						able syste	em, broke	
scribers and	down by categories of seconda								
Rates	each category by counting the r separately for the particular ser							ons char	
	Rate: Give the standard rate							arge and	
	unit in which it is generally billed								
	category, but do not include dis								
	Block 1: In the left-hand block systems most commonly provid								
	that applies to your system. Not								
	categories, that person or entity	should be cou	unted as	s a subscriber	in each ap	plicable catego	ry. Examp	ole: a residei	
	subscriber who pays extra for c					ed in the count	under "Se	rvice to	
	first set" and would be counted Block 2: If your cable system					n service that a	re differer	t from the	
	printed in block 1 (for example,								
	with the number of subscribers								
	sufficient.	2014			1			()	
	BL	OCK 1 NO. OF					BLOCI	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	GORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		100	93.00		led Basic	50		
	Service to additional set(s)			НВО			10	14.50	
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	CONDARY TR		SSIONS: RAT	ES				
F	In General: Space F calls for ra	`	,		•				
Г	not covered in space E, that is,					,	,		
Services	service for a single fee. There a furnished at cost or (2) services								
Other Than	amount of the charge and the u								
Secondary	enter only the letters "PP" in the	e rate columr				-			
ransmissions: Rates	Block 1: Give the standard ra Block 2: List any services that							at were	
Rates	listed in block 1 and for which a	• •							
	brief (two- or three-word) descri								
		BLO	CK 1					BLOCK 2	
							CATEO		
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SEF	VICE	RATE	CATEG	ORY OF SERVIC	E RATE
	CATEGORY OF SERVICE Continuing Services:			GORY OF SEF ation: Non-res		RATE	CATEG	URY OF SERVIC	E RATE
			Installa			RATE	CATEG	ORY OF SERVIC	E RATE
	Continuing Services:		Installa • Mo	ation: Non-res		RATE	CATEG	URY OF SERVIC	<u>= RATE</u>
	Continuing Services: • Pay cable		Installa • Mo • Col	ation: Non-res tel, hotel		RATE	CATEG	ORY OF SERVIC	E RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel		Installa • Mo • Cor • Pay	ation: Non-res tel, hotel mmercial	sidential	RATE	CATEG	ORY OF SERVIC	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		Installa • Mo • Cor • Pay • Pay	ation: Non-res tel, hotel mmercial y cable	sidential	RATE		ORY OF SERVIC	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		Installa • Mo • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial y cable y cable-add'l c	sidential hannel	RATE		ORY OF SERVIC	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		Installa • Mo • Cor • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection	sidential hannel	RATE		URY OF SERVIC	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set		Installa • Mo • Col • Pay • Pay • Fire • Bur Other	ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection rglar protectior	sidential hannel	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		Installa • Mo • Col • Pay • Pay • Fire • Bur Other = • Re	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protectior services:	sidential hannel	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Installa • Mo • Col • Pay • Pay • Fire • Bur • Bur • Rer • Dis	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protectior services: connect	sidential hannel	RATE			

Name	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM II							
Name	Television Associa	tion of Republic		2050							
	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 <i>except</i> (1) stations carried only on a part-time basis unde FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sectior 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 substitute program basis, as explained in the next paragrapt 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 <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if th station was carried <i>only</i> 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 oth basis. For further information concerning substitute basis stations, see page (v) of the general instruction Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify eacl										
	"WETA-2" as the same of Column 2: Give the char of license. For example, N Column 3: Indicate in ear educational station, by er (for independent multicas For the meaning of these Column 4: Give the locat	ed with a station according to its over-the n the form. Inel number the FCC assigned to the tele WRC is channel 4 in Washington, D.C ch case whether the station is a network itering the letter "N" (for network), "N-M" t), "E" (for noncommercial educational), of terms, see page (iv) of the general instru- tion of each station. For U.S. stations, list hadian stations, if any, give the name of t	evision station for broadcasting ov station, an independent station, c (for network multicast), "I" (for ind or "E-M" (for noncommercial educ uctions in the paper SA1-2 forr t the community to which the stati	ver the air in its communi or a noncommerci lependent), "I- ! cational multicast ion is licensed by th							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	KREM	2	N	SPOKANE, WA							
		4									
		4	NI								
	KXLY	4	N	SPOKANE, WA							
d Rows as Necessary	KHQ	4 6 7	N	SPOKANE, WA SPOKANE, WA							
d Rows as Necessary	KHQ KSPS			SPOKANE, WA SPOKANE, WA SPOKANE, WA							
d Rows as Necessary	KHQ		N	SPOKANE, WA SPOKANE, WA							
d Rows as Necessary	KHQ KSPS		N	SPOKANE, WA SPOKANE, WA SPOKANE, WA							
d Rows as Necessary	KHQ KSPS		N	SPOKANE, WA SPOKANE, WA SPOKANE, WA							
d Rows as Necessary	KHQ KSPS		N	SPOKANE, WA SPOKANE, WA SPOKANE, WA							
d Rows as Necessary	KHQ KSPS		N	SPOKANE, WA SPOKANE, WA SPOKANE, WA							
d Rows as Necessary	KHQ KSPS		N	SPOKANE, WA SPOKANE, WA SPOKANE, WA							
d Rows as Necessary	KHQ KSPS		N	SPOKANE, WA SPOKANE, WA SPOKANE, WA							
d Rows as Necessary	KHQ KSPS		N	SPOKANE, WA SPOKANE, WA SPOKANE, WA							
d Rows as Necessary	KHQ KSPS		N	SPOKANE, WA SPOKANE, WA SPOKANE, WA							
d Rows as Necessary	KHQ KSPS		N	SPOKANE, WA SPOKANE, WA SPOKANE, WA							
d Rows as Necessary	KHQ KSPS		N	SPOKANE, WA SPOKANE, WA SPOKANE, WA							
d Rows as Necessary	KHQ KSPS		N	SPOKANE, WA SPOKANE, WA SPOKANE, WA							
d Rows as Necessary	KHQ KSPS		N	SPOKANE, WA SPOKANE, WA SPOKANE, WA							
d Rows as Necessary	KHQ KSPS KAYU	7 9	N E I	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA							
d Rows as Necessary	KHQ KSPS KAYU	7 9	N E I	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA							
d Rows as Necessary	KHQ KSPS KAYU	7 9	N E I	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA							
d Rows as Necessary	KHQ KSPS KAYU	7 9	N E I	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA							
d Rows as Necessary	KHQ KSPS KAYU	7 9	N E I	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA							
d Rows as Necessary	KHQ KSPS KAYU	7 9	N E I	SPOKANE, WA SPOKANE, WA SPOKANE, WA SPOKANE, WA							
d Rows as Necessary	KHQ KSPS KAYU	7 9	N E I	SPOKANE, WA SPOKANE, WA SPOKANE, WA							

EGAL NAME O								SYSTEM I 205
	t every radio	station c) arried on a separate and disc enerally receivable by your ca					Н
eceivable if (1) on the basis of For detailed inf baper SA1-2 fo Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C) it is carried b monitoring, to ormation about rm. dentify the cal State whether f the radio sta this by placin Give the statio	by the sy be rece ut the Co Il sign of the stati tion's sig g a chec on's locat	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically proces ck mark in the "S/D" column. tion (the community to which , the community with which th	at the system's h e system's FM an this point, see p ssed by the cable the station is lice	headend, and tenna, during age (v) of the e system as a nsed by the F	(2) it ca l certain general separat	n be expected, stated intervals. instructions in the. e and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		5/0	LOGATION OF STATION	CALL SIGN		5/0	LOCATION OF STATION	
							·	
							·	
						<u> </u>		
							·	

Accounting Perio	od: 2022/2						FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
	Television Association	n of Repu	blic					20563
Substitute Carriage:	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	ify <i>every no</i> ccounting p ning that mu	nnetwork televi period, under sp ust be included	<i>sion program</i> , broadcast by becific present and former F in this log, see page (v) of	/ a <i>distant</i> _stat FCC rules, reg	julations, or a	authorizatio	ns. For a further
Special	 1. SPECIAL STATEMEN • During the accounting per 				sie anv nonn	atwork televi	sion progra	m
Statement and	broadcast by a distant sta		i cable system	r carry, on a substitute bas	515, any nonin			NO
Program Log					<i></i>		YES	
	Note: If your answer is "No	," leave the	rest of this page	ge blank. If your answer is	"Yes," you m	ust complete	e the progra	am
	log in block 2.		MS					
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call a Column 4: Give the broar the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m.	itute progra ce, please of every no distant stat gulations, c ies like "mo Bulls.' n was broad sign of the s dcast statio th and day e "5/7. es when the Example: a er "R" if the and regulati mming that y	am on a separa add additional nnetwork telev tion and that yo or authorization wies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys a substitute pro a program carr listed program ons in effect du	rows to the table ision program ("substitute our cable system substitute is. See page (v) of the ger etball." List specific progra r "Yes." Otherwise enter "I asting the substitute progra ne community to which the community with which the item carried the substitute orgram was carried by your ied by a system from 6:01 was substituted for progra- uring the accounting period	program") th ed for the pro neral instruction m titles, for ea Ni a station is lice station is ide program. Us cable system :15 p.m. to 6: amming that d; enter the le	at, during the gramming of ons for furthe kample, "I Lo ensed by the ntifie e numerals, v h. List the tim 28:30 p.m. s your system etter "P" if the	e account another st rinformati ve Lucy FCC or with the mo es accura hould wrequired sted prog	1
	S	UBSTITUT	E PROGRAM	1		N SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TII FROM —		DELETION
							_	
						_	-	
						_	-	
		[-	-	
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		+						
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Accounting Period:	2022/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Television Association of Republic	S	YSTEM ID# 20563
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	8,239.26 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, <i>or</i> 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 \$2 • 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.	63,800.	
	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 accounting period is \$52.00.	six-mon	
	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 \$137,10	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		
	Enter the amount of gloss receipts from space K 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 \$527,6	600)	
	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)	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	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		OWNER OF CABLE SYSTI						SYSTEM ID# 20563
M Channels	to its subscribe 1. Enter the tot system 2. Enter the tot on wh	You must give (1) the numbers, and (2) the cable system al number of channels on w n carried television broadca al number of activated cha ich the cable system carrie onbroadcast services	m's total num which the cat ast stations . nnels d television t	nber of activated chable	annels during the	e accounting period.	ions	5 55
N Individual to Be Contacted		O BE CONTACTED IF FU about this statement of ac	count.)	ORMATION IS NEE	E DED (Identify ar			
for Further Information	Name Address	Amber Maycumbe		Box 555		Telepho	one 509-775-38 2	22
		(Number, street, rural route, a Republic, WA, 99 (City, town, state, zip)	apartment, or su	uite number)				
	Email	billing@rcat	bletv.com			Fax (optional)		
O Certification	I, the undersig (Owr (Age (Offi I have examinare true, complete	N (This statement of accound ined, hereby certify that (Charar other than corporation in the former other than correct in line 1 of space Barar or partner) I am an off in line 1 of space Barar of the statement of account ete, and correct to the best of the the former of the last of	eck one, but or partnersi rporation or and that the o icer (if a corp t and hereby o of my knowle	t only one , of the bo hip) I am the owner partnership) I am owner is not a corpo poration) or a partner declare under penal edge, information, an	xes.) r of the cable syst the duly authoriz ration or partners ' (if a partnership) ty of law that all s d belief, and are n	tem as identified in line 1 of ed agent of the owner of the hip; or of the legal entity identified tatements of fact contained	space B; or e cable system as ide as owner of the cab	
			Enter an	/s/ Amber Ma	on the line above	to certify this statement. / John Smith)	_	
		Typed or pri	nted name:	Amber Mayc	umber			
		Title:	Manag (Ti	ger itle of official position he	ld in corporation or p	artnership)		
		Date:				1/13/2023		

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 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 telepho 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of later.

unting Period: 2022/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
evision Association of Republic	205
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 1 lowing sentence "In determining the total number of subscribers and the gross amounts paid to the cable system for the ba service of providing secondary transmissions of primary broadcast transmitters, the system shall not include st scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11! 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 transmissic made by satellite carriers to satellite dish owners NO YES. Enter the total here and list the satellite carrier(s) below\$	P Special Statemen Concerning Gros Receipts Exclusio
Name Mailing Address	· - -
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 Assessm
	Interest Assessm
	Interest Assessm
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