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						
02/17/2023	\$ ALLOCATION NUMBER	-					

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (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							
	Atwood Cable Systems, Inc							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		423 State St (Number, street, rural route, apartment, or suite number)						
		Atwood, KS 67730						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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 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.

	I. ==	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
	Atwood Cable Systems, Inc	2420
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated con	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list vas the "first community." Please use it as the first community on all future filings.	will serve as a form of system identification hereafter know
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome narks should be reported in parentheses below the
Area	identified city.	ome parks should be reported in parentneses below the
Served		
	CITY OR TOWN	STATE
First	Atwood	KS
Community		
l Rows as Necessary		
,		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24200

Atwood Cable Systems, Inc

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	151	45.00	Expanded Basic	151	38.00	
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial						
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 2			
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE			
Continuing Services:		Installation: Non-residential		
• Pay cable	18.99	Motel, hotel		
 Pay cable—add'l channel 		Commercial		
Fire protection		• Pay cable		
 Burglar protection 		 Pay cable-add'l channel 		
Installation: Residential		Fire protection		
• First set		Burglar protection		
 Additional set(s) 		Other services:		
• FM radio (if separate rate)		Reconnect	20.00	
Converter		Disconnect		
		Outlet relocation		
		 Move to new address 		

Accounting Period: 2022/2

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID#
| Atwood Cable Systems Inc | 24200

Atwood Cable Systems, Inc
PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KSNK** 8.1 **OBERLIN, KS KBSL** 10.1 Ν GOODLAND, KS 4.1 COLBY, KS **KAKE KPNE** 9.1 Ε **NORTH PLATTE, NE** KOOD 19.1 Е EDSON, KS

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Atwood Cable Systems, Inc.

24200

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

	•			•			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KKYT	FM		McCOOK, NE				
KQLS	FM	 	COLBY, KS				
KFNF	FM	 	OBERLÍN, KS				
KANE	FM		BUNKER HILL, KS				
KKCI	FM		GOODLAND, KS				
KRKU	FM	 	McCOOK, NE				
KSNW	FM	†	McCOOK, NE				
KZMC	FM	†	McCOOK, NE				
KWGB	FM	 	GOODLAND, KS				
KGCR	FM	 	GOODLAND, KS				
KYVZ	FM	 	ATWOOD, KS				
101 02		 	ATWOOD, NO				
	l	 					
		 					
	l	 					
		 					
		 					
		 					
							
							
							
						 	
		T					
		 					
		 					
		 					

Accounting Perio	nd: 2022/2						FOR	M SA1-2E. PAGE 5.
Accounting Penc	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FORI	SYSTEM ID#
Name	Atwood Cable System	s, Inc						24200
					_			
	SUBSTITUTE CARRIAGE				_			
•	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Special Statement and								
Program Log								
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	"Yes," you r	nust com	plete the prog	gram
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.							
	2. LOG OF SUBSTITUTE		-					
	In General: List each subst clear. If you need more spa				wherever po	ossible, if	their meaning	g is
				vision program ("substitute	program") tl	hat, durin	g the account	ing
	period, was broadcast by a		•	•		•	•	
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				,		
	. 0		,	er "Yes." Otherwise enter " asting the substitute progr				
				the community to which the		censed by	y the FCC or,	in
	the case of Mexican or Can							
	first. Example: for May 7 give	,	when your sys	stem carried the substitute	program. Us	se numer	als, with the r	nonth
	Column 6: State the time	es when the		ogram was carried by your				ately
	to the nearest five minutes.	Example: a	a program carr	ried by a system from 6:01	:15 p.m. to 6	6:28:30 p.i	m. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the letter	er "R" if the	listed progran	n was substituted for progr	amming that	t your sys	tem was regu	ired
	to delete under FCC rules a	and regulati	ons in effect d	uring the accounting perio	d; enter the I	etter "P" i	if the listed pr	
	was substituted for program effect on October 19, 1976.	•	your system w	as permitted to delete und	er FCC rules	and regu	ulations in	
	ellect off October 19, 1970.	•			1			
						N SUBS		
	SI		E PROGRAM	l			CURRED	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES — TO	
								"
								"
							_	
								"
							_	
							_	
			·	<u> </u>				

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atwood Cable Systems, Inc	SY	STEM ID# 24200
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	nission service amount, se	,810.00
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gros	ss receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00.	is 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 \$137,10	00)	
	1. Base amount under statutory formula		
	Enter amount of gross receipts from space K		
	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 \$527,6	600)	
	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	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 # 27413426		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OV Atwood Cable S	WNER OF CABLE SYSTEM: Systems, Inc				SYSTEM ID# 24200
M Channels	to its subscribers, 1. Enter the total n system carried te 2. Enter the total n on which the cab	and (2) the cable system's to	notal numb			69
N Individual to Be Contacted		BE CONTACTED IF FURTH yout this statement of accour		RMATION IS NEEDED (Identify an individua	al	
for Further Information	Name	Robert J Dunker			Telephone	(785) 626-3261
		423 State St (Number, street, rural route, apartr	ment, or suit	e number)		
		Atwood, KS 67730 (City, town, state, zip)				
	Email	bobd@atwoodtv	v.net	Fax ((optional) <mark>7856269005</mark>	
0	CERTIFICATION (T	This statement of account mo	ust be cer	ified and signed in accordance with Copyrig	ght Office regulations)	
Certification	• I, the undersigned	d, hereby certify that (Check o	one, <i>but on</i>	y one, of the boxes.)		
	(Owner	other than corporation or p	artnershi	o) I am the owner of the cable system as ident	tified in line 1 of space	B; or
				artnership) I am the duly authorized agent of t t a corporation or partnership; or	the owner of the cable	system as identified
		r or partner) I am an officer (i ne 1 of space B.	if a corpor	ation) or a partner (if a partnership) of the lega	al entity identified as ov	wner of the cable system
		, and correct to the best of my	-	clare under penalty of law that all statements ee, information, and belief, and are made in go		in
			X	/s/ Robert J Dunker		
				lectronic signature on the line above to certify the ature using an "/s/ signature" (e.g., /s/ John Sm		
		Typed or printed	I name:	Robert J Dunker		
		Title: (Title of of	Presid fficial position	n held in corporation or partnership)		
		Date:		0:	2/18/2023	

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ounting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
vood Cable Systems, Inc	24200
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 Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2. Multiply line 4 by the interset vets* and enter the gave have	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address East Control of the Co	
ID number First community served Accounting period	

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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)