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	HT OFFICE USE ONLY	by email to:
-	ry Transmissions by	DATE RECEIVED	AMOUNT	_
	ems (Short Form)			<u>coplicsoa@loc.gov</u>
			\$	For additional information, contact the U.S. Copyright
General instru	ctions are located	04/13/2023		Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	(YYY/(Period))	
	2022-2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	II - see instructions)	
Accounting				
Period				
	Instructions: Give the full legal name of the owner of	of the cable system. If the owner is a sub	osidiary of another corporation, give the full	corporate
В	title of the subsidiary, not that of the p			
Owner	List any other name or names under w	hich the owner conducts the business of	f the cable system.	
	If there were different owners during t	the accounting period only the owner or	n the last day of the accounting period shoul	d submit a
	-	y fee payment covering the entire accou		
	Check here if this is the system's first f	iling. If not, enter the system's ID numbe	er assigned by the Licensing Division.	28134
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTE	М	
	FBN Indiana, Inc.			
		OF CABLE SYSTEM (IF DIFFEREN	IT)	
	NITCO			
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		
	P O Box 461			
	(Number, street, rural route, apartment, or suit	e number)		
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any bu			
	names already appear in space B. In li		he system, if different from the addre	ss given in space B
System	1 IDENTIFICATION OF CABLE SYSTEM	:		
	Morocco System MAILING ADDRESS OF CABLE SYST	EW·		
	2 (Number, street, rural route, apartment, or suit	e number)		
	(City, town, state, zip code)			
	(6it), (6iti), 6itil, 5itil, 2ip (6itil)			

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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	FBN Indiana, Inc.	28134
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
Control		
-	CITY OR TOWN	STATE
First Community	Могоссо	IN
as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1-	TEM ID
Name	FBN Indiana, Inc.								2813
	SECONDARY TRANSMISSION				ATES				
E	In General: The information in s					ry transmission	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p	, , ,	,		,		those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble svsten	n. broken	
scribers and	down by categories of secondary							,	
Rates	each category by counting the n							s charged	
	separately for the particular serv Rate: Give the standard rate c					•	,	ge and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	counts allowed	for advar	nce payment.					
	Block 1: In the left-hand block			-		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			0		•			
	subscriber who pays extra for ca					d in the count u	nder "Serv	ice to the	
	first set" and would be counted of Block 2: If your cable system					convice that an	different	from these	
	printed in block 1 (for example, t								
	with the number of subscribers a						,		
	sufficient.				1				
	BLC	OCK 1 NO. OF	· · · · ·				BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		184	43.95					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	s				
F	In General: Space F calls for rate								
I	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur	nit in which it is	usually b	oilled. If any ra	ates are cl	harged on a var	iable per-p	rogram basis,	
Secondary	enter only the letters "PP" in the Block 1: Give the standard rat		ha aabla	ovetem for or	ach af tha		iooo liatad		
ransmissions: Rates	Block 2: List any services that							t were not	
	listed in block 1 and for which a				•	•	•		
	brief (two- or three-word) descrip	otion and inclue	de the rat	e for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGO	DRY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ion: Non-res	idential		_		
	• Pay cable	77.00		l, hotel				ble Add'l Ch	10.
	• Pay cable—add'l channel	90.00		mercial				ble Add'l Ch	16.
	 Fire protection 		• Pay		annel			ble Add'l Ch ble Add'l Ch	9.9 10.9
	•Puralar protection			cable-add'l ch	anner			ble Add I Ch ble Add'l Ch	10.
	•Burglar protection		• Fire	nntection			i uy ca		
	Installation: Residential	99 00		protection					
	Installation: Residential • First set	99.00	• Burg	lar protection					
	Installation: Residential	99.00	• Burg Other se	lar protection		25.00			
	Installation: Residential • First set • Additional set(s)	99.00	• Burg Other se • Reco	lar protection ervices:		25.00			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burg Other se • Reco • Disco	lar protection ervices: onnect		25.00			

	LEGAL NAME OF OWNER C	 DF CABLE SYSTEM:		SYSTEM						
Name	FBN Indiana, Inc.			28						
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary ransmitters: 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 under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 776.59(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 <i>not</i> 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 <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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> 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, or a noncommercial educational station, by entering the letter "N" (for network, station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network station, an independent station is licensed by the FCC. For Mexican or Canadian station. For U.S. stations, in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community with which the station is licentified. 									
	1. CALL SIGN	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF								
	WBBM	2.1	N	Chicago IL						
	WMAQ	5.1	N	Chicago IL						
Rows as Necessary	WLS	7.1	N	Chicago IL						
	WGN	9.1	l	Chicago IL						
	WTTW	11.1	E	Chicago IL						
	WNDU	16.1	l	South Bend IN						
	WLFI	18.1	I	Lafayette IN						
	WCIU	26.1	<u> </u>	Chicago IL						
	WCPX	38.1	I	Chicago IL						
	WSNS	44.1	I	Chicago IL						
	WPWR	50.1	I	Chicago IL						
	WYIN	56.1	I	Gary IN						
	WJYS	62.1	Ι	Chicago IL						
	WBBM-2.2	2.2	N-M	Chicago IL						
	WMAQ-5.2	5.2	N-M	Chicago IL						
	WLS-7.2	7.2	N-M	Chicago IL						
	WGN-9.2	9.2	I-M	Chicago IL						
	WGN-9.3	9.3	I-M	Chicago IL						
	WTTW-11.2	11.2	E-M	Chicago IL						
	WTTW-11.3	11.3	E-M	Chicago IL						
		· · · · · · · · · · · · · · · · · · ·								
	WTTW-11.4	11.4	E-M	Chicago IL						
			E-M N-M	Chicago IL Chicago IL						

				0.4075						
Name		F CABLE SYSTEM:		SYSTE						
	FBN Indiana, Inc. 28'									
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary ansmitters: Felevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the channel of the station here information of the station here is a static multicast stream associate	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p d with a station according to its over-the	 (1) stations carried only on a part- e carriage of certain network program (e)(2) and (4))]; and (2) certain state rried by your cable system on a sub- e Special Statement and Program I both on a substitute basis and also see page (v) of the general instruct rogram services such as HBO, ES -air designation. For example, represent the state of the second s	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other stions. SPN, etc. Identify each bort multistream						
	educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	h case whether the station is a network s ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of th	for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station	pendent), "I-M" tional multicast). n is licensed by the						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	WCIU-26.2	26.2	I-M	Chicago IL						
	WCIU-26.3	26.3	I-M	Chicago IL						
Rows as Necessary	WCIU-26.4	26.4	I-M	Chicago IL						
	WCIU-26.5	26.5	I-M							
	VVCIU-20.5			Chicago IL						
				Chicago IL Chicago IL						
	WJYS-62.2	62.2	I-M	Chicago IL						
	WJYS-62.2 WJYS-62.3	62.2 62.3	I-M I-M	Chicago IL Chicago IL						
	WJYS-62.2 WJYS-62.3 WJYS-62.3	62.2 62.3 62.4	I-M I-M	Chicago IL Chicago IL Chicago IL						
	WJYS-62.2 WJYS-62.3 WJYS-62.3 WCPX-38.2	62.2 62.3 62.4 38.2	I-M I-M I-M I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL						
	WJYS-62.2 WJYS-62.3 WJYS-62.3 WCPX-38.2 WCPX-38.3	62.2 62.3 62.4 38.2 38.3	I-M I-M I-M I-M I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL						
	WJYS-62.2 WJYS-62.3 WJYS-62.3 WCPX-38.2 WCPX-38.3 WCPX-38.4	62.2 62.3 62.4 38.2 38.3 38.4	I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL						
	WJYS-62.2 WJYS-62.3 WJYS-62.3 WCPX-38.2 WCPX-38.3 WCPX-38.4 WCPX-38.5	62.2 62.3 62.4 38.2 38.3 38.4 38.5	I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL						
	WJYS-62.2 WJYS-62.3 WJYS-62.3 WCPX-38.2 WCPX-38.3 WCPX-38.4 WCPX-38.5 WFLD-32.1	62.2 62.3 62.4 38.2 38.3 38.4 38.4 38.5 32.1	I-M I-M I-M I-M I-M I-M I-M N	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL						
	WJYS-62.2 WJYS-62.3 WJYS-62.3 WCPX-38.2 WCPX-38.3 WCPX-38.4 WCPX-38.5 WFLD-32.1 WYIN-56.2	62.2 62.3 62.4 38.2 38.3 38.4 38.5 32.1 56.2	I-M I-M I-M I-M I-M I-M I-M N I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Gary IN						
	WJYS-62.2 WJYS-62.3 WJYS-62.3 WCPX-38.2 WCPX-38.3 WCPX-38.4 WCPX-38.5 WFLD-32.1	62.2 62.3 62.4 38.2 38.3 38.4 38.4 38.5 32.1	I-M I-M I-M I-M I-M I-M I-M N	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL						
	WJYS-62.2 WJYS-62.3 WJYS-62.3 WCPX-38.2 WCPX-38.3 WCPX-38.4 WCPX-38.5 WFLD-32.1 WYIN-56.2	62.2 62.3 62.4 38.2 38.3 38.4 38.5 32.1 56.2	I-M I-M I-M I-M I-M I-M I-M N I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Gary IN						
	WJYS-62.2 WJYS-62.3 WJYS-62.3 WCPX-38.2 WCPX-38.3 WCPX-38.4 WCPX-38.5 WFLD-32.1 WYIN-56.2	62.2 62.3 62.4 38.2 38.3 38.4 38.5 32.1 56.2	I-M I-M I-M I-M I-M I-M I-M N I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Gary IN						
	WJYS-62.2 WJYS-62.3 WJYS-62.3 WCPX-38.2 WCPX-38.3 WCPX-38.4 WCPX-38.5 WFLD-32.1 WYIN-56.2	62.2 62.3 62.4 38.2 38.3 38.4 38.5 32.1 56.2	I-M I-M I-M I-M I-M I-M I-M N I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Gary IN						
	WJYS-62.2 WJYS-62.3 WJYS-62.3 WCPX-38.2 WCPX-38.3 WCPX-38.4 WCPX-38.5 WFLD-32.1 WYIN-56.2	62.2 62.3 62.4 38.2 38.3 38.4 38.5 32.1 56.2	I-M I-M I-M I-M I-M I-M I-M N I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Gary IN						
	WJYS-62.2 WJYS-62.3 WJYS-62.3 WCPX-38.2 WCPX-38.3 WCPX-38.4 WCPX-38.5 WFLD-32.1 WYIN-56.2	62.2 62.3 62.4 38.2 38.3 38.4 38.5 32.1 56.2	I-M I-M I-M I-M I-M I-M I-M N I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Gary IN						
	WJYS-62.2 WJYS-62.3 WJYS-62.3 WCPX-38.2 WCPX-38.3 WCPX-38.4 WCPX-38.5 WFLD-32.1 WYIN-56.2	62.2 62.3 62.4 38.2 38.3 38.4 38.5 32.1 56.2	I-M I-M I-M I-M I-M I-M I-M N I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Gary IN						
	WJYS-62.2 WJYS-62.3 WJYS-62.3 WCPX-38.2 WCPX-38.3 WCPX-38.4 WCPX-38.5 WFLD-32.1 WYIN-56.2	62.2 62.3 62.4 38.2 38.3 38.4 38.5 32.1 56.2	I-M I-M I-M I-M I-M I-M I-M N I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Gary IN						
	WJYS-62.2 WJYS-62.3 WJYS-62.3 WCPX-38.2 WCPX-38.3 WCPX-38.4 WCPX-38.5 WFLD-32.1 WYIN-56.2	62.2 62.3 62.4 38.2 38.3 38.4 38.5 32.1 56.2	I-M I-M I-M I-M I-M I-M I-M N I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Gary IN						

all-band basis wh Special Instructi receivable if (1) it on the basis of mo For detailed inforr baper SA1-2 form Column 1: Ider Column 2: Sta Column 3: If the signal, indicate th Column 4: Giv Mexican or Canado	every radio sta nose signals we ions Concern t is carried by t ionitoring, to be mation about t n. entify the call si ate whether the he radio station ais by placing a ve the station's	ation ca rere ger ating All the syst the receiv the Co ign of e e station n's sign a check s location	rried on a separate and discre- nerally receivable by your cab I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process c mark in the "S/D" column. on (the community to which the the community with which the LOCATION OF STATION	ble system during Copyright Office re to the system's here system's FM anter this point, see page sed by the cable s he station is licens	the accountin egulations, an adend, and (2 enna, during ca ge (v) of the g system as a se sed by the FC	g period FM sigr) it can t ertain sta eneral ir parate a	nal is generally be expected, ated intervals. Instructions in the.	H Primary Transmitters Radio
eceivable if (1) it on the basis of me For detailed inforr paper SA1-2 form Column 1: Ider Column 2: Sta Column 3: If the signal, indicate th Column 4: Giv Mexican or Canad	t is carried by t nonitoring, to be mation about t n. entify the call si ate whether the he radio station his by placing a ve the station's idian stations, i	the syst e receivent ign of e e station n's sign a check s location if any, t	tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process c mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see page sed by the cable s he station is licens a station is identifie	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC ed).) it can t ertain sta eneral ir parate a C or, in t	be expected, ated intervals. Instructions in the. and discrete the case of	Transmitters
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2022-2						FORM	/I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	FBN Indiana, Inc.							28134
_	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ify every no	nnetwork televi	<i>ision program,</i> broadcast by	/ a distant sta	tion, that y	our cable sys	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programn				he general ins	structions i	n the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 	riod, did yo	ur cable syster	n carry, on a substitute ba	isis, any nonr	network te	levision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	must comp	olete the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever n	ossibla ift	their meaning	n ie
	clear. If you need more spa				s wherever p			J 15
				vision program ("substitute	e program") tl	hat, during	the account	ing
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.		Jues of Dask	elball. List specific progra		example,	I LOVE LUCY	0i
				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	ve "5/7."	5 5					
				ogram was carried by you				ately
	to the nearest five minutes stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:07	1:15 p.m. to 6	:28:30 p.n	n. should be	
		er "R" if the	listed program	n was substituted for prog	ramming that	vour svst	em was <i>requ</i>	ired
	to delete under FCC rules	and regulat	ions in effect d	luring the accounting perio	od; enter the l	etter "P" if	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	•						
					WHE	N SUBST	ITUTE	
	S		E PROGRAM	1	CARRI	AGE OCC	CURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
							_	
							_	
							_	
					•		_	
							_	
							_	

Accounting Period:	2022-2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FBN Indiana, Inc.	S	YSTEM ID# 28134
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 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.	ission service amount, see	3,521.00 ss receipts)
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 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.	263,800	
	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 accounting period is \$52.00	this 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 \$137,1	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	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2022-2								FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OV FBN Indiana, Inc	VNER OF CABLE SYSTEM:							SYSTEM ID 28134
M Channels	to its subscribers, 1. Enter the total n	must give (1) the number and (2) the cable system's umber of channels on whic elevision broadcast stations	total numl	ber of activat lle	ed channels dur	ing the ac		stations	37
	on which the cab	umber of activated channe le system carried television st services	n broadcas						131
N Individual to Be Contacted		BE CONTACTED IF FURT out this statement of accou		DRMATION IS	S NEEDED (Ider	ntify an in	dividual to whom		
for Further Information	Name	Eric Galbreath					Te	elephone 21	19-866-7101
		PO Box 41 Number, street, rural route, apar Hebron In. 46341 (City, town, state, zip)	rtment, or su	uite number)					
	Email	egalbreath@n	itco.com				Fax (optional) 219	9-866-5785	
O Certification	I, the undersigned (Owner (Agent c in lin X (Officer in lin . I have examined t	This statement of account n I, hereby certify that (Check other than corporation or of owner other than corpo e 1 of space B and that the r or partner) I am an officer e 1 of space B. he statement of account an and correct to the best of m 1001(1986)]	one, <i>but or</i> partnersh ration or p owner is n (if a corpo d hereby d	nly one, of the nip) I am the c partnership) I not a corporati pration) or a p declare under	e boxes.) owner of the cable I am the duly auti ion or partnership artner (if a partne penalty of law the	e system a horized ag o; or ership) of t	as identified in line 1 gent of the owner of t the legal entity identif ements of fact contair	of space B; d the cable sys	tem as identified
			Enter an				certify this statement John Smith)	t.	
		Typed or printe	ed name:	Eric Ga	lbreath				
		Title: (Title of			aer Operatio oration or partnershi				
		Date:					04/07/2023		

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 CABLE SYSTEM:	SYSTEM ID
N Indiana, Inc.	28134
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." 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.	P Special Statement Concerning Gross 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?	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Name Mailing Address 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	—
x days	_
x	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 \$. (interest charge) * 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@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. Owner	

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