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

ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

STATEMENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY
for Secondary Transmissions by	DATE RECEIVED	AMOUNT
Cable Systems (Short Form)		A
	02/28/23	Ş

General instructions are located in the first tab of this workbook

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting 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.	29680
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 9 (Number, street, rural route, apartment, or suite number)	
		WAITSFIELD VT 05673-0009 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM: PO BOX 9	
	2	(Number, street, rural route, apartment, or suite number)	
		WAITSFIELD VT 05673-0009 (City, town, state, zip code)	
		•	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAITSFIELD-FAYSTON TELEPHONE CO INC	SYSTEM ID# 29680
D Area	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I 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 mobile	ity" is the same as a "community unit" as defined in FCC rules: mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First	WAITSFIELD	VT
Community	WARREN FAYSTON	VT VT
Add Rows as Necessary	DUXBURY	<u>v</u> т
	BOLTON	VT
	MORETOWN	VT

									-2E. PAGE
Name	LEGAL NAME OF OWNER OF C/							515	TEM ID
	WAITSFIELD-FAYSTON	TELEPHON	NE CO	INC					2968
_	SECONDARY TRANSMISSION	SERVICE: SI	IBSCRI	BERS AND RA	ATES				
E	In General: The information in s		-	-	-	y transmission s	service of th	ne cable	
. .	system, that is, the retransmission								
Secondary Transmission	about other services (including p						hose existi	ng on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble svstem.	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							a and the	
	unit in which it is generally billed								
	category, but do not include disc				ny olandai		o mann a p		
	Block 1: In the left-hand block								
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o	once again und	er "Serv	rice to additiona	al set(s)."				
	Block 2: If your cable system I	-		•					
	printed in block 1 (for example, to with the number of subscribers a								
	sufficient.		= ngnt-n	and block. A tw		e-word descript			
	BLO	DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТІ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	GODOCIVID			UAI		INTOL	GODOCIVIDEIXO	
	Service to first set		2,029	45.25	STAND		CE	1,648	105.9
	Service to additional set(s)		_,0_0	10.20		RRED SERV		846	116.9
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter		802	3.25	HD/NO	DVR CONVE	RTER	489	7.9
	Residential				HDC/D	VR CONVER	TER	772	14.9
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	S				
F	In General: Space F calls for rat		,		•	• •			
•	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
ransmissions:	Block 1: Give the standard rat							ware not	
Rates	Block 2: List any services that listed in block 1 and for which as	•			-	• •			
	brief (two- or three-word) descrip								
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	TUTE		ation: Non-res		TUTE	0/(TEO		TUTE
	• Pay cable		• Mo	tel, hotel			нво		\$ 19.9
	• Pay cable—add'l channel		• Cor	nmercial			CINEMA	X	\$ 15.9
	• Fire protection		-	/ cable				ME/MOVIE CH	\$ 15.9
	•Burglar protection		-	/ cable-add'l ch	annel		STARZ/E		\$ 15.9
	Installation: Residential		• Fire	e protection			ANY2MO	VIECH 15%DISC	
	• First set	\$ 75.00	• Bur	glar protection			ANY3MO	VIECH 20% DISC	
	 Additional set(s) 	\$ 5.00	Other s	services:			ANY4MO	VIECH 25%DISC	
	• FM radio (if separate rate)		• Red	connect			[
	• Converter		• Dis	connect					
			• Out	let relocation					
				ve to new addr	ess				

	LEGAL NAME OF OWNER OF			SYSTEM I
Name		ON TELEPHONE CO INC		296
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1 : List each statior multicast stream associated "WETA-2" as the same on t Column 2 : Give the channel of license. For example, W Column 3 : Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4 : Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe pr "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial undent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WCAX	3	N	Burlington, VT
	WCAX 3.2	3.2		
			N-M	Burlington, VT
Rows as Necessary	WPTZ	5	Ν	North Pole, NY
Rows as Necessary		5 5.3	N N-M	
Rows as Necessary	WPTZ	5	Ν	North Pole, NY
Rows as Necessary	WPTZ WPTZ	5 5.3	N N-M	North Pole, NY North Pole, NY
Rows as Necessary	WPTZ WPTZ WCFE	5 5.3 57	N N-M E	North Pole, NY North Pole, NY Plattsburgh, NY
Rows as Necessary	WPTZ WPTZ WCFE WCFE	5 5.3 57 57.2	N N-M E E-M	North Pole, NY North Pole, NY Plattsburgh, NY Plattsburgh, NY
Rows as Necessary	WPTZ WPTZ WCFE WCFE WETK	5 5.3 57 57.2 33	N N-M E E-M E	North Pole, NY North Pole, NY Plattsburgh, NY Plattsburgh, NY Burlington, VT
Rows as Necessary	WPTZ WPTZ WCFE WCFE WETK WETK	5 5.3 57 57.2 33 33.2	N N-M E E-M E E-M	North Pole, NY North Pole, NY Plattsburgh, NY Plattsburgh, NY Burlington, VT Burlington, VT
Rows as Necessary	WPTZ WPTZ WCFE WCFE WETK WETK	5 5.3 57 57.2 33 33.2 33.3	N N-M E E-M E-M E-M E-M	North Pole, NY North Pole, NY Plattsburgh, NY Plattsburgh, NY Burlington, VT Burlington, VT
Rows as Necessary	WPTZ WPTZ WCFE WCFE WETK WETK WETK	5 5.3 57 57.2 33 33.2 33.3 33.4	N N-M E E-M E-M E-M E-M	North Pole, NY North Pole, NY Plattsburgh, NY Plattsburgh, NY Burlington, VT Burlington, VT Burlington, VT Burlington, VT
Rows as Necessary	WPTZ WPTZ WCFE WCFE WETK WETK WETK WETK CBMT	5 5.3 57 57.2 33 33.2 33.3 33.4 6	N N-M E E-M E-M E-M E-M I	North Pole, NY North Pole, NY Plattsburgh, NY Plattsburgh, NY Burlington, VT Burlington, VT Burlington, VT Burlington, VT Montreal, Quebec
Rows as Necessary	WPTZ WPTZ WCFE WCFE WETK WETK WETK CBMT WFFF	5 5.3 57 57.2 33 33.2 33.3 33.4 6 44	N N-M E E-M E-M E-M E-M I N	North Pole, NY North Pole, NY Plattsburgh, NY Plattsburgh, NY Burlington, VT Burlington, VT Burlington, VT Montreal, Quebec Colchester, VT
Rows as Necessary	WPTZ WPTZ WCFE WCFE WETK WETK WETK WETK CBMT WFFF WFFF - CW	5 5.3 57 57.2 33 33.2 33.3 33.4 6 44 44.2	N N-M E E-M E-M E-M E-M I I N N	North Pole, NY North Pole, NY Plattsburgh, NY Plattsburgh, NY Burlington, VT Burlington, VT Burlington, VT Burlington, VT Colchester, VT
Rows as Necessary	WPTZ WPTZ WCFE WCFE WETK WETK WETK WETK CBMT WFFF WFFF - CW	5 5.3 57 57.2 33 33.2 33.3 33.4 6 44 44.2	N N-M E E-M E-M E-M E-M I I N N	North Pole, NY North Pole, NY Plattsburgh, NY Plattsburgh, NY Burlington, VT Burlington, VT Burlington, VT Montreal, Quebec Colchester, VT Colchester, VT
Rows as Necessary	WPTZ WPTZ WCFE WCFE WETK WETK WETK WETK CBMT WFFF WFFF - CW	5 5.3 57 57.2 33 33.2 33.3 33.4 6 44 44.2	N N-M E E-M E-M E-M E-M I I N N	North Pole, NY North Pole, NY Plattsburgh, NY Plattsburgh, NY Burlington, VT Burlington, VT Burlington, VT Montreal, Quebec Colchester, VT Colchester, VT
Rows as Necessary	WPTZ WPTZ WCFE WCFE WETK WETK WETK WETK CBMT WFFF WFFF - CW	5 5.3 57 57.2 33 33.2 33.3 33.4 6 44 44.2	N N-M E E-M E-M E-M E-M I I N N	North Pole, NY North Pole, NY Plattsburgh, NY Plattsburgh, NY Burlington, VT Burlington, VT Burlington, VT Montreal, Quebec Colchester, VT Colchester, VT
Rows as Necessary	WPTZ WPTZ WCFE WCFE WETK WETK WETK WETK CBMT WFFF WFFF - CW	5 5.3 57 57.2 33 33.2 33.3 33.4 6 44 44.2	N N-M E E-M E-M E-M E-M I I N N	North Pole, NY North Pole, NY Plattsburgh, NY Plattsburgh, NY Burlington, VT Burlington, VT Burlington, VT Montreal, Quebec Colchester, VT Colchester, VT
Rows as Necessary	WPTZ WPTZ WCFE WCFE WETK WETK WETK WETK CBMT WFFF WFFF - CW	5 5.3 57 57.2 33 33.2 33.3 33.4 6 44 44.2	N N-M E E-M E-M E-M E-M I I N N	North Pole, NY North Pole, NY Plattsburgh, NY Plattsburgh, NY Burlington, VT Burlington, VT Burlington, VT Montreal, Quebec Colchester, VT Colchester, VT
Rows as Necessary	WPTZ WPTZ WCFE WCFE WETK WETK WETK WETK CBMT WFFF WFFF - CW	5 5.3 57 57.2 33 33.2 33.3 33.4 6 44 44.2	N N-M E E-M E-M E-M E-M I I N N	North Pole, NY North Pole, NY Plattsburgh, NY Plattsburgh, NY Burlington, VT Burlington, VT Burlington, VT Montreal, Quebec Colchester, VT Colchester, VT
Rows as Necessary	WPTZ WPTZ WCFE WCFE WETK WETK WETK WETK CBMT WFFF WFFF - CW	5 5.3 57 57.2 33 33.2 33.3 33.4 6 44 44.2	N N-M E E-M E-M E-M E-M I I N N	North Pole, NY North Pole, NY Plattsburgh, NY Plattsburgh, NY Burlington, VT Burlington, VT Burlington, VT Montreal, Quebec Colchester, VT Colchester, VT

Accounting F	Period: 2022	/2						FORM	/I SA1-2E. PAGE 4.
									SYSTEM ID#
WAIISFIELL	D-FA1310		PHONE CO INC						29680
all-band basis v Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 for	t every radio s whose signals ctions Conce) it is carried b monitoring, to ormation abou rm.	station ca were ge rning Al y the sys be recei it the Co	arried on a separate and disc nerally receivable by your ca I-Band FM Carriage: Under stem whenever it is received wed at the headend, with the opyright Office regulations or each station carried.	abl - C at	le system during Copyright Office i the system's he system's FM ante	the accountir regulations, ar eadend, and (2 enna, during c	ng perioo n FM sig 2) it can ærtain si	l. nal is generally be expected, ated intervals.	H Primary Transmitters: Radio
Column 2: S Column 3: If signal, indicate	State whether t f the radio stat this by placing	the static tion's sig g a checl	on is AM or FM. nal was electronically proces k mark in the "S/D" column. on (the community to which						
Mexican or Car	nadian stations	s, if any,	the community with which th	ie	station is identif	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	T	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	FM		Warren, VT	t					
WDEV	FM FM	x	Warren, VT	1					
WOKO	FM	Х	Burlington, VT	-					
WEZF	FM		Burlington, VT						
WWFY	FM		Berlin, VT	-					
CBFX	FM	X	Montreal, Quebec	-					
CBME WNCS	FM FM	X X	Montreal, Quebec Montpelier, VT	-					
CFGL	FM	X	Laval, Quebec	-					
WVPR-1	FM	X	Burlington, VT	-					
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Accounting Perio	od: 2022/2					FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	WAITSFIELD-FAYSTO	N TELEPI	HONE CO IN	С			29680
	SUBSTITUTE CARRIAGE				3		
1	In General: In space I, identi					ion that your cable syste	em carried on a
•	substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMENT		NING SUBS	TITUTE CARRIAGE			
Special Statement and	 During the accounting period 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork telev <u>ision</u> program	
Program Log	broadcast by a distant stat	tion?				YES	X NO
	Note: If your answer is "No'	leave the	rest of this pac	e blank If your answer is "	Yes " vou mu	ist complete the progra	
	log in block 2.	,			, jou		
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst	itute progra	m on a separa		wherever pos	sible, if their meaning is	S
	clear. If you need more spa				rearena") the	t during the ecocuption	~
	period, was broadcast by a			ision program ("substitute p ur cable system substituted			
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further informatio	n.
	Do not use general categori		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program		lcast live ente	r "Yes." Otherwise enter "N	0 "		
				isting the substitute program			
				ne community to which the			
	the case of Mexican or Can			community with which the s tem carried the substitute p			nth
	first. Example: for May 7 giv		when your sys				iiui
				gram was carried by your o			ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. should be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was <i>require</i>	ed
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	enter the let	ter "P" if the listed prog	
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	r FCC rules a	nd regulations in	
							•
						N SUBSTITUTE	
	S		E PROGRAM				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. TIMES FROM — TO	
						_	
						_	
						_	
						—	
						_	
			1				

Accounting Period:	2022/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Ivanie	WAITSFIELD-FAYSTON TELEPHONE CO INC	29680
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ential amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (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
_	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 \$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 t accounting period is \$52.00	his six-mon
	Line 1. Royalty fee for accounting period	
	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	
	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	
	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	
	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 \$ 508,187.31	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	2,443.87
	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	\$ 3,762.87
	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)	3,762.87
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 3,782.87
	EFT Trace # or TRANSACTION ID # 2.3055E+13	
	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 m	

					FORM SA1-2E. PAGE 7.
Name		VNER OF CABLE SYSTEM: YSTON TELEPHONE CO INC			SYSTEM ID# 29680
M Channels	 to its subscribers, Enter the total system carried t Enter the total on which the ca 	and (2) the cable system's total nu umber of channels on which the ca elevision broadcast stations umber of activated channels le system carried television broadd			14
N Individual to Be Contacted	we can contact al	out this statement of account.)	FORMATION IS NEEDED (Identify an individual to wi		
for Further Information	Name Address	ROGER NISHI PO BOX 9		Telephone 802-496	6-3391
	Address	Number, street, rural route, apartment, or WAITSFIELD VT 05673-00 City, town, state, zip)			
	Email	RNISHI@CORP.WC	VT.COM Fax (optio	nal) 802-496-7040	
O Certification	I, the undersigned (Owner (Agent in li X (Office in li t have examined	, hereby certify that (Check one, <i>but</i> other than corporation or partners of owner other than corporation or the 1 of space B and that the owner is a or partner) I am an officer (if a corp the 1 of space B. The statement of account and hereby and correct to the best of my knowle	ship) I am the owner of the cable system as identified in partnership) I am the duly authorized agent of the own	line 1 of space B; or er of the cable system as id dentified as owner of the ca ontained herein	
		Enter Typed or printed name Title:	an electronic signature on the line above to certify this sta signature using an "/s/ signature" (e.g., /s/ John Smith)		
		Date:	02/27	/23	

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 telephon 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 lay

	FORM SA1-2E. PAG
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ISFIELD-FAYSTON TELEPHONE CO INC	296
 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. 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? NO 	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	-
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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