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

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

ALLOCATION NUMBER

STATEMENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY
for Secondary Transmissions by	DATE RECEIVED	AMOUNT
Cable Systems (Short Form)		
	02/24/23	\$

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	
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.	3336
		·	
		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 490 (Number, street, rural route, apartment, or sulte number)	
		ANNVILLE, KY 40402-0490 (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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
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 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 suffciency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: C & W CABLE INC	SYSTEM ID# 3336
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo 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 mobi	unity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known
Area Served	identified city.	
	CITY OR TOWN	STATE
First Community	BURNING SPRINGS	KY KY
Community	ISLAND CREEK	
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM							-2E. PAG
Name	C & W CABLE INC	ADEL OTOTEM.						010	333
E Secondary Transmission	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period	pace E should on of television ay cable) in sp	cover al and rad ace F, n	l categories of s to broadcasts by ot here. All the	econdary / your sy acts you	stem to subscrib state must be t	oers. Give i	nformation	
Service: Sub- scribers and Rates	Number of Subscribers: Both down by categories of secondary each category by counting the miseparately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note	y transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc	service. Is in that indicated h catego 20/mth"). for adva e form lis ribers. G	In general, you category (the n I—not the numb ry of service. In Summarize any nce payment. sts the categorie vive the number	can com umber o er of set clude bo y standar es of seco of subsc	pute the numbe f persons or org s receiving servi th the amount o rd rate variations ondary transmis ribers and rate f	r of subscri anizations (ce). f the charge s within a p sion service for each list	bers in charged e and the articular rate e that cable red category	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	should be cour ble service to a nce again und has rate catego iers of services	nted as a additiona er "Servi ories for s that inc	a subscriber in e al sets would be ce to additional secondary trans lude one or mor	ach appl included set(s)." mission e second	icable category. in the count un service that are lary transmissio	Example: der "Servic different fro ns), list the	a residential e to the om those m, together	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRID	EKS	RAIE	CAT	LGORT OF SEI	VICE	SUBSCRIDERS	RAI
	Service to first set		484	18.00					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib hose services t e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) infor that are in ns: you on hished to usually in the cable stem furr ie was m	mation with resp not offered in co do not need to g nonsubscribers billed. If any rate system for eac hished or offered ade or establish	mbinatio ive rate i s. Rate in es are ch h of the a d during t	n with any seco nformation cond formation shoul arged on a varia applicable servic he accounting p	ndary trans cerning (1) d include b able per-pro ces listed. ceriod that v	emission services oth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEGO	DRY OF SERVICE	RA
	Continuing Services: Pay cable	18.00		tion: Non-resic el, hotel	lential				
	• Pay cable—add'l channel	10.00		nmercial					
	Fire protection		-	cable					
	•Burglar protection			cable-add'l cha	nnel				
	Installation: Residential		• Fire	protection					
	• First set		• Burg	glar protection					
	 Additional set(s) 			ervices:					
	• FM radio (if separate rate)			onnect					
	Converter								
			 Out 	et relocation					
				e to new addres	35				

				OVOTEN ID#
ne	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID# 3336
	C & W CABLE INC			
ary hitters: ision	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channa 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 locatio	entify every television station (including i m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6° is explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. 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	(1) stations carried only on a part-time carriage of certain network program 1(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- me Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction or gram services such as HBO, ESPI e-air designation. For example, report vision station for broadcasting over the station, an independent station, or a for for network multicast), "I" (for indepen- per "E-M" (for noncommercial education inctions in the paper SA1-2 form. the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WTVQ	36	N	LEXINGTON, KY
		<u>36</u> 27	N	
essary	WTVQ WKYT WKLE			LEXINGTON, KY LEXINGTON, KY LEXINGTON, KY
ssary	WKYT	27	N	LEXINGTON, KY
sary	WKYT WKLE	27 46	N E	LEXINGTON, KY LEXINGTON, KY
ary	WKYT WKLE WLEX	27 46 18	N E N	LEXINGTON, KY LEXINGTON, KY LEXINGTON, KY
	WKYT WKLE WLEX WDKY	27 46 18 56	N E N I	LEXINGTON, KY LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
ary	WKYT WKLE WLEX WDKY WYMT	27 46 18 56 57	N E N I	LEXINGTON, KY LEXINGTON, KY LEXINGTON, KY DANVILLE, KY
ary	WKYT WKLE WLEX WDKY WYMT	27 46 18 56 57	N E N I	LEXINGTON, KY LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
sary	WKYT WKLE WLEX WDKY WYMT	27 46 18 56 57	N E N I	LEXINGTON, KY LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
ssary	WKYT WKLE WLEX WDKY WYMT	27 46 18 56 57	N E N I	LEXINGTON, KY LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
ssary	WKYT WKLE WLEX WDKY WYMT	27 46 18 56 57	N E N I	LEXINGTON, KY LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
essary	WKYT WKLE WLEX WDKY WYMT	27 46 18 56 57	N E N I	LEXINGTON, KY LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
25Sary	WKYT WKLE WLEX WDKY WYMT	27 46 18 56 57	N E N I	LEXINGTON, KY LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
cessary	WKYT WKLE WLEX WDKY WYMT	27 46 18 56 57	N E N I	LEXINGTON, KY LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
255ary	WKYT WKLE WLEX WDKY WYMT	27 46 18 56 57	N E N I	LEXINGTON, KY LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
essary	WKYT WKLE WLEX WDKY WYMT	27 46 18 56 57	N E N I	LEXINGTON, KY LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
ecessary	WKYT WKLE WLEX WDKY WYMT	27 46 18 56 57	N E N I	LEXINGTON, KY LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
ecessary	WKYT WKLE WLEX WDKY WYMT	27 46 18 56 57	N E N I	LEXINGTON, KY LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
lecessary	WKYT WKLE WLEX WDKY WYMT	27 46 18 56 57	N E N I	LEXINGTON, KY LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
lecessary	WKYT WKLE WLEX WDKY WYMT	27 46 18 56 57	N E N I	LEXINGTON, KY LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY

Accounting P							FORM	I SA1-2E. PAGE
EGAL NAME OF		CABLE SY	/STEM:					SYSTEM I
C & W CABL	E INC							33:
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
Special Instruct eceivable if (1) on the basis of f For detailed info paper SA1-2 for Column 1: lo	tions Conce it is carried b monitoring, to prmation abou rm. dentify the call	rning Al y the sys be recei it the Cc	I-Band FM Carriage: Under (stem whenever it is received a wed at the headend, with the opyright Office regulations on the each station carried.	Copyright Office r It the system's he system's FM ante	regulations, ar eadend, and (2 enna, during c	n FM sig 2) it can ærtain st	nal is generally be expected, ated intervals.	Primary Transmitters: Radio
Column 3: If ignal, indicate Column 4: G	the radio stat this by placing live the station	ion's sig g a checl n's locati	on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL SIGN		3,0		UALL SIGN		3,0	LOOATION OF STATION	
						[

	od: 2022/2						FOR	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	C & W CABLE INC							3336
	SUBSTITUTE CARRIAGI							
I	In General: In space I, identi							
	substitute basis during the a explanation of the programm							
Substitute Carriage:					general mour			-2 101111.
Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	-	ir cable system	carry, on a substitute basis	s, any nonnet	work telev	ision program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this pac	e blank If vour answer is "	Yes " vou mu	ist complet	e the progra	m
	-	, louvo ulo	root of the pag		roo, you me	iot complet	e the progra	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations v	vherever nos	sihle if the	ir meaning is	2
	clear. If you need more spa						ii mouning ic	<u>,</u>
				ision program ("substitute p	program") tha	t, during th	e accounting	3
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Lo	ove Lucy" or	
	_		dcast live ente	r "Yes." Otherwise enter "N	o "			
				isting the substitute program				
	Column 4: Give the broa	adcast static	on's location (th	e community to which the	station is lice		e FCC or, in	
	the case of Mexican or Can							
			when your sys	tem carried the substitute p	orogram. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv		aubatituta pra	arom was serried by your a	able avetem	lict the tim	ana angurata	sh <i>i</i>
	to the nearest five minutes.			gram was carried by your o				ery
	stated as "6:00–6:30 p.m."		a program cam		5 p.m. to 0.2	0.00 p.m. a		
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	ed
	to delete under FCC rules a							ram
	was substituted for program		our system wa	s permitted to delete under	FCC rules a	nd regulati	ons in	
	effect on October 19, 1976.							
					-			
	s	UBSTITUT		1		N SUBST		7. REASON FOR
			TE PROGRAM	1	CARRI	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	TE PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	

Accounting Period:	2022/2 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Name	C & W CABLE INC 3336
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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. \$ 52,272.00 (Amount of gross 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 \$263,800 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
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mon accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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 \$137,100)
	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
	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
	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 # 27443DM1
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

	: 2022/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME O	F OWNER OF CABLE SYSTEM	1:		SYSTEM ID 3336
M Channels	to its subscrib		er of channels on which the cable system o 's total number of activated channels durir		
			nich the cable		8
	0. Enter the te		1-		
	on which the	otal number of activated chan e cable system carried televis adcast services			28
				16 in dividue - 1 An order	
N Individual to Be Contacted		to be contacted if FUR	THER INFORMATION IS NEEDED (Ident ount.)	ity an individual to whom	
for Further	Name	VEOLA R WILLIAM	NS	Telephone	(606) 364-5357
Information	Address	PO BOX 490			
		(Number, street, rural route, a ANNVILLE, KY 40			
		(City, town, state, zip)			
	Email	vbwilliams@	prtcnet.org	Fax (optional) (606) 364-2	138
Ο	CERTIFICATIO	IN (This statement of account	t must be certified and signed in accordance	ce with Copyright Office regulations)	
Certification	• I, the undersig	gned, hereby certify that (Chec	k one, <i>but only one</i> , of the boxes.)		
	(Ow	ner other than corporation o	r partnership) I am the owner of the cable s	ystem as identified in line 1 of space E	3; or
			oration or partnership) I am the duly authon le owner is not a corporation or partnership; o		ystem as identified
		fficer or partner) I am an office in line 1 of space B.	er (if a corporation) or a partner (if a partners	nip) of the legal entity identified as owr	er of the cable system
		·			
	are true, comp		nd hereby declare under penalty of law that a my knowledge, information, and belief, and a		
	are true, comp	lete, and correct to the best of			
	are true, comp	lete, and correct to the best of			
	are true, comp	lete, and correct to the best of	my knowledge, information, and belief, and a	are made in good faith.	-
	are true, comp	lete, and correct to the best of	my knowledge, information, and belief, and a X /s/ Veola R Williams Enter an electronic signature on the line a Enter signature using an "/s/ signature" (are made in good faith.	-
	are true, comp	lete, and correct to the best of cition 1001(1986)] Typed or prin Title:	my knowledge, information, and belief, and a X /s/ Veola R Williams Enter an electronic signature on the line a Enter signature using an "/s/ signature" (above to certify this statement. e.g., /s/ John Smith)	-

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

unting Period: 2022/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
W CABLE INC	333
 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 Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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 Assessmen
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 Assessmen
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