TATEME		FOR COPYR	IGHT OFFICE USE ONLY	Return to:			
	ary Transmissions	DATE RECEIVED	AMOUNT	Library of Congress Copyright Office-LD			
	sterns (Short Form)		\$	1(1 Independence Avenu Washington, DC 20557-6			
un a val in adm.	ctions are at the	01/27/23		(2)2)707-8150			
	m [pages (i)-(vii)].		ALLOCATION NUMBER	For courier deliveries, see mage ii of the genera instructions.			
2		1		900.			
Α			ENT: (Check one of the boxes an				
Accounting Period	January 1–June 30(Year)	юсиски 	July 1–December 31 .2022 (Ye	ear)			
B Owner	corporate title of the subsidiary, not i In line 2, list any other names under If there were different owners durin a single statement of account and ro	that of the parent corporat or which the owner condu- og the accounting period, of valty fee payment covering	ots the business of the cable system. Inly the owner on the last day of the acc	counting period should subm			
	1 LEGAL NAME OF OWNER O	F CABLE SYSTEM:					
	Doylestown Communica	tions, Inc.		60203			
	2 BUSINESS NAME(S) OF OW		(IF DIFFERENT):	S147-00-11			
	3 MAILING ADDRESS OF OWN 81 N. Portage St. (Number, street, nural reute, apartment, of Doylestown, Ohio 44230 (City, town, state, zip)	or suite number)					
С			d to identify the business and operatic dress of the system, if different from th				
System	1 IDENTIFICATION OF CABLE	SYSTEM:					
	MAILING ADDRESS OF CAB	LE SYSTEM:					
	(Number, street, rural route, apartment, c	r suite number)		•••••••••			
	City, town, state, zip)						
D Area Served	in FCC rules: "a separate and distinc areas and including single, discrete u of system letentification hereafter kno	t community or municipal nincorporated areas)." 47 wn as the "first community	system, A "community" is the same as entity (including unincorporated comm C.F.R. §76.5(dd). The first community tr ." Please use it as the first community of	nunities within unincorporate hat you list will serve as a for or all future fillngs.			
Serveu	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city,						
		STATE	CITY OR TOWN	STATE			
First 🕨 Community	Village of Doylestown Chippewa Township	Ohio Ohio	Rittman	Ohio.			
·	Marshallville	Ohio		<u></u>			
		SN. 55					

Doylestown Communications, Inc	•		60203	Name
nstructions: List each separate communit n FCC rules: "a separate and distinct con- reas and including single, discrete uninco- f system identification hereafter known as lote: Entities and properties such as hotels, dentified city.	nmunity or municipal entity proorated areas)." 47 C.F.R. s the "first community." Plea	(including unincorporated communit §76.5(dd). The first community that y ase use it as the first community on ai	ou list will serve as a form <i>I future filings</i> .	D Area Served
CITY OR TOWN	STATE	CITY OR TOWN	STATE	
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Name	LEGAL NAME OF OWNER OF CABLE SYSTE Doylestown Communication							60203	
E Secondary	SECONDARY TRANSMIS: In General: The information in system, that is, the retransmis about other services (including	SION SE n space E sion of tel	should a levision ar	over all c id radio bi	ategories of oadcasts by	seconda your sys	ry transmi tem to sub	oscribers. Give info	rmatio
iransmission Service: Subscribers and Rates	day of the accounting period (Number of Subscribers: E down by categories of second category by counting the numb for the particular service at the	June 30 o Both block ary transn ber of billir	r Decemb is in spac hission se higs in that	er 31, as t e E call fo rvice. In ge category (he case may or the numbe eneral, you ca the number of	/ be). er of subs an compu of persons	cribers to te the nun s or organi	the cable system, ther of subscribers	broke in eac
	Rate: Give the standard rat unit in which it is generally bills category, but do not include d Block 1: In the left-hand blo systems most commonly prov that applies to your system.	e charged ed. (Examp iscounts a ock in space ide to thei	t for each ple: "\$20/i allowed fo ce E, the f r subscrib	category mth"). Sun r advance orm lists ti ers. Give t	of service. Ir nmarize any : payment, he categorie: he number o	nclude bo standard s of secor if subscril	th the amo rate variati ndary trans pers and ra	ions within a particu smission service the ate for each listed o	ular rat at cabl ategor
	categories, that person or enti subscriber who pays extra for set," and would be counted or Block 2: If your cable syste printed in block 1, (for example with the number of subscriber sufficient.	ty should cable servince again am has rai a, tiers of :	be counte vice to add under "Se te catego services th	d as a sub ditional set ervice to a ries for se nat include	escriber in ea swould be in dditional set condary tran	ich applic ncluded ir s)." smission s seconda	able categ the coun service th ary transmi	jory Example: a res t under "Service to at εre different fror issions), list them, t	identi the firs n thos ogethe
	PL OOI	~ ~		-					
	BLOCH						BLOCK 2	· · · · · · · · · · · · · · · · · · ·	
	CATEGORY OF SERVICE). OF CRIBERS	RATE	CATEGOR	Y OF SEP	VICE	NO. OF S JBSCRIBERS	RAT
	Residential: • Service to first set		107	1					
	•Service to additional set(s)								
	•FM radio (if separate rate)								
	Motel, hotel			1 L				• • • • • • • • • • • • • • • • • • • •	
	Commercial Converter		0	\$2.00	1				1
	Residential								
	Nonresidential								
									<u> </u>
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN In General: Space F calls for r not covered in space E, that is, for a single fee. There are two at cost or (2) services or facilit charge and the unit in which it letters "PP" in the rate column Block 1: Give the standard Block 2: List any services listed in block 1 and for which brief (two- or three-word) desc	ate (not su those serv exceptio ies furnish is usually rate charg that your n a separa cription ar	ubscriber) vices that a ns: you do ned to nor billed. If a ged by the cable sys ate charge id include	informatic are not offe o not need subscribe any rates a cable sys tem furnis was mad	on with respe ered in combi I to give rate rs. Rate info are charged o stem for each hed or offere e or establis	et to all ye nation wit informati mation sl on a variat of the ap ed during	h any seco ion concer hould inclu ble per-pro oplicable s the accou	ndary transmission ning (1) services funde both the amoun ogram basis, enter rervices listed. unting period that ver services in the fo	rnishe arnishe nt of th only th vere n
	: ;;;	BLO					ļ	BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGO	RY OF SE	RVICE	RATE	CATEGO	RY OF SERVICE	RAT
	Continuing Services: • Pay cable	\$74.00	• Motel,	hotel	residential	, , , ,			
	 Pay cable-add'l channel 	· · · · · · ·	· Comm				••••••		1.
	Fire protection		Pay ca		channel		1		[
	Burglar protection	• • • • • • • •	• Pay ca • Fire pr	ble-add'l	Charmer		1		[
	Installation: Residential			r protection	n]		{
	First set		Other S				1		1

Other Services:

Outlet relocationMove to new address

Reconnect

Disconnect

\$25.00

\$25.00

\$25.00

......

Additional set(s)

Converter

FM radio (if separate rate)

FORM SA1-2. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:		Name
Doylestown Communications, Inc.	60203	

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 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 multicast stream "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; for example, WETA-2-simulcast).

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.

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.

2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
3	N	Cleveland, Ohio	
5	N	Cleveland, Ohio	
8	N	Cleveland, Ohio	
17	<u>I</u>	Canton, Ohio	
19	N	Cleveland, Ohio	
23	1	Akron, Ohio	
25	E	Cleveland, Ohio	
43	.1	Lorain, Ohio	
45	Ē	Alliance, Ohio	
47	1	Canton, Ohio	
52	· · · · · · · · · · · · · · · · · · ·	Sandusky, Ohio	
55	1	Akron, Ohio	
68	1	Mansfield, Ohio	
			<u> </u>
	- <u>-</u>		
	• • • • • • • • • • • • • • • • • • •		
	CHANNEL NUMBER 3 5 8 17 19 23 25 43 43 45 47 52 55	CHANNEL NUMBER OF STATION 3 N 5 N 8 N 17 I 19 N 23 I 25 E 43 I 45 E 47 1 52 I 55 I	CHANNEL NUMBEROF STATION3NCleveland, Ohio5NCleveland, Ohio8NCleveland, Ohio17ICanton, Ohio19NCleveland, Ohio23IAkron, Ohio25ECleveland, Ohio43ILorain, Ohio45EAlliance, Ohio471Canton, Ohio52ISandusky, Ohio55IAkron, Ohio

G

Primary Transmitters: Television

Name	LEGAL NAME OF O							60203
H	all-band basi	List every rac s whose sign	lio sta ials we	tion carried on a separate a are generally receivable by y	our cable system	em during th	e acc	ourting period.
Transmitters: Radio	receivable if (the basis of n detailed infor Column 1 Column 3 signal, indica Column 4	1) it is carrieo nonitoring, to mation abou : Identify the : State wheth : If the radio : ite this by pla : Give the sta	l by the be rec t the til call sig er the station ation's	ng All-Band FM Carriage: I e system whenever it is rece evided at the headend, with the Copyright Office regulating on of each station carried. station is AM or FM. It's signal was electronically theck mark in the "S/D" of location (the community to f any, the community with w	ived at the syst he system's FN ons on this poin processed by to olumn. which the stat	em's header 1 antenna, di nt, see page the cable sy ion is licens	nd; and uring o (iv) of stem a ed by	d (2, it can be expected, on certain stated intervals. For f the general instructions. as a separate and discrete
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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	TEM: DNS, INC.				60203		Name
SUBSTITUTE CARRIAGE In General: In space I, ident system carried on a substitut ions, or authorizations. For a the general instructions.	E: SPECIAL ify every nor e basis during	network televi the accountir	<i>ision program</i> , broadcang period, under specifi	ist by a <i>dis</i> c present a	nd former FCC ru	les, regula-	Substitute Carriage:
 SPECIAL STATEMENT C During the accounting peri broadcast by a distant sta Note: If your answer is "No," og in block 2. 	iod, did your tion?	cable system o	carry, on a substitute ba	🗌 Ye:	s 🔳 No		Special Statement a Program Lo
A General: List each substitutear. If you need more space Column 1: Give the title or veriod, was broadcast by a di nder certain FCC rules, region on tuse general categorie NBA Basketball: 76ers vs. E Column 2: If the program Column 3: Give the call si Column 4: Give the broad ne case of Mexican or Cana Column 5: Give the month rst. Example: for May 7, giv Column 6: State the times of the nearest five minutes. E is "6:00–6:30 p.m." Column 7: Enter the letter of delete under FCC rules and	e, please atta f every nonne stant station ulations, or a s like "movie sulls." was broadca gn of the station's dian stations and day whe e "5/7." s when the su xample: a pro-	ach additional p etwork televisi- and that your c uthorizations. I as" or "baskett ast live, enter "" tion broadcast s location (the s, if any, the co en your system ubstitute progra ogram carried l ted program w	pages. on program ("substitute sable system substitute See page (v) of the gen ball." List specific progr Yes.". Otherwise, enter ing the substitute progr community to which the mmunity with which the n carried the substitute am was carried by your by a system from 6:01:1 ras substituted for progr	e program") d for the pro- leral instruc am titles, fo "No." ram. e station is e station is i program. U cable syste 5 p.m. to 6 ramming th	that, during the s gramming of and tions for further in or example, "I Low a licensed by the dentified). se numerals, with em. List the times (28:30 p.m. shoul) at your system W	accounting ther station information. ve Lucy" or FCC or, in the month accurately d be stated as required	
vas substituted for program on October 19, 1976.	UBSTITUTE	ur system was	permitted to delete un	ider FCC ru	SUBSTITUTE	7. REASON	
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	FCR DELETION	
				11	_		
	·						

		FORM SA1-2.	PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	60202	
	Doylestown Communications, Inc.	60203	
K Gross Receipts	 GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ar all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of his page (vi) of the general instructions. 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. 	s secondary transmission s ow to compute this amour 129,854.70	ervice nt, see
L Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructons: 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 k Use block 3 if the amount of gross receipts in space K is more than \$263,800 but k See page (vi) of the general instructions for more information.	ess than or equal to \$263,8 ess than \$527,600	300
	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 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	\$ 52.00	
	Line 3. Filing Fee	\$ 15.00	
	Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 1, 2 and 3	\$ 67.00	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than	\$137,100)	
	1. Base amount under statutory formula	263,800	
	2. Enter amount of gross receipts from space K	\$0.00	
	3. Subtract line 2 from line 1	\$0.00	
	4. Enter the amount of gross receipts from space K	\$0.00	
	5. Enter the amount from line 3	\$0.00	
	6. Subtract line 5 from line 4	\$0.00	
	7. Multiply line 6 by .005 (enter figure here)		0.00
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. Filing Fee		
	10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 7, 8 and 9		0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less tha	ın \$527.60()	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula S	263,800	
	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	
	6. Interest Charge. Enter the amount from line 4, space Q, page 8		
	7. Filing Fee.	\$ 23.00	
	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7		

ORM SA1-2. PAGE 7.			
LEGAL NAME OF OWNER OF CABLE SYSTEM: Doylestown Communications	, Inc.	60203	Name
CHANNELS	e number of channels on which the cable system car le system's total number of activated channels durin	ried television broadcast stat ons ng the accounting period.	M Channels
	adcast stations.		
	vated system carried television broadcast stations		
	CTED IF FURTHER INFORMATION IS NEEDE	ĒD	Ν
Name David Jones	Tele		Individual to Be Contacter for Further Information
	net Fax (optional) .330	-658-7243	
CERTIFICATION (This statem	ant of account must be certified and signed in accord	ance with Copyright Office regula-	0
tions, as explained in the genera		ance with Copyright Office regula-	Ŭ
tions, as explained in the generaI, the undersigned, hereby ce	l instructions.) ertify that (Check one, <i>but only one</i> , of the boxes.)		Ŭ
tions, as explained in the generaI, the undersigned, hereby ce	l instructions.)		Ŭ
 tions, as explained in the general I, the undersigned, hereby ce (Owner other than corporation space B; or 	l instructions.) ertify that (Check one, <i>but only one</i> , of the boxes.)	stem as identified in line 1 of	Ŭ
 tions, as explained in the general I, the undersigned, hereby ce (Owner other than corporations space B; or (Agent of owner other than cable system as identified in 	I instructions.) ertify that (Check one, <i>but only one</i> , of the boxes.) tion or partnership) I am the owner of the cable sys corporation or partnership) I am the duly authoriz line 1 of space B, and that the owner is not a corpo officer (if a corporation) or a partner (if a partnership	stem as identified in line 1 of red agent of the owner of the ration or partnership; or	O
 tions, as explained in the general I, the undersigned, hereby ce (Owner other than corporations space B; or (Agent of owner other than cable system as identified in cable system as identified in (Officer or partner) I am an owner of the cable system in the statement of the st	Instructions.) ertify that (Check one, <i>but only one</i> , of the boxes.) tion or partnership) I am the owner of the cable sys corporation or partnership) I am the duly authoriz line 1 of space B, and that the owner is not a corpo officer (if a corporation) or a partner (if a partnership line 1 of space B. nt of account and hereby declare under penalty of la ete, and correct to the best of my knowledge, inform	stem as identified in line 1 of red agent of the owner of the ration or partnership; or) of the legal entity identified as aw that all statements of fact con-	Ŭ
 tions, as explained in the general I, the undersigned, hereby cell (Owner other than corporal space B; or (Agent of owner other than cable system as identified in (Officer or partner) I am an owner of the cable system in I have examined the statement tained herein are true, complete the cable system are true, complete the system are true, c	Instructions.) ertify that (Check one, <i>but only one</i> , of the boxes.) tion or partnership) I am the owner of the cable sys corporation or partnership) I am the duly authoriz line 1 of space B, and that the owner is not a corpo officer (if a corporation) or a partner (if a partnership line 1 of space B. nt of account and hereby declare under penalty of la ete, and correct to the best of my knowledge, inform	stem as identified in line 1 of red agent of the owner of the ration or partnership; or) of the legal entity identified as aw that all statements of fact con- nation, and belief, and are made in	Ŭ
 tions, as explained in the general I, the undersigned, hereby cell (Owner other than corporal space B; or (Agent of owner other than cable system as identified in (Officer or partner) I am an owner of the cable system in I have examined the statement tained herein are true, complete the cable system in the cable system in the cable system in the statement tained herein are true, complete the system in the cable system in the statement tained herein are true, complete the system in the statement of the system in the statement of the system in the system in the system in the statement of the system in the system in	Instructions.) ertify that (Check one, <i>but only one</i> , of the boxes.) tion or partnership) I am the owner of the cable sys corporation or partnership) I am the duly authoriz line 1 of space B, and that the owner is not a corpo- officer (if a corporation) or a partner (if a partnership line 1 of space B. Int of account and hereby declare under penalty of la ete, and correct to the best of my knowledge, inform ec.1001]	stem as identified in line 1 of red agent of the owner of the ration or partnership; or) of the legal entity identified as aw that all statements of fact con- nation, and belief, and are made in	Ŭ
 tions, as explained in the general I, the undersigned, hereby cell (Owner other than corporal space B; or (Agent of owner other than cable system as identified in (Officer or partner) I am an owner of the cable system in I have examined the statement tained herein are true, complete the cable system are true, complete the system are true, c	Instructions.) ertify that (Check one, <i>but only one</i> , of the boxes.) tion or partnership) I am the owner of the cable system corporation or partnership) I am the duly authorize line 1 of space B, and that the owner is not a corpor- officer (if a corporation) or a partner (if a partnership line 1 of space B. Int of account and hereby declare under penalty of the ete, and correct to the best of my knowledge, inform ec.1001] Handwritten signature:	stem as identified in line 1 of red agent of the owner of the ration or partnership; or) of the legal entity identified as aw that all statements of fact con- nation, and belief, and are made in	Ŭ

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 once a public indexes that 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.

FORM SA1-2. PAGE	8.
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Doylestown Communications, Inc.	60203
P Special Statement Concerning Gross Receipts Exclusions	 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A) of the Copy lowing sentence:	able system for the basic tem shall not include sub- pursuant to section 119." general instructions. for secondary transmissions
	Mailing address	· · · · · · · · · · · · · · · · · · ·
Q Interest Assessment	INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late For an explanation of interest assessment, see page (vi) of the general instructions. Line 1. Enter the amount of late payment or underpayment	e payment or underpayment.
	Line 2. Multiply line 1 by the interest rate* and enter the sum here	x %
	Line 3. Multiply line 2 by the number of days late and enter the sum here	x .00274
	Line 4, Multiply line 3 by .00274** and enter here and 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. F 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 la Note: If you are filing this worksheet covering a statement of account already submitted to list below the owner, address, first community served, ID number, and accounting period a	the Copyright Office, please
	Owner	
	ID number First community served Accounting period	
Privacy Act Notice	e: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying	g information (PII) requested on this

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (H) requested on this form in order to process your statement of account. Pli is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing Pli, 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 Pli 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.

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