This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

# SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
3/1/23	\$						
	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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		20222 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.							
		LEGAL NAME OF OWNER MANUAL APPRECS OF CARL F SYSTEM						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		BR CABLEVISION CO CORP  BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		BOOMEGO HAME(O) OF OWNER OF OADEL OFFICE (II DITTERCENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		1805 N DIXIE HWY (Number, street, rural route, apartment, or suite number)						
	LIMA, OH 45801 (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 unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B						
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or suite number)						
		(City, town, state, zip code)						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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 fling, a determination that would be made by a court of law.

BR CABLEVISION CO CORP  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn 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 home parks should be reported in parentheses below the identified city.  CITY OR TOWN  STATE  BENTON RIDGE  OH		LEGAL MAME OF CHANGE OF CARLE OVOTER	FORM SA1-2E. PAG
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn 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 home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  BENTON RIDGE OH  UNINCORPORATED AREA SORROUNDING  BENTON RIDGE OH  UNION TOWNSHIP OH  BLANCHARD TOWNSHIP OH	Name		SYSTEM 613
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn 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 home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  BENTON RIDGE OH  UNINCORPORATED AREA SORROUNDING  BENTON RIDGE OH  UNION TOWNSHIP OH  BLANCHARD TOWNSHIP OH			
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BLANCHARD TOWNSHIP OH	,		

Accounting Period: 2022/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA1-2E. PAGE 2.

SYSTEM ID#

61339

#### **BR CABLEVISION CO CORP**

E

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	148	20.00			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		1		T	1

F

Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	67.00	Motel, hotel		ADDITIONAL STB	6.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		DVR SERVICE	7.00
Fire protection		• Pay cable			
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
<ul> <li>First set</li> </ul>	17.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	29.00		
• Converter		Disconnect			
		Outlet relocation			
		<ul> <li>Move to new address</li> </ul>			

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61339

#### **BR CABLEVISION CO CORP**

G

#### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other
  basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
   Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each

multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WTOL	11.1	N	TOLEDO, OH
WTOL	11.2	N-M	TOLEDO, OH
WTVG	13.1	N	TOLEDO, OH
WTVG	13.2	N-M	TOLEDO, OH
WTVG	13.3	N-M	TOLEDO, OH
WFND	22.1	N	FINDLAY, OH
WNWO	24.1	N	TOLEDO, OH
WNWO	24.2	N-M	TOLEDO, OH
WNWO	24.3	N-M	TOLEDO, OH
WBGU	27.1	E	BOWLING GREEN, OH
WBGU	27.02	E-M	BOWLING GREEN, OH
WBGU	27.3	E-M	BOWLING GREEN, OH
WGTE	30.1	E	TOLEDO, OH
WGTE	30.2	E-M	TOLEDO, OH
WGTE	30.3	E-M	TOLEDO, OH
WUPW	36.1	N	TOLEDO, OH
WUPW	36.2	N-M	TOLEDO, OH
WLMB	40.1	l	TOLEDO, OH
WTLW	44.1	l	LIMA, Oh
WOSN	44.2	I-M	LIMA, Oh

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **BR CABLEVISION CO CORP**

61339

#### PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

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

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

0411 01051	A B 4 E 2 4	0/0	LOGATION OF OTATION	0411 0101	ANA ENA	0/0	LOGATION OF OTATION
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

						FOR	M SA1-2E. PAGE 5.
LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
BR CABLEVISION CO	CORP						61339
In General: In space I, ider substitute basis during the explanation of the program.  1. SPECIAL STATEMEN.  • During the accounting period broadcast by a distant standard broadcast by a distandard broadcast by a distandard broadcast by a under certain FCC rules, rules, rules are controlled broadcast by a distandard broadcast by a distance in the substandard broadcast by a distance in the substance in the substan	ntify every no accounting pring that mu the principal form of the	nnetwork televiberiod, under spist be included RNING SUBS ur cable system e rest of this paradd additional and additional onnetwork teleption and that your authorization ovies" or "bask"	ision program, broadcas pecific present and form in this log, see page (v) TITUTE CARRIAGE or carry, on a substitute age blank. If your answard teline. Use abbrevia: I rows to the tables. It is to be to be system substitute our cable system substitute. See page (v) of the tetball." List specific program (substitute).	est by a distant steer FCC rules, refer FCC rules, refer for the general in the basis, any normal structure of the program structure of the program titles, for for for FCC rules, and the program titles, for for for FCC rules, refer for for for for for for for for for fo	gulations, constructions unetwork to must com cossible, if that, during rogrammin tions for fu	relevision progression progres	gram  gris
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					CARRIAGE OCCURRED		
TITLE OF PROGRAM	Yes or No	CALL SIGN		1 1	FROM	— TO	
	In General: In space I, ider substitute basis during the explanation of the program.  1. SPECIAL STATEMEN.  During the accounting period broadcast by a distant state of the program.  Note: If your answer is "Note: If your	In General: In space I, identify every no substitute basis during the accounting pexplanation of the programming that mu.  1. SPECIAL STATEMENT CONCEI  During the accounting period, did you broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRAIN General: List each substitute prograte clear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant state under certain FCC rules, regulations, Do not use general categories like "me"NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcours and the case of Mexican or Canadian static Column 5: Give the broadcast statif the case of Mexican or Canadian static Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when the tothe nearest five minutes. Example: stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the todelete under FCC rules and regulat was substituted for programming that effect on October 19, 1976.  SUBSTITUT  1. TITLE OF PROGRAM  2. LIVE?	In General: In space I, identify every nonnetwork televisubstitute basis during the accounting period, under spexplanation of the programming that must be included  1. SPECIAL STATEMENT CONCERNING SUBS  • During the accounting period, did your cable system broadcast by a distant station?  Note: If your answer is "No", leave the rest of this parallog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separallog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separal clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork telesperiod, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, ent Column 3: Give the call sign of the station broadd Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute proto the nearest five minutes. Example: a program car stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	In General: In space I, identify every nonnetwork television program, broadcas substitute basis during the accounting period, under specific present and form explanation of the programming that must be included in this log, see page (v)  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answ log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviat clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("subst period, was broadcast by a distant station and that your cable system subsunder certain FCC rules, regulations, or authorizations. See page (v) of the Do not use general categories like "movies" or "basketball." List specific pre "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise en Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which column 5: Give the month and day when your system carried the substifirst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by to the nearest five minutes. Example: a program carried by a system from stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was permitted to delete effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	substitute basis during the accounting period, under specific present and former FCC rules, reexplanation of the programming that must be included in this log, see page (v) of the general in the substitute passes and additional round as substitute basis, and not broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever proclear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") period, was broadcast by a distant station and that your cable system substituted for the punder certain FCC rules, regulations, or authorizations. See page (v) of the general instruct Do not use general categories like "movies" or "basketball." List specific program titles, for "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is in the case of Mexican or Canadian stations, if any, the community with which the station is in the case of Mexican or Canadian stations, if any, the community with which the station is in the case of Mexican or Canadian stations, if any, the community with which the station is in the case of Mexican or Canadian stations, if any, the community of the substitute program. Column 5: Give the month and day when your system carried the substitute program. In the case of Mexican or Canadian stations, if any, the community with which the station is in the case of Mexican or Canadian stations, if any, the community of the substitute program. Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that substitute basis during the accounting period, under specific present and former FCC rules, regulations, explanation of the programming that must be included in this log, see page (v) of the general instructions.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork to broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must com log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, durin period, was broadcast by a distant station and that your cable system substituted for the programmin under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for fit Do not use general categories like "movies" or "basketball." List specific program titles, for example, "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 5: Give the month and day when your system carried the substitute program. Use numer first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p. stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" i was substituted for programming that your sy	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable sysubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorization explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper State Institute basis and programming that must be included in this log, see page (v) of the general instructions in the paper State Institute During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program carried by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the propage in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the account period, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information to use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. List the times accure to the nearest five minutes. Example: a program carried by a s

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BR CABLEVISION CO CORP		STEM 1
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form	mission service	
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	\$ 18	,000.00
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	•
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 t accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula	<u>-</u>	
	2. Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1		
	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)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	•	
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
	TIEINGT LE AND TOTAL NEIWITTANGE DOL		
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
		15.00	
otal Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		
	S. Filing Fee (See the instructions for more information on filing fee calculations)	\$	67.00
		\$	67.00

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.				
Name	LEGAL NAME OF OWNER OF O				SYSTEM ID# 61339				
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations								
	on which the cable system and nonbroadcast services	carried television broad			138				
N Individual to Be Contacted	INDIVIDUAL TO BE CONTA we can contact about this st		NFORMATION IS NEEDED (Identify an inc	dividual to whom					
for Further Information	Name ANGEL	A FINNERTY		Telephone 41	19-859-2144 EXT 115				
	(Number, st	DIXIE HWY reet, rural route, apartment, o DH 45801 state, zip)	or suite number)						
	Email	angelafinnerty@wat	chcomm.net	Fax (optional) 419-859-2150					
0	CERTIFICATION (This stater	ment of account must be	e certified and signed in accordance with C	Copyright Office regulations)					
Certification	• I, the undersigned, hereby of	certify that (Check one,bu	ut only one , of the boxes.)						
	(Owner other than	n corporation or partne	ership) I am the owner of the cable system a	as identified in line 1 of space B; o	or				
	in line 1 of spa	ce B and that the owner	or partnership) I am the duly authorized ag is not a corporation or partnership; or						
	in line 1 of spa	ice B.	orporation) or a partner (if a partnership) of the		r of the cable system				
		ct to the best of my know	by declare under penalty of law that all stater wledge, information, and belief, and are mad						
			X /s/ Mark Miller						
			er an electronic signature on the line above to der signature using an "/s/ signature" (e.g., /s/ J						
		Typed or printed nan	ne: Mark Miller						
			ce President osition held in corporation or partnership)						
		Date:		3/1/23					

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

Accounting Period: 2022/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 61339 **BR CABLEVISION CO CORP** 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 fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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? X NO YES. Enter the total here and list the satellite carrier(s) below. . . . . . . . . . . . . . \$ Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs 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 . . . . . . \* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. \*\* This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address

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ID number

First community served Accounting period