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				
3/3/23	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

## coplicsoa@loc.gov

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

Α	ACCOUNTING 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)							
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/MAILING ADDRESS OF CABLE SYSTEM							
	Cable Co LLC							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	P.O. Box 19579 (Number, street, rural route, apartment, or suite number)							
	Colorado City, CO 81019 (City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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	IDENTIFICATION OF CABLE SYSTEM:							
	1							
	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.

Cable Co LLC  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single 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 known 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  Colorado City  CO  Rye  CO  CO  CO  CO  CO  CO  CO  CO  CO  C			FORM SA1-2E. PAGE					
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including singl 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 known 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  Colorado City CO  Rye CO	Name		II METRYS					
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single 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 known 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  Colorado City CO  Rye CO								
Area Served identified city.  CITY OR TOWN STATE  First Colorado City CO  Community Rye CO	D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 known						
First Colorado City CO Community Rye CO		Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses						
First Colorado City CO Community Rye CO		2071/207-701111						
Community Rye CO	F! 4							
Nasahasasas and a sama	Community							
Reserve to the second								
	d Rows as Necessary							

Accounting Period: 2022/2 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 62021 Cable Co LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and 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 Rates 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

**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.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	784	87.95	Digital	1,633	106.95	
<ul> <li>Service to additional set(s)</li> </ul>						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
		<b>†</b>				

# 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	87.95	Motel, hotel		Digital Additional	10.75
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Digital Additional	16.75
Fire protection		• Pay cable		Converter	6.95
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		DVR HD	19.95
Installation: Residential		Fire protection			
• First set	50.00	Burglar protection			
<ul><li>Additional set(s)</li></ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	38.00		
Converter		Disconnect			
		Outlet relocation			
		<ul> <li>Move to new address</li> </ul>			
				100000000000000000000000000000000000000	

Accounting Period: 2022/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

Cable Co LLC

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

G

## 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.

2. B'CAST CHANNEL NUMBER

KKTV 49 N Colorado Springs, CO **KOAA-TV** 42 N Pueblo, CO KRDO-TV 24 Ν Colorado Springs, CO KSPK-LP 28 Walsenburg, CO KTSC 8 Ε Pueblo, CO **KWGN-TV** 34 ı Denver, CO 22 KXRM-TV Colorado Springs, CO KXTU-LD 20 Colorado Springs, CO

3. TYPE OF STATION

Add Rows as Necessary

4. LOCATION OF STATION

62021

Accounting Period: 2022/2 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cable Co LLC 62021

## 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).

	•						
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KDZA	FM		Pueblo, CO				
KKFM	FM		Colorado Springs, CO				
KKPK	FM		Colorado Springs, CO				
MACK	I IVI		Colorado Springs, CO				
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Accounting Perio	nd: 2022/2						EOD	M SA1-2E. PAGE 5.		
Accounting Penc	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FUR	SYSTEM ID#		
Name	Cable Co LLC							62021		
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	)G					
I	In General: In space I, identi substitute basis during the a	ccounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or	authorizatio	ns. For a further		
Substitute	explanation of the programn	-			he general ins	structions in	the paper S	3A1-2 form.		
Carriage: Special	1. SPECIAL STATEMEN									
Statement and	During the accounting pe		ur cable systei	m carry, on a substitute ba	isis, any nonr	network tele		´		
Program Log	broadcast by a distant sta	tion?					YES	NO		
	Note: If your answer is "No	", leave the	rest of this pa	age blank. If your answer i	s "Yes," you r	must comple	ete the pro	gram		
	log 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 is									
	clear. If you need more spa				s wherever po	ossible, ii ti	eli illealiil	y is		
		of every no	nnetwork tele	vision program ("substitute						
	under certain FCC rules, re									
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or		
			dcast live, ent	er "Yes." Otherwise enter	"No."					
				casting the substitute progr						
	the case of Mexican or Car			the community to which the			he FCC or,	in		
				stem carried the substitute			s, with the i	month		
	first. Example: for May 7 gi					1				
	to the nearest five minutes			ogram was carried by you ried by a system from 6:0:						
	stated as "6:00-6:30 p.m."	•	. 0	• •	•	•				
				n was substituted for prog						
	to delete under FCC rules was substituted for prograr							ogram		
	effect on October 19, 1976	•	,	ao porrintos to aoroto arra		, and regard				
					WHE	N SUBSTI	TUTE	1		
	SUBSTITUTE PROGRAM				CARRIAGE OCCURRED			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. T FROM -	IMES - TO	DELETION		
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Accounting Period:	2022/2			FORM S	SA1-2E. PAGE 6			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Cable Co LLC			(	62021			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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.	stem's se	condary transi o compute this	mission servi amount, see	ce			
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 bu  Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu  See page (vi) of the general instructions located in the paper SA1-2 form for more info	ut less tha	an \$527,600	\$263,800				
	BLOCK 1: GROSS RECEIPTS OF \$137,10	00 OR LI	ESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty to accounting period is \$52.00	fee that y	ou must pay fo	r this six-mon	tl			
	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 line:	es 1 and 2		· ·				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	(but mor	re than \$137,′	100)				
	Base amount under statutory formula		263,800.00					
	Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1							
	4. Enter the amount of gross receipts from space K							
	5. Enter the amount from line 3							
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)		· · · · · · · · · · · · · · · · · · ·					
	8. Interest charge. Enter the amount from line 4, space Q, page 8		· · · · · · · · · · · · · · · · · · ·		0.00			
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 a	and 8						
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but le	ess than \$527	,600)				
	Enter the amount of gross receipts from space K	4	416,707.10					
	2. Base amount under statutory formula	2	263,800.00					
	3. Subtract line 2 from line 1		152,907.10					
	4. Multiply line 3 by .01		\$	1,529.07				
	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	<u>.</u>		0.00				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5	5, and 6 .		\$	2,848.07			
	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)	· · · · · -	\$	2,848.07				
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			\$	2,868.07			
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-21		-		ights!			

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7.			
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM:	SYSTEM ID# 62021			
M Channels	to its subscribers  1. Enter the total	u must give (1) the number of channels on which the cable system carried television to, and (2) the cable system's total number of activated channels during the accounting number of channels on which the cable television broadcast stations	period.			
	on which the ca	number of activated channels ble system carried television broadcast stations ast services	214			
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to bout this statement of account.)	o whom			
for Further Information	Name	Cathleen Carbonneau	Telephone 719-676-1623			
	Address	P.O. Box 19048 (Number, street, rural route, apartment, or suite number)				
	***************************************	Colorado City, CO 81019 (City, town, state, zip)				
	Email	Fax (opti	ional)			
0	CERTIFICATION	This statement of account must be certified and signed in accordance with Copyright	Office regulations)			
Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)					
	(Owne	other than corporation or partnership) I am the owner of the cable system as identified	in line 1 of space B; or			
		of owner other than corporation or partnership) I am the duly authorized agent of the one 1 of space B and that the owner is not a corporation or partnership; or	wner of the cable system as identified			
		er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entine 1 of space B.	tity identified as owner of the cable system			
		the statement of account and hereby declare under penalty of law that all statements of fa e, and correct to the best of my knowledge, information, and belief, and are made in good fa n 1001(1986)]				
		X /s/ David Shipley				
		Enter an electronic signature on the line above to certify this Enter signature using an "/s/ signature" (e.g., /s/ John Smith)				
		Typed or printed name: David Shipley				
		Title: Vice President (Title of official position held in corporation or partnership)				
		Date: March	1, 2023			

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Accounting Period: 2022/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 62021 Cable Co LLC 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 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 x = 0.00274Line 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@loc.gov. \*\* This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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