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					
2-21-23	\$ ALLOCATION NUMBER					

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
Accounting	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 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.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Star Video LLC							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	Carr Communications Inc							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	4325 S Masten Rd (Number, street, rural route, apartment, or suite number)							
	Branch MI 49402							
	(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	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 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 filing, a determination that would be made by a court of law.

Accounting Period:	2022/2	FORM SA1-2E. PAGE 1b.								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name		62580								
	Star Video LLC									
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "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									
Served	city.									
	CITY OR TOWN	STATE								
First	Branch	MI								
Community	Kaleva	MI								
Add Rows as Necessary										

Accounting Period: 2022/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62580

Star Video LLC

Ε

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.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
 Service to first set 			Essential		39.99		
 Service to additional set(s) 			Premier		94.99		
• FM radio (if separate rate)			Premier Plus		#####		
Motel, hotel							
Commercial			Multi view		37.75		
Converter							
Residential							
Non-residential							
I .		ı	1	1	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 1					BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential					
Pay cable		Motel, hotel					
Pay cable—add'l channel		Commercial					
 Fire protection 		• Pay cable					
Burglar protection		Pay cable-add'l channel					
Installation: Residential		Fire protection					
First set		Burglar protection					
 Additional set(s) 		Other services:					
 FM radio (if separate rate) 		Reconnect					
Converter		Disconnect					
		Outlet relocation					
		Move to new address					

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

1. CALL SIGN

Star Video LLC

SYSTEM ID# 62580

4. LOCATION OF STATION

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 (tl station was carried *only* on a
- 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

WPBN	7	N	TRAVERSE CITY MI
wwtv	9	N	CADILLAC MI
wсмu	27	N	MT PLEASANT MI
WGTU	29	N	CADILLAC MI
WFQX	32	N	CADILLAC MI

3. TYPE OF STATION

Add Rows as Necessary

Accounting	Period:	2022/2
------------	---------	--------

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Star Video LLC

62580

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
		 					
		[
		<u> </u>					
		 					
		ļ					
							
		l		_1	l		l

Accounting Period	d: 2022/2			·			FOR	M SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF C	CABLE SYST	EM:					SYSTEM ID#			
Name	Star Video LLC							62580			
	SUBSTITUTE CARRIAGE	_	_								
I	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further										
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Program Log	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 complete the program										
	log in block 2.										
	2. LOG OF SUBSTITUTE			to line. I lee abbeervieties				-			
	In General: List each substiclear. If you need more space				s wherever po	ossidie, ii the	eir meaning	IS			
	Column 1: Give the title of	of every no	nnetwork telev	ision program ("substitute	e program") th	nat, during th	ne accountin	g			
	period, was broadcast by a cunder certain FCC rules, rec										
	Do not use general categori	es like "mo									
	"NBA Basketball: 76ers vs. I Column 2: If the program		dcast live enter	r "Yes." Otherwise enter	"No."						
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute prog	ram.						
	Column 4: Give the broathe case of Mexican or Cana						e FCC or, in				
	Column 5: Give the mon	th and day					, with the mo	onth			
	first. Example: for May 7 giv Column 6: State the time		s cubetitute nro	aram was carried by you	r cahle eveten	n Liet the tir	mes accurat	alv			
	to the nearest five minutes.							ыу			
	stated as "6:00–6:30 p.m."	"D" if the	lists of more sources								
	Column 7: Enter the lette to delete under FCC rules a										
	was substituted for program							,			
	effect on October 19, 1976.										
						EN SUBSTI					
		2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	IAGE OCC	URRED IMES	7. REASON FOR DELETION			
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		— то				
							_				
							_				
							_				
							_				
							_				
					-						
					-						
					-						
					-						
					_						
							_				
							_				
							_				
					-	 		†			

ccounting Period:	2022/2				SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Star Video LLC			,	SYSTEM II 6258
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	e system's s tion of how	secondary transn to compute this	nission service amount, see	
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. Use block 3 if the amount of gross receipts in space K is more than \$263,800. See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less th	nan \$527,600.	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$1	37,100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00.	lty fee that y	ou must pay for t	his six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add	lines 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR L	ESS (but r	nore than \$137,	,100)	
	Base amount under statutory formula	<u> </u>	263,800.00		
	Enter amount of gross receipts from space K			_	
		· · <u> </u>		_	
	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 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$2	63,800 (bu	it less than \$52	7,600)	
	Enter the amount of gross receipts from space K	\$	417,535.00	_	
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	153,735.00	_	
	4. Multiply line 3 by .01			- 1,537.35	
	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		Ψ	0.00	=
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6		. \$	2,856.35
	FILING FEE AND TOTAL REMITTANCE D)UE			
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		\$	2,856.35	-
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			\$	2,876.35
	EFT Trace # or TRANSACTION ID #	2	74293DM]	
	Important: Your remittance must be in the form of an electronic pa See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2022/2			FORM SA1-2E. PAGE 7.				
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:		SYSTEM ID# 62580				
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 2. Enter the total number of activated channels on which the cable system carried television broadcast stations 109							
N Individual to Be Contacted		D BE CONTACTED IF FURTHER labout this statement of account.)	INFORMATION IS NEEDED (Identify an individual					
for Further Information	Name	ANNMARIE BOGNER		Telephone (231) 898-2244				
	Address	4325 S MASTEN RD (Number, street, rural route, apartment, BRANCH MI 49402	or suite number)					
	Email	(City, town, state, zip) CARRCOMMUNICA	ATIONS@CARRINTER.NET Fax (optional					
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]							
		Ente Ente Typed or printed nam Title:	/S/ MITCHEL BOGNER er an electronic signature on the line above to certify this stateme er signature using an "/s/ signature" (e.g., /s/ John Smith) me: MITCHEL BOGNER ANAGER Official position held in corporation or partnership)	ent.				
		Date:	2/21/2023					

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

Accounting Period: 2022/2 FORM SA1-2E. PAGE 8 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 62580 Star Video 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? 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** davs 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 ID number First community served Accounting period

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

CONTROL #: REMITTANCE #:

C	Ca. Wo	ble rksheet	Total amount of remittance	Nun	nber of SAs red	c'd	Initials		
			Date of remittance	Check	☐ EFT	☐ FI	LING FEES		
Cable ID #				_		Amount	Initials		
Examined by		Reviewed by	Date examination completed	Allocatio	n number				
Space A			(enter four digit year and	d /1 (for Jan-Jun p	period) or /2 (for J	ul-Dec period) No sp	aces)		
Accounting Period	Lett	er sent	[Information re					
	Acc	epted	[Phone call/Da	te/Contact				
Space B Owner									
	Lett	er sent	[☐ Information received					
	Acc	epted	[Phone call/Da	te/Contact				
Space D Area Served									
	Lett	er sent	[Information re	eceived				
	Acc	epted	[Phone call/Da	te/Contact				
Space E Secondary Transission									
Service Subscribers:	Letter sent Information received								
and Rates	Accepted Phone call/Date/Contact								
Space G Primary Transmitters:									
Television	Lett	er sent		☐ Information received					
	Accepted Phone call/Date/Contact								
Space H Primary Transmitters:									
Radio	Acc	epted		Phone call/Da	ite/Contact				
	Acci	epiea		∟ Pnone call/Da	ile/Contact				

Space I Substitute Carriage

Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	☐ Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	☐ Info/add'l fee received	
Accepted	Phone call/Date/Contact	