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@loc.gov

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

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	2022/2							
	Barcode Data Filing Period (optional - see instructions)							
Accounting								
Period								
	Instructions:							
В	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							
	HIT OFFINIOFO INC							
	WT SERVICES INC							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO BOX 1776							
	(Number, street, rural route, apartment, or suite number)							
	HEREFORD, TX 79045-1776 (City, town, state, zip)							
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
С	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 fling, 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									
	WT SERVICES INC 63007								
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.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holdentified city.	ome parks should be reported in parentheses below the							
	CITY OR TOWN	STATE							
First	HEREFORD	TX							
Community	BUSHLAND	TX							
	FRIONA	TX							
Add Rows as Necessary	BOVINA	TX							

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63007

WT SERVICES INC

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	1,561	44.50				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	43	75.75				
Converter						
Residential						
Non-residential			11111111111111111111111111111111111111			

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		Motel, hotel	55.36	HBO PREMIUM	22.00
 Pay cable—add'l channel 		Commercial	55.36	ENCORE PREMIUM	18.00
Fire protection		• Pay cable		SHOWTIME PREMIUM	21.00
•Burglar protection		Pay cable-add'l channel		CINEMAX PREMIUM	17.00
Installation: Residential		Fire protection			
• First set	55.36	Burglar protection		ENHANCED PROGRA	79.50
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	55.36		
Converter		Disconnect			
		Outlet relocation	55.36		
		 Move to new address 	55.36		

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

WT SERVICES INC

63007

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 report state of the program services. For example, report multipage and report multipage and report multipage.

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

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

2 4 14	E-M N	AMARILLO, TX AMARILLO, TX
	N	AMARII I O. TX
14		,,
	N	AMARILLO, TX
7	N	AMARILLO, TX
10	N	AMARILLO, TX
13	<u> </u>	FARWELL, TX
25	N-M	AMARILLO, TX
8	N-M	CANYON, TX
6	N-M	AMARILLO, TX
	13 25 8	13 I 25 N-M 8 N-M

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WT SERVICES INC 63007

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).

A	T =	0:-		T a:-:			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KNNK KPAN	FM	X X	DIMMITT, TX				
KPAN	FM	Х	DIMMITT, TX HEREFORD, TX				
		1				\	
						[
		1					
		1					
	 	 				t	

Accounting Perio	nd: 2022/2							FORI	M SA1-2E. PAGE 5.
Accounting Ferro	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					PORI	SYSTEM ID#
Name	WT SERVICES INC								63007
	SUBSTITUTE CARRIAG	_	_						
•	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 Log	broadcast by a distant sta	tion?						YES	NO
	Note: If your answer is "No	", leave the	rest of this pa	ige blank. If your	answer is	s "Yes," you r	nust com	plete the pro	gram
	log in block 2.								
	2. LOG OF SUBSTITUTI		-						•
	In General: List each subs clear. If you need more spa					s wnerever po	ossidie, it	their meaning	g is
	Column 1: Give the title	of every no	nnetwork tele	vision program ("	'substitute				
	period, was broadcast by a under certain FCC rules, re								
	Do not use general categor								
	"NBA Basketball: 76ers vs. Column 2: If the program		deast live ont	or "Voo." Othorw	iaa antar "	No."			
	Column 3: Give the call		,						
	Column 4: Give the broa							the FCC or,	in
	the case of Mexican or Car Column 5: Give the more							als. with the r	month
	first. Example: for May 7 gi	ve "5/7."	, ,					,	
	Column 6: State the tim to the nearest five minutes.								ately
	stated as "6:00–6:30 p.m."	. схаттріс.	a program can	ned by a system	110111 0.01	. 10 p.iii. to 0	20.00 p.i	III. SHOULD DO	
	Column 7: Enter the lett								
	to delete under FCC rules a was substituted for prograr								ogram
	effect on October 19, 1976		,	•			J		
						WHE	N SUBS	TITI ITE	
	s	UBSTITUT	E PROGRAM	1				CURRED	7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S			5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LC	CATION	AND DAY	FROM	— TO	
								_	
								_	
									"
									"
									"
								_	
									"
									†
									
								_	

counting Period:	2022/2			FORM S	SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WT SERVICES INC			(SYSTEM II				
	WI SERVICES INC				6300				
V	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar	nd the amou	unt you pay. En	ter the total of					
K Bross Receipts	all amounts (gross receipts) paid to your cable system by subscribers for the s (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 re			-	38,794.10				
	IMPORTANT: You must complete a statement in space P concerning gross re	eceipis.		(Amount of g	ross receipts)				
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:								
Copyright Royalty Fee	 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 			263,800					
	See page (vi) of the general instructions located in the paper SA1-2 form for more in								
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royall accounting period is \$52.00	ty fee that y	ou must pay for	this six-mon					
	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								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	-		•					
	Base amount under statutory formula			•					
	2. Enter amount of gross receipts from space K			-					
	3. Subtract line 2 from line 1			-					
	4. Enter the amount of gross receipts from space K		-						
	5. Enter the amount from line 3								
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8								
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8								
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but I	less than \$527	,600)					
	Enter the amount of gross receipts from space K	\$	438,794.10						
	Base amount under statutory formula	\$	263,800.00						
	3. Subtract line 2 from line 1	\$	174,994.10						
	4. Multiply line 3 by .01		\$	1,749.94					
	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			\$	3,068.94				
	FILING FEE AND TOTAL REMITTANCE DU	IF			<i>'</i>				
	TEMOTEE AND TOTAL REIMIT PARTOE DE	,							
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,068.94					
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			\$	3,088.94				
	Important: Your remittance must be in the form of an electronic pay	ment paval	ble to the Reais	ster of Copyri	ghts!				

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.		
Name	WT SERVICES	WNER OF CABLE SYSTEM:				SYSTEM ID# 63007		
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 324							
N Individual to Be Contacted		bout this statement of accoun	ER INFORMATION IS NEEDE	ED (Identify an indi				
for Further Information	Name	RICH KENDRICK			Telephone	806-364-3331		
	Address	PO BOX 1776 (Number, street, rural route, apartn HEREFORD, TX 7904 (City, town, state, zip)						
	Email	BEANCNTR@V	VTRT.NET		Fax (optional) 806-276-521	9		
•	CERTIFICATION (This statement of account mu	st be certified and signed in ac	ccordance with Co	pyright Office regulations)			
O Certification	• I, the undersigne	ed, hereby certify that (Check o	ne,but only one, of the boxes.)					
	(Owner	r other than corporation or pa	artnership) I am the owner of th	he cable system as	identified in line 1 of space	B; or		
			tion or partnership) I am the d wner is not a corporation or part		nt of the owner of the cable	system as identified		
		er or partner) I am an officer (ine 1 of space B.	f a corporation) or a partner (if a	a partnership) of the	e legal entity identified as ow	vner of the cable system		
		e, and correct to the best of my	nereby declare under penalty of knowledge, information, and be			1		
			X /s/ Amy Linzey Enter an electronic signature on Enter signature using an "/s/ sign					
		Typed or printed						
		Title: (Title of of	C.E.O. ficial position held in corporation or pa	artnership)				
_		Date:			02-27-2023			

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Accounting Period: 2022/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63007 WT SERVICES INC 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@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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