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								
02/23/2023	\$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
	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 CHAPPENALUNG APPRESS OF CAS' 5 CYCTES								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM HTC Communications Co.								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	P.O. Box 149 (Number, street, rural route, apartment, or suite number)								
	Waterloo, IL 62298 (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:								
	HTCCOMM								
	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.

D Area Served	LEGAL NAME OF OWNER OF CABLE SYSTEM: HTC Communications Co. Instructions: List each separate community served by the cable system. A separate and distinct community or municipal entity (including uninco discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future. Note: Entities and properties such as hotels, apartments, condominiums, identified city. CITY OR TOWN	rporated communities within unincorporated areas and including sing y that you list will serve as a form of system identification hereafter kr re filings.
Area Served	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including uninco discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future. Note: Entities and properties such as hotels, apartments, condominiums, identified city. CITY OR TOWN	A "community" is the same as a "community unit" as defined in FCC rurporated communities within unincorporated areas and including sing y that you list will serve as a form of system identification hereafter kneefilings.
Area Served	"a separate and distinct community or municipal entity (including uninco discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future. Note: Entities and properties such as hotels, apartments, condominiums, identified city. CITY OR TOWN	rporated communities within unincorporated areas and including sing y that you list will serve as a form of system identification hereafter kr re filings.
Area Served	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all futur Note: Entities and properties such as hotels, apartments, condominiums, identified city. CITY OR TOWN	y that you list will serve as a form of system identification hereafter kree filings.
Served	as the "first community." Please use it as the first community on all futur Note: Entities and properties such as hotels, apartments, condominiums, identified city. CITY OR TOWN	re filings.
Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city. CITY OR TOWN	
Served	identified city. CITY OR TOWN	of mobile nome parks should be reported in parentheses below the
	CITY OR TOWN	
Firet		
First		
Firet		STATE
	Waterloo	IL
Community	Prairie Du Rocher	iL
	Columbia	IL
Powe of Nococcon	Valmeyer	IL
Rows as Necessary	Red Bud	IL
	Dupo	IL
	Maeystown	IL
	Ruma	IL IL
	East Carondelet	IL IL
	Fults	
		L.
	Renault	IL
	000000000000000000000000000000000000000	
	000000000000000000000000000000000000000	

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

HTC Communications Co.

SYSTEM ID# 63345

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	7,957	29.95					
 Service to additional set(s) 							
• FM radio (if separate rate)							
Motel, hotel	1,416	20.00					
Commercial	498	40.95					
Converter							
Residential							
Non-residential							

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		НВО	20
• Pay cable		Motel, hotel		Showtime	18.00
 Pay cable—add'l channel 		Commercial	-	Cinemax	16.00
Fire protection		• Pay cable		Starz!	12.00
 Burglar protection 		Pay cable-add'l channel		HD Basic	10.00
Installation: Residential		Fire protection		Variety Tier	15.00
• First set	-	Burglar protection		Entertainment Tier	10.00
 Additional set(s) 	8.00	Other services:		Sports Tier	11.00
 FM radio (if separate rate) 		Reconnect	-	HD Tier	5.00
• Converter		Disconnect		DVR Fee	10.00
		Outlet relocation	49.00		
		Move to new address	-		

022/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63345

HTC Communications Co.

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTVI-FOX	2	N	St. Louis, MO
KMOV-CBS	4	N	St. Louis, MO
KSDK-NBC	5	N	St. Louis, MO
KETC-PBS	9	l	St. Louis, MO
KPLR-CW	11	l	St. Louis, MO
KPLR-Rewind TV	13	I-M	St. Louis, MO
KETC-KIDZ	14	I-M	St. Louis, MO
KETC-WORLD	15	I-M	St. Louis, MO
KETC-CREATE	16	I-M	St. Louis, MO
KTVI-AntennaTV	17	N-M	St. Louis, MO
KMOV-COZI TV	18	N-M	St. Louis, MO
KPLR-CourtTV	19	I-M	St. Louis, MO
KPLR-CometTV	20	I-M	St. Louis, MO
KTVI-CourtTV Myster	21	N-M	St. Louis, MO
KMOV - Circle	22	N-M	St. Louis, MO
KTVI - DABL	23	N-M	St. Louis, MO
KNLC-MeTV	24	I-M	St. Louis, MO
KNLC-NLEC	25	I-M	St. Louis, MO
KNLC-Heroes	26	I-M	St. Louis, MO
KNLC-Movies	27	I-M	St. Louis, MO

022/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63345

HTC Communications Co.

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KNLC-Decades	28	I-M	St. Louis, MO
KNLC-Start TV	29	I-M	St. Louis, MO
KDNL-ABC	30	N	St. Louis, MO
KDNL-TBD	31	N-M	St. Louis, MO
KDNL-ChargeTV	32	N-M	St. Louis, MO
WRBU - LAFF	33	N-M	St. Louis, MO
KMOV-MyNetworkTV	34	N-M	St. Louis, MO
KSDK-True Crime Net	35	N-M	St. Louis, MO
KSDK-Get TV	36	N-M	St. Louis, MO
KDNL-Stadium	37	I-M	St. Louis, MO
KSDK-Quest	38	N-M	St. Louis, MO
KSDK-Twist	39	N-M	St. Louis, MO
KSDK-This TV	40	N-M	St. Louis, MO
WRBU Grit TV	45	l	St. Louis, MO
WRBU	46	l	St. Louis, MO
WBRU Defy TV	47	I	St. Louis, MO
WBRU TrueReal	48	<u> </u>	St. Louis, MO
WBRU Newsy	49	l	St. Louis, MO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63345

HTC Communications Co.

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
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Associating Dorig	d. 2022/2						FOR	M CA4 OF DACE 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	HTC Communications							63345
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programn 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the program	E: SPECIA ify every non accounting p ning that mu T CONCEF riod, did you tion? ", leave the E PROGRA titute progra ace, please of every non distant star egulations, or ries like "mo Bulls." m was broa	eriod, under syst be included RNING SUBS ur cable system e rest of this pa AMS am on a separadd additiona annetwork tele tion and that y or authorizatio ovies" or "bask dcast live, ent	ision program, broadcast by pecific present and former Fin this log, see page (v) of the strict CARRIAGE of the carry, on a substitute base age blank. If your answer is a rate line. Use abbreviations I rows to the tables. Evision program ("substitute your cable system substitutions. See page (v) of the ger	a distant state CC rules, regular general insums sis, any nonnums "Yes," you not see wherever possible for the program") the ed for the program instruction titles, for each No."	ulations, of structions network te nust compossible, if nat, during ogrammin ions for fu	relevision progression progres	stem carried on a ons. For a further SA1-2 form. gram X NO gram gram gram station ation.
	Column 4: Give the brothe case of Mexican or Car Column 5: Give the more first. Example: for May 7 gi Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the letted to delete under FCC rules was substituted for programe effect on October 19, 1976	adcast statinadian statinadian statinath and day we "5/7." es when the Example: a rer "R" if the and regulatinming that	on's location (ons, if any, the when your sy e substitute pr a program car e listed prograr ions in effect o	the community to which the community with which the community with which the extern carried the substitute rogram was carried by your ried by a system from 6:01 m was substituted for programing the accounting periovas permitted to delete und	e station is lice station is lice station is ide program. Us cable system:15 p.m. to 6 ramming that d; enter the licer FCC rules	entified). se numera m. List the :28:30 p.r your syst etter "P" i and regu	als, with the etimes accurate. Should be tem was <i>requ</i> ent to the listed properties of the listed properties.	month rately uired
	TITLE OF PROGRAM		3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM		

Accounting Period:	1022/2 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: HTC Communications Co. \$\text{SYSTEM ID#}\$
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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. \$287,025.25 IMPORTANT: You must complete a statement in space P concerning gross receipts.
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 \$263,800 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.
	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 this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula
	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 \$263,800 (but less than \$527,600)
	4.5.4
	1. 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)
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	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)
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OV HTC Communic	NNER OF CABLE SYSTEM: ations Co.				SYSTEM ID# 63345
M Channels	to its subscribers, 1. Enter the total r system carried te 2. Enter the total r	n must give (1) the number of and (2) the cable system's to number of channels on which elevision broadcast stations. number of activated channels ole system carried television but st services.	tal number of activated the cable	d channels during the ac		38
N Individual to Be Contacted		BE CONTACTED IF FURTHI		NEEDED (Identify an in	dividual to whom	
for Further Information		Craig A. Hern 213 S. Main St.; PO B	ox 149		Telephone	618-939-6112
	"	(Number, street, rural route, apartm Waterloo, IL 62298 (City, town, state, zip)				
	Email	chern@htc.net			Fax (optional) 618-939-339	9
	CERTIFICATION (7	This statement of account mu	st be certified and sign	ed in accordance with C	Copyright Office regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check o	ne, <i>but only one</i> , of the l	boxes.)		
	(Owner	other than corporation or pa	artnership) I am the ow	rner of the cable system	as identified in line 1 of space	B; or
		of owner other than corpora ne 1 of space B and that the o			gent of the owner of the cable	system as identified
		r or partner) I am an officer (ine 1 of space B.	a corporation) or a par	tner (if a partnership) of t	the legal entity identified as ow	vner of the cable system
		the statement of account and and correct to the best of my 1001(1986)]				n
			X /s/ Craig	A. Hern		
				ature on the line above to "/s/ signature" (e.g., /s/		
		Typed or printed	name: Craig A.	Hern		
		Title:	Vice President of icial position held in corpora			
		Date:			February 23, 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 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: 63345 HTC Communications Co. 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 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 ID number First community served Accounting period

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