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					
02/24/2023	\$ 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	ACC	OUNTING 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							
		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					
		Lake Region Technology & Communications, LLC.					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		516 S. Lake Region Rd (Number, street, rural route, apartment, or suite number)					
		Hulbert, OK 74441 (City, town, state, zip)					
	INSTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these					
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rural route, apartment, or suite number)					
		(City, town, state, zip code)					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 1				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID				
Name	Lake Region Technology & Communications, LLC. 6360					
	Instructions: List each separate community served by the cable system. A "community"	is the same as a "community unit" as defined in FCC rules:				
D	"a separate and distinct community or municipal entity (including unincorporated comm discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w known as the "first community." Please use it as the first community on all future filings	nunities within unincorporated areas and including single, vill serve as a form of system identification hereafter s.				
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom identified city.	ne parks should be reported in parentheses below the				
Served	·					
	CITY OR TOWN	STATE				
First	Hulbert	OK				
Community	Unincorporated Cherokee County	OK				
	Tahlequah	OK				
d Rows as Necessary	Unincorporated Muskogee County	OK				
u Rows as Necessary						
	Ft. Gibson (city)	OK .				

Accounting Period: 2022/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63607

FORM SA1-2E. PAGE 2

Lake Region Technology & Communications, LLC.

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broker 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 charge 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 residentic 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, togethe with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLG	OCK 1	BLOCK 2			
	NO. OF		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:					
Service to first set	275	85.00			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
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 no 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			
 Pay cable—add'l channel 		Commercial		НВО	17.95
Fire protection		Pay cable		SHOWTIME	14.95
Burglar protection		Pay cable-add'l channel		CINEMAX	17.95
Installation: Residential		Fire protection		STARZ	13.95
• First set	250.00	Burglar protection		SPORTS PLUS	5.00
 Additional set(s) 		Other services:		VARIETY PLUS	4.00
• FM radio (if separate rate)		Reconnect	35.00	Works	60.00
Converter		Disconnect		Complete	10.00
		Outlet relocation			
		Move to new address			

unting Period:	2022/2			FORM SA1-2E. PAG					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	•	gy & Communications, LLC.		636					
		TELEVISION							
G	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								
Primary ransmitters:	76.59(d)(2) and (4), 76.61(e) substitute program basis, as	(2) and (4), or 76.63 (referring to 76.61) explained in the next paragraph.	(e)(2) and (4))]; and (2) certain sta	tions carried on a					
Television	Substitute Basis Stations:	With respect to any distant stations can	ried by your cable system on a su	bstitute program					
		es, regulations, or authorizations: in space G—but do list it in space I (the	Special Statement and Program	Log)—if the					
	station was carried only on a	a substitute basis. so in space I, if the station was carried I	both on a substitute basis and alas	a an arma athar					
	basis. For further information	concerning substitute basis stations, se	ee page (v) of the general instruct	ions.					
		s call sign. Do not report origination pro with a station according to its over-the-a							
	"WETA-2" as the same on th	e form.	-						
		number the FCC assigned to the televi C is channel 4 in Washington, D.C.	ision station for broadcasting over	the air in its community					
	Column 3: Indicate in each	case whether the station is a network st							
		ng the letter "N" (for network), "N-M" (fo E" (for noncommercial educational), or							
		ms, see page (iv) of the general instruct of each station. For U.S. stations, list the		is licensed by the					
		an stations, if any, give the name of the							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KJRH-HD-NBC	2.1	N	Tulsa, OK					
	KOTV-HD-CBS	6.1	N	Tulsa, OK					
l Rows as Necessary	KQCW-SD-CW	6.2	N-M	Muskogee, OK					
	KOTV-DT3-NEWS6	6.3	N-M	Tulsa, OK					
	KTUL-ABC	8.1	N	Tulsa, OK					
	KTUL-COMET	8.2	N-M	Tulsa, OK					
	KTUL-ANTENNA								
		8.3	N-M	Tulsa OK					
		8.3	N-M	Tulsa, OK					
	KTUL-TBD	8.4	N-M	Tulsa, OK					
	KTUL-TBD KOED-OETA-HD	8.4 11.1	N-M E	Tulsa, OK Tulsa, OK					
	KTUL-TBD KOED-OETA-HD KOED-OETA-WORLD	8.4 11.1 11.2	N-M E E-M	Tulsa, OK Tulsa, OK Tulsa, OK					
	KTUL-TBD KOED-OETA-HD KOED-OETA-WORLD KOED-OETA-CREATE	8.4 11.1 11.2 11.3	N-M E E-M E-M	Tulsa, OK Tulsa, OK Tulsa, OK Tulsa, OK					
	KTUL-TBD KOED-OETA-HD KOED-OETA-WORLD	8.4 11.1 11.2 11.3 11.4	N-M E E-M E-M E-M	Tulsa, OK Tulsa, OK Tulsa, OK					
	KTUL-TBD KOED-OETA-HD KOED-OETA-WORLD KOED-OETA-CREATE	8.4 11.1 11.2 11.3	N-M E E-M E-M	Tulsa, OK Tulsa, OK Tulsa, OK Tulsa, OK					
	KTUL-TBD KOED-OETA-HD KOED-OETA-WORLD KOED-OETA-CREATE KOED-OETA-PBSKID	8.4 11.1 11.2 11.3 11.4	N-M E E-M E-M E-M	Tulsa, OK Tulsa, OK Tulsa, OK Tulsa, OK Tulsa, OK					
	KTUL-TBD KOED-OETA-HD KOED-OETA-WORLD KOED-OETA-CREATE KOED-OETA-PBSKIDS KOKI-TV-FOX	8.4 11.1 11.2 11.3 11.4 23.1	N-M E E-M E-M E-M	Tulsa, OK					
	KTUL-TBD KOED-OETA-HD KOED-OETA-WORLD KOED-OETA-CREATE KOED-OETA-PBSKID: KOKI-TV-FOX KOKI-METV	8.4 11.1 11.2 11.3 11.4 23.1 23.2	N-M E E-M E-M E-M N	Tulsa, OK					
	KTUL-TBD KOED-OETA-HD KOED-OETA-WORLD KOED-OETA-CREATE KOED-OETA-PBSKIDS KOKI-TV-FOX KOKI-METV KOKI-ESCAPET-DABI	8.4 11.1 11.2 11.3 11.4 23.1 23.2 23.3	N-M E E-M E-M N N-M	Tulsa, OK					
	KTUL-TBD KOED-OETA-HD KOED-OETA-WORLD KOED-OETA-CREATE KOED-OETA-PBSKIDS KOKI-TV-FOX KOKI-METV KOKI-ESCAPET-DABI KRSU-SD-ED	8.4 11.1 11.2 11.3 11.4 23.1 23.2 23.3 35.2	N-M E E-M E-M N N-M	Tulsa, OK Claremore, OK					
	KTUL-TBD KOED-OETA-HD KOED-OETA-WORLD KOED-OETA-CREATE KOED-OETA-PBSKIDS KOKI-TV-FOX KOKI-METV KOKI-ESCAPET-DABI KRSU-SD-ED KMYT-TV-MYN	8.4 11.1 11.2 11.3 11.4 23.1 23.2 23.3 35.2 41.1	N-M E E-M E-M N N-M N-M I	Tulsa, OK					
	KTUL-TBD KOED-OETA-HD KOED-OETA-WORLD KOED-OETA-PBSKID KOED-OETA-PBSKID KOKI-TV-FOX KOKI-METV KOKI-ESCAPET-DABI KRSU-SD-ED KMYT-TV-MYN KMYT-GETTV-COZI	8.4 11.1 11.2 11.3 11.4 23.1 23.2 23.3 35.2 41.1 41.2	N-M E E-M E-M N N-M N-M I I I I I I I I I I I I I I I I I I I	Tulsa, OK					
	KTUL-TBD KOED-OETA-HD KOED-OETA-WORLD KOED-OETA-PBSKIDS KOEL-OETA-PBSKIDS KOKI-TV-FOX KOKI-METV KOKI-ESCAPET-DABI KRSU-SD-ED KMYT-TV-MYN KMYT-GETTV-COZI KMYT-HNI-HEROS&IC	8.4 11.1 11.2 11.3 11.4 23.1 23.2 23.3 35.2 41.1 41.2 41.4	N-M E E-M E-M N N-M I I I I I I I I I I I I I I I I I I I	Tulsa, OK					
	KTUL-TBD KOED-OETA-HD KOED-OETA-WORLD KOED-OETA-PBSKID KOED-OETA-PBSKID KOKI-TV-FOX KOKI-METV KOKI-ESCAPET-DABI KRSU-SD-ED KMYT-TV-MYN KMYT-GETTV-COZI KMYT-HNI-HEROS&IC KTPX-TV-ION	8.4 11.1 11.2 11.3 11.4 23.1 23.2 23.3 35.2 41.1 41.2 41.4 44.1	N-M E E-M E-M N N-M I I	Tulsa, OK					

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63607

Lake Region Technology & Communications, LLC.

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 pager 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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od: 2022/2 LEGAL NAME OF OWNER OF						L/N			
	CABLE SYS	TEM:				FUR	M SA1-2E. PAGE 5 SYSTEM ID#		
Lake Region Technolo	ogy & Cor	nmunication	ns, LLC.				63607		
explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe	tify every non accounting p ning that mu T CONCEF riod, did you	nnetwork televis eriod, under sp st be included i	sion program, broadcast be ecific present and former n this log, see page (v) of TITUTE CARRIAGE	by a <i>distant</i> sta FCC rules, reg the general in	julations, o structions	or authorization	ons. For a further SA1-2 form.		
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the progr									
clear. If you need more sp. 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 progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules	ace, please of every not a distant staregulations, or ries like "mo. Bulls." m was broa sign of the adcast statinath and day ive "5/7." les when the Example: atter "R" if the and regulati	add additional onnetwork televition and that your authorization ovies" or "basked deast live, enterstation broadcron's location (tons, if any, the when your system of the when your system of the whole	rows to the tables. vision program ("substitu our cable system substitues. See page (v) of the gretball." List specific progret "Yes." Otherwise enter asting the substitute progrement of the community to which the community with which the stem carried the substitute or many was carried by you ied by a system from 6:00 many was substituted for program the accounting periods.	te program") to uted for the program instruction in titles, for a "No." gram. The station is linguistic program. Uter cable system in the station is considered by the program. Uter cable system in the station is considered by the system in the station is considered by the system in the station in the station is considered by the station is considered by the system in the system	hat, during ogramming tions for functions fo	g the accounting of another urther information. It is to be the following of the following the following of the listed points of the following of the listed points of the following of the follo	ting station ation. or in month rately		
. •	•		· 	TT					
S	UBSTITUT	E PROGRAM		CARRIAGE OCCURRED			7. REASON FOR		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		6. FROM	TIMES TO	DELETION		
	substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting per broadcast by a distant state of the programm of the proadcast by a distant state of the period, was broadcast by a under certain FCC rules, redured to the period, was broadcast by a under certain FCC rules, redured to the period, was broadcast by a under certain FCC rules, redured to the period, was broadcast by a under certain FCC rules, redured to the period, was broadcast by a under certain FCC rules, redured to the period, was broadcast by a under certain FCC rules, redured to the period, was broadcast by a under certain FCC rules, redured to the period to	substitute basis during the accounting p explanation of the programming that mu 1. SPECIAL STATEMENT CONCEF During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograclear. If you need more space, please Column 1: Give the title of every not period, was broadcast by a distant statunder certain FCC rules, regulations, on the column 5: If the program was broadcast by a distant statunder certain FCC rules, regulations, on the column 3: Give the call sign of the Column 4: Give the broadcast statifithe case of Mexican or Canadian static Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the tothe nearest five minutes. Example: stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the todelete under FCC rules and regulation was substituted for programming that the state of the programming that the state of the programming that the substituted for programming the substituted for	substitute basis during the accounting period, under sp explanation of the programming that must be included i 1. SPECIAL STATEMENT CONCERNING SUBS* During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this pa log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork televeriod, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "baske" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadce Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your systifirst. Example: for May 7 give "5/7." Column 6: State the times when the substitute proto the nearest five minutes. Example: a program carr stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect d was substituted for programming that your system we effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	substitute basis during the accounting period, under specific present and former explanation of the programming that must be included in this log, see page (v) of 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute b broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substituted cretain FCC rules, regulations, or authorizations. See page (v) of the ground on the companient of the ground of the	substitute basis during the accounting period, under specific present and former FCC rules, regexplanation of the programming that must be included in this log, see page (v) of the general in 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any non-broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever proclear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") to period, was broadcast by a distant station and that your cable system substituted for the prounder certain FCC rules, regulations, or authorizations. See page (v) of the general instruct Do not use general categories like "movies" or "basketball." List specific program titles, for a "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is list the case of Mexican or Canadian stations, if any, the community with which the station is list the case of Mexican or Canadian stations, if any, the community with which the station is list. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable syste to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6 stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the was substituted for programming that your system was permitted to delete under FCC rules effec	substitute basis during the accounting period, under specific present and former FCC rules, regulations, of explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork to broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must com log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, durin period, was broadcast by a distant station and that your cable system substituted for the programmin under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for fit Do not use general categories like "movies" or "basketball." List specific program titles, for example, "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p. stated as "6:00-6:30 p.m." Column 6: State the times when the substitute program was substituted for programming that your system delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" was substituted for programming that your system was permitted to delete under FCC	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizatic explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper of the station of the programming that must be included in this log, see page (v) of the general instructions in the paper of the program of		

Accounting Period:	2022/2 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Lake Region Technology & Communications, LLC. SYSTEM ID# 63607
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. \$ 241,167.92 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
	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 \$263,800 (but less than \$527,600)
	1 Enter the amount of gross receipts from space K
	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 Due	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 #
	<u>Important:</u> 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 OWNER OF CABLE SYSTEM: Lake Region Technology & Communications, LLC.	SYSTEM ID# 63607
M 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 and nonbroadcast services .	23
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		918-772-6913
	Address 516 S. Lake Region Rd (Number, street, rural route, apartment, or suite number) Hulbert, OK 74441 (City, town, state, zip)	
	Email bmccollum@lrecok.coop 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 X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as on 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 herei 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)]	system as identified wner of the cable system
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Ben McCollum Title: Director of Finance & Administration (Title of official position held in corporation or partnership)	
	Date: February 24, 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.

counting Period: 2022/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
ke Region Technology & Communications, LLC.	63607
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 following sentence: "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 scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.	sub- Special Statement Concerning Gross
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmission made by satellite carriers to satellite dish owners?	ons
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTERFOL ACCECCMENT	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaym For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
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 \$	_
(interest charge))
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance ple contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	ease
** 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, ple list below the owner, address, first community served, ID number, and accounting period as given in the original filing	
Owner	
Address	
ID number	
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 th 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.