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				
02/07/23	\$ 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	DUNTING 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.
	63759	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
		Spring City Cable TV, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 729 (Number, street, rural route, apartment, or suite number)
		Spring City, TN 37381
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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 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							
	Spring City Cable TV, Inc.	63759					
<b>D</b>	Instructions: List each separate community served by the cable system. A "commun separate and distinct community or municipal entity (including unincorporated community community) and the first community that you list will se community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	munities within unincorporated areas and including single, discrete rve as a form of system identification hereafter known as the "first					
Served	ty.						
	CITY OR TOWN	STATE					
First	Spring City	TN					
Community	Rhea County	TN					
Add Rows as Necessary							

Accounting Period: 2022-2 FORM SA1-2E, PAGE 2. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63759

## E

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Spring City Cable TV, Inc.

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.

BLO	OCK 1		BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	OODOCKIBEKO	IVAIL	OATEGORY OF SERVICE	COBCCNBENC	TVATE
Service to first set	519	56.66			
Service to additional set(s)	645	0.95			
• 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 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	55.00	Motel, hotel			Premium Channel	16.95
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial				
Fire protection		• Pay cable				
Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	39.95	Burglar protection				
Additional set(s)		Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect				
Converter	4.95	Disconnect				
		Outlet relocation				
		Move to new address				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63759

Spring City Cable TV, Inc.

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 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WRCB	3.1	N	Chattanooga, TN
WRCB-2	3.2	N-M	Chattanooga, TN
WOOT	6.1	N	Chattanooga, TN
WOOT-2	6.2	N-M	Chattanooga, TN
WOOT-3	6.3	N-M	Chattanooga, TN
WOOT-4	6.4	N-M	Chattanooga, TN
WTVC	9.1	N	Chattanooga, TN
WTVC-2	9.2	N-M	Chattanooga, TN
WTVC-3	9.3	N-M	Chattanooga, TN
WDEF	12.1	N	Chattanooga, TN
WDEF-2	12.2	N-M	Chattanooga, TN
WDEF-3	12.3	N-M	Chattanooga, TN
WDEF-4	12.4	N-M	Chattanooga, TN
WNGH	18.1	E	Chatsworth, GA
WNGH-2	18.2	E-M	Chatsworth, GA
WNGH-3	18.3	E-M	Chatsworth, GA
WELF	23.1	E	Dalton, GA
WELF-2	23.2	E-M	Dalton, GA
WELF-3	23.3	E-M	Dalton, GA
WTCI	45.1	E	Chattanooga, TN
WTCI-2	45.2	E-M	Chattanooga, TN
WFLI	53.1	N	Cleveland, TN
WFLI-2	53.2	N-M	Chattanooga, TN
WFLI-3	53.2	N-M	Chattanooga, TN

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Spring City Cable TV, Inc.

63759

#### 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
WDNT	AM	x	Spring City, TN				
WALI	AM	X	Dayton, TN			<del> </del>	
WWQS	FM	X	Spring City, TN		<del> </del>	<del> </del>	
WDVX	FM	X	Clinton, TN		<del> </del>	<del> </del>	
WUUQ	FM	X	South Pittsburgh,TN			<del> </del> -	
WUTC	FM	X	Chattanooga, TN		<del> </del>	<del> </del> -	
WUTC-HD2	FM	X	Chattanooga, TN		<del></del>		
WNML	FM	X	Oliver Springs, TN		<del> </del>	<del> </del> -	
WNML	FM	X	Friendsville, TN			<del> </del> -	
WSKZ	FM	X	Chattanooga, TN		<del> </del>	<del> </del> -	
WIVK	FM	X	Knoxville, TN		<del> </del>	<del> </del>	
WXCT	AM	X	Chattanooga, TN			<del> </del>	
WPLZ-HD2	FM	X	Ooltewah, TN				
WFLI	AM	X	Lookout Mtn. TN			<del> </del>	
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Accounting Perio	d· 2022-2						F∩R	M SA1-2E. PAGE 5.
accounting renov	LEGAL NAME OF OWNER OF	CABLE SYST	ТЕМ:				101	SYSTEM ID#
Name	Spring City Cable TV, I	nc.						63759
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG	<u> </u>			
I	In General: In space I, identi	counting pe	eriod, under spe	ecific present and former FC	CC rules, regul	ations, or aut	horizations.	For a further
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special						-4	_!	
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 stati						YES	NO
	Note: If your answer is "No"	', leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete	e the progra	am
	log in block 2.	DDOODA						
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call: Column 4: Give the broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 gives Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute prograce, please of every no distant stat gulations, cles like "mo Bulls." In was broad sign of the ideast static th and day re "5/7." es when the Example: a er "R" if the and regulationing that y	am on a separa add additional onnetwork televition and that your authorization ovies" or "basked deast live, enterstation broadca on's location (thous, if any, the when your system substitute program carries listed program cons in effect de	rows to the tables. rision program ("substitute our cable system substitute our cable system substitute is. See page (v) of the genetical." List specific program "Yes." Otherwise enter "asting the substitute program community to which the community with which the stem carried the substitute or gram was carried by your ied by a system from 6:01 in was substituted for programing the accounting perio	e program") the ed for the program titles, for example.  No." am.  e station is lice that it is station is ide program. Us cable system: 15 p.m. to 6: tramming that d; enter the leter for the program is the program of the program o	ensed by the intified). e numerals, List the tim 28:30 p.m. syour system etter "P" if the	e accounting another stee information of the ECC or, in with the modes accurate thould be was required listed project.	ng ation on. r
	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASO		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI		DELETION
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Accounting Period:	2022-2	FORM SA1-	2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYS	STEM ID#
	Spring City Cable TV, Inc.		63759
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this ar page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	383.27 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 \$26  • 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.	63,800	
	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 thi accounting period is \$52.00	s six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	_
	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		0.00
	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)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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)	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, 5, and 6		
			-
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 273R700K		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Name   CEAN.HMC OF CAMER OF CALLE SYSTEM.	Accounting Period:	2022-2				FORM SA1-2E. PAGE 7
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.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  2. Enter the total number of activated channels on which the cable system and nonbroadcast services.  2. Enter the total number of activated channels on which the cable system as identified to whom we can contact about this statement of account.)  North of the cable system and nonbroadcast stations.  2. Enter the total number of activated point in the statement of account and statement of the cable system as identified in ine 1 of space B; or Certification (This statement of account and the owner is not a coporation or partnership; or the boxes.)  2. (Officer or partner] I am an officer (if a corporation) or a partnership; of the logal entry identified as owner of the cable system in the 1 of space B; or Certify the statement of account and broadcast stations.  2. I have a cannel to account and broadcast and or partnership; of the logal entry identified as owner of the cable system in the 1 of space B; or Certify the statement. Enter signature using an *[A] signature* [1.6], A] I chin Smith)  2. I have a cannel of the cable of the box	Name					SYSTEM ID# 63759
Individual to Be Contacted for Further Information  Name Walter Hooper Telephone 423-365-7288  Address PO Box 729 (Number, sitnet, rural rode, spartnest, or suite number)  Spring City, TN 37381 (Clsy, loon, state, 2p)  Email walter3@springcitycable.com Fax (optional  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 duly authorized agent of 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 in line 1 of space B.  (Officer or partner) I am an officer (if a corporation or 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.  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: Walter Hooper		Instructions: You must of to its subscribers, and (2)  1. Enter the total number system carried televisi  2. Enter the total number on which the cable sys	of channels on which on broadcast stations of activated channel tem carried television	total number of activated channels during the according the cable as	unting period.	
Address PO Box 729 (Number, street, rural route, apartment, or suite number)  Spring City, TN 37381 (Chy, town, state, zp)  Email walter3@springcitycable.com Fax (optional  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  (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)]   X	Individual to				idual to whom	
Certification   Fax (optional		Name Walte	r Hooper		Telephone 4	123-365-7288
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The state of the s			Typed or printed	d name: Walter Hooper		
Title: President  (Title of official position held in corporation or partnership)			Title:	President tle of official position held in corporation or partnership)		
Date: 02/07/2023			Date:		02/07/2023	

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.

inting Period: 2022-2	FORM SA1-2E. PAGE 8.
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ng City Cable TV, Inc.	63759
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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  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	P Special Statement Concerning Gross Receipts Exclusion
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.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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	Ĩ

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