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.

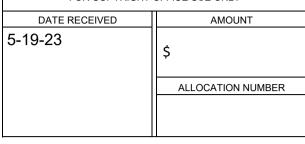
SA1-2E Short Form

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



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))
	2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20222 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
	Community Cable & Broadband, Inc.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	P.O. BOX 307 (Number, street, rural route, apartment, or suite number)
	SKIATOOK, OK, 74070
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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 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.

Nerre	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	Community Cable & Broadband, Inc.	63776				
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.					
	CITY OR TOWN	STATE				
First Community	SKIATOOK COLLINSVILLE	ОК ОК				
Community	SPERRY	OK				
Add Rows as Necessary	AVANT	OK				
	BARNSDALL	OK				
	HOMINY	OK				
	OILTON	OK				
	YALE	ОК				

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						-	SA1-2E. PAGE			
Name	Community Cable & Bro							-	6377			
Е	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											
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the											
Transmission	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											
Service: Sub- scribers and												
Rates	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											
	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 c	-						-				
	unit in which it is generally billed. category, but do not include disc	· ·	,		standard	a rate variations	within a	particular rate				
	Block 1: In the left-hand block				s of seco	ondary transmis	sion servi	ce that cable				
	systems most commonly provide											
	that applies to your system. Note			0		•						
	categories, that person or entity subscriber who pays extra for ca						•					
		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, ti											
	with the number of subscribers a sufficient.	nd rates, in the	e right-han	d block. A two	- or three	-word description	on of the s	service is				
		DCK 1					BLOC	CK 2				
		NO. OF		DATE	0.17			NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	6 RATE			
	• Service to first set		1,033	33.95								
	Service to additional set(s)		1,035	33.95								
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial			•••••••								
	Converter			•••••••								
	Residential			••••••								
	Non-residential											
				11								
	SERVICES OTHER THAN SECO In General: Space F calls for rat				ect to all	vour cable syst	em's serv	vices that were				
F	not covered in space E, that is, the		,			• •						
	service for a single fee. There ar	e two exceptio	ns: you do	not need to g	ive rate ir	nformation conc	erning (1) services				
Services	furnished at cost or (2) services											
Other Than Secondary	amount of the charge and the un		usually bi	led. If any rate	es are cha	arged on a varia	ible per-p	rogram basis,				
ransmissions:	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.											
Rates	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 s				ed. List t	hese other serv	ices in the	e form of a				
	brief (two- or three-word) descrip			IOI each.		I	Т					
		BLO				DATE	0.475	BLOCK 2				
	CATEGORY OF SERVICE Continuing Services:	RATE		RY OF SERV		RATE	CATE	GORY OF SERVIC	E RATE			
	Pay cable		• Motel		lentiai							
	• Pay cable—add'l channel		Comr	·								
	• Fire protection		• Pay c									
	•Burglar protection		-	able-add'l cha	nnel							
	Installation: Residential			rotection								
	• First set	29.95		ar protection								
	 Additional set(s) 		Other se	•								
	• FM radio (if separate rate)		• Reco			20.00						
	/		1									
	Converter		 Disco 	nnect								
	• Converter		-	nnect t relocation								

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM						
Name	Community Cable & E	Broadband, Inc.		63						
	PRIMARY TRANSMITTERS:	TELEVISION								
G		ntify every television station (including the	•	,						
U	carried by your cable system during the accounting period, <i>except</i> (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									
Primary	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.									
Transmitters: Television			rried by your cable system on a sub	ostitute program						
		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 <i>not</i> 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 <i>only</i> on a substitute basis.								
		also in space I, if the station was carried n concerning substitute basis stations, s								
	Column 1: List each station	n's call sign. <i>Do not</i> report origination pr	ogram services such as HBO, ESP	N, etc. Identify each						
	multicast stream associated "WETA-2" as the same on t	with a station according to its over-the- he form.	air designation. For example, repo	ort multistream						
	Column 2: Give the channed	el number the FCC assigned to the telev	ision station for broadcasting over	the air in its community						
		RC is channel 4 in Washington, D.C. case whether the station is a network s	tation, an independent station, or a	noncommercial						
	educational station, by ente	ring the letter "N" (for network), "N-M" (for	or network multicast), "I" (for indepe	endent), "I-M"						
	, , , , , , , , , , , , , , , , , , , ,	"E" (for noncommercial educational), or rms, see page (iv) of the general instruct		onal multicast).						
	Column 4: Give the locatio	n of each station. For U.S. stations, list t	the community to which the station							
	FUC. FOR MEXICAN OF CANAG	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						
	KJRH	8	N	TULSA, OK						
	KJRH-DT2	8.2	I-M	TULSA, OK						
dd Rows as Necessary	KJRH-DT3	8.3	I-M	TULSA, OK						
	КТРХ	28	I	OKMULGEE, OK						
	кокі	22	N	TULSA, OK						
	κοτν	45	Ν	TULSA, OK						
	KQCW	20	I	MUSKOGEE, OK						
	KTPX-DT2	28.2	I-M	OKMULGEE, OK						
	KTPX-DT3	28.3	I-M	OKMULGEE, OK						
	KTPX-DT4	28.4	I-M	OKMULGEE, OK						
	KTPX-DT5	28.5	I-M	OKMULGEE, OK						
	KTPX-DT6	28.6	I-M	OKMULGEE, OK						
	KOKI-DT2	22.2	I-M	TULSA, OK						
	КОКІ-ДТЗ	22.3	I-M	TULSA, OK						
	КМҮТ	34	I-M I	TULSA, OK TULSA, OK						
			I-M I I-M							
	КМҮТ	34	I	TULSA, OK						
	KMYT KMYT-DT2	34 34.2	l I-M	TULSA, OK TULSA, OK						
	KMYT KMYT-DT2 KMYT-DT3	34 34.2 34.3	I I-M I-M	TULSA, OK TULSA, OK TULSA, OK						
	KMYT KMYT-DT2 KMYT-DT3 KMYT-DT4	34 34.2 34.3 34.4	I I-M I-M I-M	TULSA, OK TULSA, OK TULSA, OK TULSA, OK						
	KMYT KMYT-DT2 KMYT-DT3 KMYT-DT4 KRSU	34 34.2 34.3 34.4 32	I I-M I-M I-M	TULSA, OK TULSA, OK TULSA, OK TULSA, OK CLAREMORE, OK						
	KMYT KMYT-DT2 KMYT-DT3 KMYT-DT4 KRSU KDOR	34 34.2 34.3 34.4 32 36	I I-M I-M I-M E I	TULSA, OK TULSA, OK TULSA, OK TULSA, OK CLAREMORE, OK BARTLESVILLE, OK						
	KMYT KMYT-DT2 KMYT-DT3 KMYT-DT4 KRSU KDOR KDOR-DT2 KDOR-DT3	34 34.2 34.3 34.4 32 36 36.2 36.3	I I-M I-M I-M E I I I-M I-M	TULSA, OK TULSA, OK TULSA, OK TULSA, OK CLAREMORE, OK BARTLESVILLE, OK BARTLESVILLE, OK BARTLESVILLE, OK						
	KMYT KMYT-DT2 KMYT-DT3 KMYT-DT4 KRSU KDOR KDOR-DT2 KDOR-DT3 KDOR-DT4	34 34.2 34.3 34.4 32 36 36.2 36.3 36.4	I I-M I-M I-M E I I I-M I-M I-M	TULSA, OK TULSA, OK TULSA, OK TULSA, OK CLAREMORE, OK BARTLESVILLE, OK BARTLESVILLE, OK BARTLESVILLE, OK BARTLESVILLE, OK						
	KMYT KMYT-DT2 KMYT-DT3 KMYT-DT4 KRSU KDOR KDOR-DT2 KDOR-DT3	34 34.2 34.3 34.4 32 36 36.2 36.3	I I-M I-M I-M E I I I-M I-M	TULSA, OK TULSA, OK TULSA, OK TULSA, OK CLAREMORE, OK BARTLESVILLE, OK BARTLESVILLE, OK BARTLESVILLE, OK						

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM						
Name	Community Cable &	Broadband, Inc.		63						
	PRIMARY TRANSMITTERS:	PRIMARY TRANSMITTERS: TELEVISION								
G Primary ransmitters: 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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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									
	Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast). For the meaning of these to Column 4: Give the location	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						
	KWHB-DT3	16.3	I-M	TULSA, OK						
	KOED	11	E	TULSA, OK						
	KETA	13	Е	OKLAHOMA CITY, OK						
	KETA-DT2	13.2	E-M	OKLAHOMA CITY, OK						
	KETA-DT3	13.3	E-M	OKLAHOMA CITY, OK						
	KTUL	10	N	TULSA, OK						
	KTUL-DT2	10.2	I-M	TULSA, OK						
	KTUL-DT3	10.3	I-M	TULSA, OK						
	KOTV-DT3	45.3	I-M	TULSA, OK						
	КОСВ	33	I	OKLAHOMA CITY, OK						
	KWTV	25	N	OKLAHOMA CITY, OK						
	KAUT	19	I	OKLAHOMA CITY, OK						
	KSBI	23	I	OKLAHOMA CITY, OK						
	KGEB	12	I	TULSA, OK						
	ктво	15	I	OKLAHOMA CITY, OK						
	кокн	24	N	OKLAHOMA CITY, OK						

Accounting P							FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF Community								SYSTEM ID# 63776
oonninunity		ouubu	iid, iiid.					63/7
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					Н
The contract of the contract o	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati	y the sys be receir t the Co sign of e he statio on's sigr	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process (mark in the "S/D" column.	t the system's he system's FM ante his point, see pa	adend, and (2 enna, during ce ge (v) of the ge) it can b ertain sta eneral in	e expected, ated intervals. structions in the.	Primary Transmitters: Radio
Column 4: G	live the station	i's locatio	the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			+			 	+	

Accounting Perio	d: 2022/2					FC	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	Community Cable & B	roadband	, Inc.				63776
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOO	3		
I	In General: In space I, identi substitute basis during the a	ccounting pe	eriod, under spe	cific present and former F0	CC rules, regula	ations, or authorizations	. For a further
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of th	e general instru	uctions in the paper SA	1-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TUTE CARRIAGE			
Special Statement and	 During the accounting per 	iod, did you	ir cable system	carry, on a substitute bas	sis, any nonne	twork television progra	am
Program Log	broadcast by a distant star	tion?				YES	× NO
	Note: If your answer is "No	". leave the	rest of this pac	e blank. If vour answer is	s "Yes." vou mu	_	-
	log in block 2.	,		, ,	, , , ,		
	2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each subst				wherever pos	sible, if their meaning	is
	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 categor	ies like "mo	vies" or "baske	tball." List specific progra	im titles, for ex	ample, "I Love Lucy" of	or.
	"NBA Basketball: 76ers vs. Column 2: If the program	Bulls."					
	Column 3: Give the call						
	Column 4: Give the broa						า
	the case of Mexican or Can Column 5: Give the mor						onth
	first. Example: for May 7 giv		when your sys		piogram. Ose		onun
	Column 6: State the time		e substitute pro	gram was carried by your	cable system	. List the times accura	tely
	to the nearest five minutes.						
	stated as "6:00-6:30 p.m."						
	Column 7: Enter the lette						
	to delete under FCC rules a was substituted for program						gram
	effect on October 19, 1976.		our system wa				
	s	UBSTITUT	E PROGRAM			EN SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
		+				_	
		†				_	
		T				_	
						_	
		L					
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1							

Accounting Period:	2022/2 FORM SA1-2E. PAGE
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM ID
Name	Community Cable & Broadband, Inc. 6377
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 of 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, see 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.
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 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 \$ 263,800.00
	2. Enter amount of gross receipts from space K \$ 210,422.10
	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 \$ 786.94
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	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 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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 786.94
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 \$ 806.94
	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		OWNER OF CABLE SYSTEM: able & Broadband, Inc.						SYSTEM ID# 63776
M Channels	to its subscribe	You must give (1) the number ers, and (2) the cable system' tal number of channels on wh ied television broadcast static	s total nun ich the ca	mber of activ able	ated channels du	uring the a	ccounting period.	42
	on which the	tal number of activated chann e cable system carried televis adcast services	ion broado					150+
N Individual to Be Contacted		TO BE CONTACTED IF FUR about this statement of acco		ORMATION	IS NEEDED (Ide	entify an in	dividual to whom	
for Further Information	Name	BRUCE BEARD					Telephone 3	14-462-9000
	Address	1714 Deer Track Tra (Number, street, rural route, apa		uite number)				
		St. Louis, MO 63131						
	Email	(City, town, state, zip)			COM		Fax (antional	
	Email	BEARD@CI		NMOLLLEN			Fax (optional	
ο	CERTIFICATION	I (This statement of account n	nust be ce	ertified and s	igned in accorda	nce with C	opyright Office regulations)	
Certification	• I, the undersigr	ned, hereby certify that (Check	one, <i>but or</i>	<i>nly one</i> , of th	e boxes.)			
	(Own	ner other than corporation or	partnersh	hip) I am the	owner of the cable	e system a	s identified in line 1 of space B; o	pr
	X (Agei						ent of the owner of the cable syst	tem as identified
	(Offi	in line 1 of space B and that t icer or partner) I am an officer					e legal entity identified as owner	of the cable system
		in line 1 of space B.						
	are true, compl	ed the statement of account and lete, and correct to the best of r ction 1001(1986)]						
	1		X	/s/ Den	nis Soule			
					gnature on the line ; an "/s/ signature"		certify this statement. ohn Smith)	
		Typed or printe	ed name:	DENNI	S SOULE			
		Title:				when a state is a		
		(i itle of officia	ial position held	l in corporation or pa	arthership)		
		Date:					May 19, 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.

unting Period:			FORM SA1-2E. PAGE
	NER OF CABLE SYSTEM:		SYSTEM ID
nmunity Cat	le & Broadband, Inc.		6377
The Satellite H lowing sentend "In deta service scriber: For more infor located in the During the acc made by satel X NO	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS lome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrig ee: armining the total number of subscribers and the gross amounts paid to the cable of providing secondary transmissions of primary broadcast transmitters, the system and amounts collected from subscribers receiving secondary transmissions put mation on when to exclude these amounts, see the note on page (vii) of the gen paper SA1-2 form. ounting period, did the cable system exclude any amounts of gross receipts for ite carriers to satellite dish owners?	le system for the basic stem shall not include sub- irsuant to section 119." neral instructions	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address		
_	ASSESSMENT		
	plete this worksheet for those royalty payments submitted as a result of a late p tion of interest assessment, see page (viii) of the general instructions located in	the paper SA1-2 form.	Q
For an explana		the paper SA1-2 form. 785.22	Q Interest Assessmen
For an explana	tion of interest assessment, see page (viii) of the general instructions located in the amount of late payment or underpayment	the paper SA1-2 form. 785.22 x 1%	Q Interest Assessmen
For an explana	tion of interest assessment, see page (viii) of the general instructions located in	x 1% 7.85	Q Interest Assessment
For an explana Line 1 Enter Line 2 Multip	tion of interest assessment, see page (viii) of the general instructions located in the amount of late payment or underpayment	the paper SA1-2 form. 785.22 x 1%	Q Interest Assessmen
For an explana Line 1 Enter Line 2 Multip Line 3 Multip	tion of interest assessment, see page (viii) of the general instructions located in the amount of late payment or underpayment	x 1% x 1% x 80 days 628.18	Q Interest Assessmen
For an explana Line 1 Enter Line 2 Multip Line 3 Multip	tion of interest assessment, see page (viii) of the general instructions located in the amount of late payment or underpayment	785.22 x 785.22 x 1% x 1% x 80 days 628.18 x 0.00274 1.72	Q Interest Assessmen
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t	tion of interest assessment, see page (viii) of the general instructions located in the amount of late payment or underpayment	785.22 x 1% 7.85 x 80 days 628.18 x 0.00274 1.72 (interest charge) further assistance please	Q Interest Assessmen
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t ** This is the NOTE: If your	tion of interest assessment, see page (viii) of the general instructions located in the amount of late payment or underpayment	785.22 x 1% 7.85 x 80 days 628.18 x 0.00274 1.72 (interest charge) further assistance please e. e Copyright Office, please	Q Interest Assessmen
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t ** This is the NOTE: If your	tion of interest assessment, see page (viii) of the general instructions located in the amount of late payment or underpayment	785.22 x 1% 7.85 x 80 days 628.18 x 0.00274 1.72 (interest charge) further assistance please e. e Copyright Office, please	Q Interest Assessmen
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For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t ** This is th NOTE: If you a list below the o	tion of interest assessment, see page (viii) of the general instructions located in the amount of late payment or underpayment	785.22 x 1% 7.85 x 80 days 628.18 x 0.00274 1.72 (interest charge) further assistance please e. e Copyright Office, please	Q Interest Assessmen

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C	Cable Worksheet		Total amount of remittance	d Initials	
			Date of remittance	Check CFT	
Cable ID #					Amount Initials
Examined by		Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period					
	🗆 Janua	ary 1 - June 30, 2017		July 1 - December 31, 2017	
	🗆 Lette	r sent		Information received	
	🗆 Accep	oted		Phone call/Date/Contact	
Space B Owner					
	🗆 Lette	r sent		Information received	
		oted		Phone call/Date/Contact	
Space D Area Served					
	🗆 Lette	r sent		Information received	
	🗆 Accep	oted		Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	🗆 Lette	r sent		Information received	
and Rates		oted		Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	🗆 Lette	r sent		Information received	
		oted		Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio		oted		Phone call/Date/Contact	

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