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	T OFFICE USE ONLY	F
DATE RECEIVED	AMOUNT	١,
02/20/23	\$	F O
	ALLOCATION NUMBER	(

FOR COPYRIGHT	Return completed workbook b email to	
DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
02/20/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	COUNTING PERIOD COVERED	BY THIS STATEMENT: (YYYY/(Period))									
	2022/2	Period 1 = January 1 - June 30 Period 2 = July 1 - Decem	iber 31								
		Barcode Data Filing Period (optional - see instructions)									
Accounting Period											
В	Instructions: Give the full legal name of the owner of the subsidiary, not that of the parent corp	ne cable system. If the owner is a subsidiary of another corporation, givoration.	ve the full corporate title of								
Owner	List any other name or names under which	h 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										
	City of Loveland - Municipal Fiber										
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)									
	Loveland Pulse										
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM									
	2695 W Eisenhower Blvd, (Number, street, rural route, apartment, or suite	Suite 200 number)									
	Loveland, CO 80537										
С		ness or trade names used to identify the business and ope 2, give the mailing address of the system, if different from									
System	IDENTIFICATION OF CABLE SYSTEM:										
	1 Loveland Pulse TV										
	MAILING ADDRESS OF CABLE SYSTEM	l:									
	(Number, street, rural route, apartment, or suite	number)									
	(City, town, state, zip code)										

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

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	City of Loveland - Municipal Fiber	6390
	Instructions: List each separate community served by the cable system. A "co	ommunity" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorpor	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future fil	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or r	
Served	identified city.	
55.154		
	CITY OR TOWN	STATE
First	Loveland	CO
Community	Drake	CO
d Rows as Necessary		
,		

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

City of Loveland - Municipal Fiber

SYSTEM ID# 63905

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2						
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE			
Residential:								
 Service to first set 	116	34.95	Favorite Service	303	85.95			
Service to additional set(s)			Premier Service	158	99.95			
• FM radio (if separate rate)			Business Favorites	1	85.95			
Motel, hotel								
Commercial	1	34.95						
Converter								
Residential	164	6.00						
Non-residential	2	6.00						
		l		T				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
 Pay cable 	14.99	Motel, hotel		Pay cable-add'l chan	12.95
 Pay cable—add'l channel 	10.99	Commercial		Pay cable-sports	6.95
 Fire protection 		• Pay cable		Pay cable-spanish	5.25
 Burglar protection 		Pay cable-add'l channel		Business Sports a-la c	#####
Installation: Residential		Fire protection			
• First set		Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect			
 Converter 		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# 63905

City of Loveland - Municipal Fiber
PRIMARY TRANSMITTERS: TELEVISION

G

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
KWGN-CW	2	N	Denver, CO
KCNC-CBS	4	N	Denver, CO
KTVD MyNet	31	N	Denver, CO
KRMA-PBS	6	E	Denver, CO
KMGH-ABC	7	N	Denver, CO
KUSA-Cozi	9.2	N-M	Denver, CO
KUSA-NBC	9	N	Denver, CO
KDVR-Fox	36	N	Denver, CO
KUSA-Circle	9.6	N-M	Denver, CO
KCNC-StartTV	4.2	N-M	Denver, CO
KCNC-Dabl	4.3	N-M	Denver, CO
KMGH-Laff	7.3	N-M	Denver, CO
KPXC-ION	18	N	Denver, CO
KDVR-Antenna	31.2	N-M	Denver, CO
KDVR-TBD	31.3	N-M	Denver, CO
KTVD-Heros	20.2	N-M	Denver, CO
KUSA-True Crime	9.3	N-M	Denver, CO
KWGN-Charge	2.4	N-M	Denver, CO
KWGN-Comet	2.3	N-M	Denver, CO
KWGN-Court	2.5	N-M	Denver, CO
KTVD-Quest	9.5	N-M	Denver, CO
KDEN-Telemundo	25	N	Denver, CO
KRMA-PBS Kids	6.2	E-M	Denver, CO
KDEN-TeleXitos	25.2	N-M	Denver, CO
KDEN-Cozi	25.3	N-M	Denver, CO

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63905 City of Loveland - Municipal Fiber PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **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 Transmitters: 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 Television 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

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KDEN-LXTV	25.4	N-M	Denver, CO
KBDI-TD	12	E	Denver, CO
KBDI-PBS+	12.2	E-M	Denver, CO
KBDI-Deutsche Welle	12.3	N-M	Denver, CO
KBDI-NHK World	12.4	N-M	Denver, CO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63905

City of Loveland - Municipal Fiber

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

Primary Transmitters: Radio

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.

- 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
							
	l						
							
							
						 	
		 					
							
		I					<u> </u>

d: 2022/2							FORM	SA1-2E. PAGE 5.
								63905
In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peribroadcast by a distant stat	y every non ecounting peng that mus CONCER od, did your ion?	nnetwork televis riod, under spe t be included in NING SUBST cable system	ion program, broadcast cific present and former this log, see page (v) of ITUTE CARRIAGE carry, on a substitute b	by a distant s FCC rules, re- the general in	gulations, or a structions in network tele	authoriza the pape vision pr	ogram	or a further form.
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is 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, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "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 FCC or, in 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 the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in								
	2. LIVE?	3. STATION'S		5. MON	RIAGE OC TH 6.	CURRE TIMES	D	7. REASON FOR DELETION
	City of Loveland - Mun SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting period broadcast by a distant stat Note: If your answer is "No," log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a cunder certain FCC rules, reg Do not use general categoris "NBA Basketball: 76ers vs. EColumn 2: If the program Column 3: Give the call secolumn 4: Give the broad the case of Mexican or Cana Column 5: Give the montifirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. I stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules are was substituted for program effect on October 19, 1976.	City of Loveland - Municipal Fib SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every non substitute basis during the accounting pe explanation of the programming that mus 1. SPECIAL STATEMENT CONCER • During the accounting period, did your broadcast by a distant station? Note: If your answer is "No," leave the re log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograt clear. If you need more space, please a Column 1: Give the title of every nor period, was broadcast by a distant statio under certain FCC rules, regulations, or Do not use general categories like "mov "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the s Column 4: Give the broadcast statio the case of Mexican or Canadian statio Column 5: Give the month and day of first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the of to delete under FCC rules and regulatio was substituted for programming that y effect on October 19, 1976.	City of Loveland - Municipal Fiber SUBSTITUTE CARRIAGE: SPECIAL STATEMEN In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under spe explanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBST • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No," leave the rest of this pag log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separat clear. If you need more space, please add additional in Column 1: Give the title of every nonnetwork televis period, was broadcast by a distant station and that you under certain FCC rules, regulations, or authorizations Do not use general categories like "movies" or "basket "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadcas Column 4: Give the broadcast station's location (th the case of Mexican or Canadian stations, if any, the c Column 5: Give the month and day when your syst first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program to delete under FCC rules and regulations in effect du was substituted for programming that your system was effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	City of Loveland - Municipal Fiber SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM L In General: In space I, identify every nonnetwork television program, broadcast 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 ("substituperiod, was broadcast by a distant station and that your cable system substitunder certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progr "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute progroum 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program was substituted for programming that your system was permitted to delete un effect on October 19, 1976.	City of Loveland - Municipal Fiber SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant s 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 nonibroadcast by a distant station? Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," your log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever program. 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 they punder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction not use general categories like "movies" or "basketball." List specific program titles, for a column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." 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 5: Give the month and day when your system carried the substitute program. Unfirst. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system 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 delete under FCC rules effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATIONS	LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Loveland - Municipal Fiber SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that yo substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televioradcast by a distant station? Note: If your answer is "No," leave the rest of this page blank. 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Column 6: State the times when the substitute program was carried by your cable system. List the tit to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system to dele	LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Loveland - Municipal Fiber SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorize explanation of the programming that must be included in this log, see page (v) of the general instructions in the pape 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television proadcast by a distant station? Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the p log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their mear 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, during the accouperiod, was broadcast by a distant station and that your cable system substituted for the programming of anoth under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further inforn Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Luc "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the broadcast station's location (the community to which the station is licensed by the FCC of the case of Mexican or Canadian stations, if any, the community with which the station is loentified). Column 6: State the times when the substitute program was carried by your cable system. List the times acc to the nearest five minutes. Example: a program carried by a system from 6.01:15 p.m. to 6:28:30 p.m. should stated as "6:00-6:30	EGAL NAME OF OWNER OF CABLE SYSTEM: City of Loveland - Municipal Fiber SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: in space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 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 complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is 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, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another static under certain FCC rules, regulations, or authorizations. See page (y) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." 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 FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licentified). Column 5: Give the month and day when over yets measured by your cable system. List the times accurately to the nearest five minutes. Example: a program carri

2022/2			A1-2E. PAGE YSTEM II							
City of Loveland - Municipal Fiber			6390							
all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of how page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	secondary transn w to compute this	nission service amount, see	2,630.93							
IMPORTANT: You must complete a statement in space P concerning gross receipts.		-	•							
• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less	than \$527,600.	3263,800.								
BLOCK 1: GROSS RECEIPTS OF \$137,100 O	R LESS									
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00.	at you must pay for	this six-mon								
Line 1. Royalty fee for accounting period										
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00							
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and	12									
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137,	100)								
Base amount under statutory formula	263,800.00	_								
Enter amount of gross receipts from space K	152,630.93	=								
3. Subtract line 2 from line 1	111,169.07	_								
Enter the amount of gross receipts from space K	<u>\$</u>	152,630.93								
5. Enter the amount from line 3	\$	111,169.07								
6. Subtract line 5 from line 4	\$	41,461.86								
7. Multiply line 6 by .005 (enter figure here)		\$	207.31							
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		\$	207.31							
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b)	ut less than \$527	7,600)								
Enter the amount of gross receipts from space K										
	263,800.00	_								
·		_								
4. Multiply line 3 by .01		=								
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										
	¢	207.31								
1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	<u> </u>									
Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) Filing Fee (See the instructions for more information on filing fee calculations)		20.00								
	\$		227.31							
Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	227.31							
Filing Fee (See the instructions for more information on filing fee calculations)	\$	\$								
	LIEGAL NAME OF OWNER OF CABLE SYSTEM: City of Loveland - Municipal Fiber GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ar all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of hor 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. 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 3 if the amount of gross receipts in space K is more than \$137, 100 but less • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informat BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee the 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 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but 1. Base amount under statutory formula \$ 2. Enter amount of gross receipts from space K 5. Enter the amount 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 (b 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula \$ 3. Subtract line 5 from line 1 4. Multiply line 6 by .005 (enter figure here) 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) 6. Interest charge. En	LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Loveland - Municipal Fiber	CICHA NAME OF OWNER OF CABLE SYSTEM: City of Loveland - Municipal Filber							

Accounting Period:	2022/2												FORM S	A1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF City of Loveland - Munic													SYSTEM ID# 63905
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) th 1. Enter the total number of system carried television b 2. Enter the total number of on which the cable system and nonbroadcast services	e cable system's total channels on which the proadcast stations activated channels a carried television br	al numb	nber o	of activated	channels o	luring the a	accountin	ng period.	st stations			30	
N Individual to Be Contacted	INDIVIDUAL TO BE CONT. we can contact about this st			ORMA	ATION IS N	NEEDED (Id	lentify an i	ndividual	l					
for Further Information	Name Brieana	Reed-Harmel								Telephone	(970) 9	62-3592	2	
	(Number, str	Eisenhower BI reet, rural route, apartme nd, CO 80537 state, zip)												
	Email	brieana.reed-harn	nel@ci	cityofl	floveland.c	org		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 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 X (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)]													
				n elect	s/ Brieana stronic signat are using an "	ture on the li	ne above to			ent.				
			Munici	cipal	rieana R al Fiber N	<i>l</i> lanager		2	-20-2023					

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 the 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 telephon 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of lan

ounting Period: 2022/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
y of Loveland - Municipal Fiber	63905
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."	P 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 transmissions made by satellite carriers to satellite dish owners?	
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
	111
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	Interest Assessment
xdays	
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	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period ID number ID	

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