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
8/8/23	\$
	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	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
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.
	х	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
		2125 Cable Company, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Sunrise Communications, LLC
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		20938 Washington Ave. (Number, street, rural route, apartment, or suite number)
		Onaway, MI 49765 (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 as 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)
Dalars and A at Math		

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

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Humo	2125 Cable Company, LLC	
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rules: "a
D	separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv community." Please use it as the first community on all future filings.	nunities within unincorporated areas and including single, discr ve as a form of system identification hereafter known as the "fi
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the identit
Served	city.	
		STATE
First	Onaway	MI
Community	Posen	MI
	Atlanta	MI
d Rows as Necessary	Millersburg	MI
	Hillman	MI
	Mullett Lake	MI
	Wolverine	MI

		DI E C. (2						_	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CA							51	STEM ID
	2125 Cable Company, L	LC							
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES				
E	In General: The information in s								
Secondary	system, that is, the retransmissic about other services (including p								
Transmission	last day of the accounting period							ng on the	
Service: Sub-	Number of Subscribers: Both) blocks in spac	e E cal	for the numbe	r of subsc	ribers to the cat	•		
scribers and	down by categories of secondary			0 / 1					
Rates	each category by counting the nu separately for the particular servi							cnarged	
	Rate: Give the standard rate cl							e and the	
	unit in which it is generally billed.				y standar	d rate variations	within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				es of seco	ndary transmis	sion servic	e that cable	
	systems most commonly provide			•					
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					in the count un	der "Servic	e to the	
	Block 2: If your cable system h					service that are	different fr	om those	
	printed in block 1 (for example, ti	ers of services	that inc	lude one or mo	re second	lary transmissio	ns), list the	em, together	
	with the number of subscribers a	nd rates, in the	e right-h	and block. A tw	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1			1		BLOC	к 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Service to first set		267	96 12					
	Service to additional set(s)		207	86.13					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat	•	,		•	• •			
	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services of								
Other Than	amount of the charge and the un		usually	billed. If any rat	es are cha	arged on a varia	ble per-pro	ogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the i Block 1: Give the standard rate		no cable	system for ear	ch of the a	nnlicable servic	os listad		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a s	separate charg	e was m	nade or establis					
	brief (two- or three-word) descrip	tion and includ	e the ra	te for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVIC	E RATE
	Continuing Services:			ation: Non-res	idential				
	• Pay cable			tel, hotel					
	Pay cable—add'l channel			nmercial					
	Fire protection		-	/ cable					
	•Burglar protection		-	/ cable-add'l ch	annel				
				e protection					
	Installation: Residential								
	• First set			glar protection					
	• First set • Additional set(s)		Other s	services:					
	• First set • Additional set(s) • FM radio (if separate rate)		Other : • Red	services:					
	• First set • Additional set(s)		Other s • Rec • Dis	services: connect connect					
	• First set • Additional set(s) • FM radio (if separate rate)		Others • Rec • Dis • Out	services:					

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	2125 Cable Company	LLC		
	PRIMARY TRANSMITTERS:			
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associate "WETA-2" as the same on 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 te Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the	(1) stations carried only on a part-til e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instructi ogram services such as HBO, ESP -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a or network multicast), "I" (for independent tation, in the paper SA1-2 form. the community to which the station	me basis under ims [sections ions carried on a postitute program _og)—if the o on some other ions. N, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WCML	6	E	Alpena, MI
	WGTQ	8	N	SAULT STE. MARIE, MI
ws as Necessary	WTOM	7	N	Traverse City, MI
	WWUP	10	N	SAULT STE. MARIE, MI
	WGTU	29	N	Traverse City, MI

	LEGAL NAME OF OWNER	OF CABLE SYSTEM		SYSTEM
Name	2125 Cable Compan			0.0.2
	PRIMARY TRANSMITTERS			
G imary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station here station was carried <i>only</i> o • List the station here, and basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same or Column 2: Give the chann of license. For example, N Column 3: Indicate in eace educational station, by em (for independent multicast For the meaning of these Column 4: Give the locati	I also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part-time ne carriage of certain network program 1(e)(2) and (4))]; and (2) certain station arried by your cable system on a substi- ne Special Statement and Program Log d both on a substitute basis and also of see page (v) of the general instruction rogram services such as HBO, ESPN, e-air designation. For example, report vision station for broadcasting over the station, an independent station, or a no for network multicast), "I" (for independent r "E-M" (for noncommercial educations ctions in the paper SA1-2 form. the community to which the station is	e basis under s [sections ns carried on a itute program g)—if the n some other ns. etc. Identify each multistream e air in its community poncommercial dent), "I-M" al multicast). licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Accounting P								FORM	/ SA1-2E. PAGE 4.
LEGAL NAME OF 2125 Cable			'STEM:						SYSTEM ID#
	company, i	-LC							U
	t every radio s	tation ca	rried on a separate and disc nerally receivable by your cat						н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing	y the sys be recei t the Co sign of e he statio ion's sign g a check	-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. n is AM or FM. hal was electronically process mark in the "S/D" column.	at the sy system this poin sed by t	rstem's he s FM ante nt, see pa ne cable s	eadend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st eneral in eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
			on (the community to which the community with which the				C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CAL	L SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2022/2					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	2125 Cable Company,	LLC					0
	SUBSTITUTE CARRIAG	E: SPECIAI		T AND PROGRAM LOG	;		
Substitute	In General: In space I, ident substitute basis during the a explanation of the programn	ccounting pe	riod, under spe	cific present and former F	CC rules, regu	lations, or authorizations.	For a further
Carriage:	1. SPECIAL STATEMEN						
Special	 During the accounting pe 				sis, any nonn	etwork television progra	m
Statement and Program Log	broadcast by a distant stat	-	-			YES	×NO
Frogram Log	5		root of this pay	no blank. If your anower is	"Voo " vou n		-
	Note: If your answer is "No log in block 2.	, leave the	rest of this pag	ge blank. If your answer is	s res, you n	nust complete the progra	
	2. LOG OF SUBSTITUTE		NS				
	In General: List each subsclear. If you need more space of the second m	titute progra ace, please a of every nou distant stati egulations, o ries like "mo Bulls." m was broac sign of the s adcast statio	m on a separa add additional nnetwork telev ion and that yc r authorization vies" or "baske dcast live, ente station broadca on's location (ti ons, if any, the	rows to the tables. ision program ("substitute our cable system substitut s. See page (v) of the ge etball." List specific progra r "Yes." Otherwise enter asting the substitute prog- ne community to which th	e program") th ed for the pro neral instructi am titles, for e 'No." ram. e station is lice e station is lice	nat, during the accountin ogramming of another sta ions for further informatio example, "I Love Lucy" o censed by the FCC or, in entified).	ng ation on. r
	first. Example: for May 7 gi						
	Column 6: State the tim to the nearest five minutes			gram was carried by you			ely
	stated as "6:00–6:30 p.m."					·	
	Column 7: Enter the let	ter "R" if the	listed program	was substituted for prog	ramming that	your system was require	ed
	to delete under FCC rules was substituted for prograr						gram
	effect on October 19, 1976		5	•		0	
					14/11		
	c		E PROGRAM			EN SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						<u> </u>	
					-		+
							
					-		
					-		
					-		
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						_	
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]		+

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	2125 Cable Company, LLC		0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter 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 an 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	2 ,980.26 ss 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 \$20 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		
	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		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K \$ 137,980.26		
	3. Subtract line 2 from line 1 \$ 125,819.74		
		37,980.26	
		25,819.74	
		12,160.52	
			60.90
		\$	60.80
	8. Interest charge. Enter the amount from line 4, space Q, page 8	\$	0.28
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	\$	61.08
	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 \$ 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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	61.08	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	81.08
	EFT Trace # or TRANSACTION ID #		
	<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		

Accounting Period:	2022/2											FORM SA	A1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM:										:	SYSTEM ID# (
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	: You must give (1) the numbe bers, and (2) the cable system otal number of channels on wf rried television broadcast station otal number of activated chann ne cable system carried televis padcast services	's total numl hich the cabl ons nels sion broadca	ber of ac	ctivated cha	annels durin	ng the acc	ounting per	riod.			5 41	
N Individual to		TO BE CONTACTED IF FUR ct about this statement of acco		ORMATI	ON IS NEE	DED (Identi	ify an indi	vidual to wl	hom				
Be Contacted for Further Information	Name	BRUCE BEARD							Telepho	ne 314-4	62-9000)	
	Address	1714 Deer Track Tra (Number, street, rural route, apa St. Louis, MO 6313' (City, town, state, zip)	artment, or suit		r)								
	Email	BBEARD@C	INNAMONI	MUELL	ER.COM			Fax (optic	onal				
O Certification	I, the undersig (Ow X (Age (Off (off I have examinare true, comp	N (This statement of account ined, hereby certify that (Check of ner other than corporation or ent of owner other than corpor in line 1 of space B and that t ficer or partner) I am an officer in line 1 of space B. ed the statement of account and plete, and correct to the best of r action 1001(1986)]	one, <i>but only</i> partnership ration or pai the owner is i · (if a corpora d hereby decl	y one , of p) I am th artnershi not a cor ation) or a clare unde	the boxes.) ne owner of f p) I am the rporation or a partner (if er penalty of	the cable sys duly authoriz partnership; a partnershii f law that all s	stem as ide red agent o or p) of the le	entified in lin of the owner igal entity ide s of fact con	e 1 of space of the cable s	B; or system as i		n	
		Typed or printe	Enter signed name:	electroni mature us Robe	ic signature sing an "/s/ :	Goodence on the line a signature" (e	bove to ce .g., /s/ Joh		tement.				
		Title: (Date:	Manac (Title of official	<u> </u>	neld in corpor	ration or partne	ership)	August 8	2023				
		Bailt.						, agast 0	, _0_0				

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unting Period: 2022/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
5 Cable Company, LLC	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing 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 sub- scribers 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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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 Assessmen
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	<u></u>
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