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

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY     email to       DATE RECEIVED     AMOUNT     coplicsoa@copyright.g       08/15/23     \$     For additional information contact the U.S. Copyright.g		Return completed workbook by
08/15/23	FOR COPYRIGHT	
08/15/23	DATE RECEIVED	conficeoa@convright.gov
ALLOCATION NUMBER (202) 707-6150.	08/15/23	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCO	DUNTING 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.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	10016
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		SJC Networks Company PO Box 268 Saint John, WA 99171	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		(Number, street, rural route, apartment, or suite number)	
		(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 already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	
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)	
	1		

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID
Name		
	SJC Networks Company PO Box 268 Saint John, WA 9917	
D Area Served	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis community." Please use it as the first community on all future filings.	community" is the same as a "community unit" as defined in FCC rules: "a ated communities within unincorporated areas and including single, discrete it will serve as a form of system identification hereafter known as the "first r mobile home parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First	St. John	WA
Community		
Add Rows as Necessary		
Add nows as necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					FORM SA1-	TEM IC
Name	SJC Networks Company		8 Saint Jol	nn, WA 99171				1001
-	SECONDARY TRANSMISSION			-				
E	In General: The information in s	•		•				
Casandany	system, that is, the retransmission							
Secondary Fransmission	about other services (including p last day of the accounting period					hose existing	g on the	
Service: Sub-	Number of Subscribers: Both					ble system, b	oroken	
scribers and	down by categories of secondary					-		
Rates	each category by counting the nu						narged	
	separately for the particular servi						and the	
	<b>Rate:</b> Give the standard rate cl unit in which it is generally billed.							
	category, but do not include disco					5 WIUIII 4 Pa.		
	<b>Block 1:</b> In the left-hand block	in space E, the	form lists the	categories of sec				
	systems most commonly provide							
	that applies to your system. <b>Note</b>		-		-			
	categories, that person or entity subscriber who pays extra for ca							
	first set" and would be counted o							
	Block 2: If your cable system h				service that are	different fro	m those	
	printed in block 1 (for example, ti							
	with the number of subscribers a sufficient.	ind rates, in the	right-hand blo	ock. A two- or thre	e-word descript	ion of the sei	vice is	
		OCK 1				BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE			TEGORY OF SE		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCINEL			IEGUNT OF GE	RVICE	SUBSCRIBENS	
	Service to first set		430	105.00				
	Service to inst set     Service to additional set(s)		430	105.00				
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSIONS	: RATES				
F	In General: Space F calls for rat							
Г	not covered in space E, that is, the				,	,		
Services	service for a single fee. There are furnished at cost or (2) services of							
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the		·····, ····			·····	,,	
ransmissions:	Block 1: Give the standard rate							
Rates	Block 2: List any services that			-				
	listed in block 1 and for which a s brief (two- or three-word) descrip				these other serv	lices in the f	orm of a	
	bher (two- or three-word) descrip							
		BLOC					BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:			OF SERVICE Non-residential	RATE	CATEGO	ORY OF SERVICE	RAT
	• Pay cable		• Motel, hot			Digital I	Rasin	19.
	Pay cable—add'l channel		Commerce			Encore		10.
	Fay cable—add i channel     Fire protection		Pay cable			Movie C		15.
			,			Showtin		15.
	Downlaw waste stiew		,	-add'l channel				15.
	•Burglar protection					Cinema	Λ	
	Installation: Residential		Fire prote					9.
	Installation: Residential  • First set		• Burglar pi	rotection		НВО		9.
	Installation: Residential • First set • Additional set(s)		• Burglar pi Other servic	rotection es:		НВО		9.
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burglar pr Other servic • Reconnec	rotection <b>es:</b> ct		НВО		9.
	Installation: Residential • First set • Additional set(s)		• Burglar pr Other servic • Reconnec • Disconne	rotection <b>es:</b> ct ct		НВО		9.( 15.(
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Burglar provident of the service of the servic	rotection <b>es:</b> ct ct		НВО		9.

	LEGAL NAME OF OWNER C	)F CABLE SYSTEM:		SYSTE
Name	SJC Networks Comp	oany PO Box 268 Saint John, WA	99171	1
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Station</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each static multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in eace educational station, by ent (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location	also in space I, if the station was carried b ion concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-a	I) stations carried only on a part-t carriage of certain network progr e)(2) and (4))]; and (2) certain sta- ried by your cable system on a su Special Statement and Program both on a substitute basis and also ee page (v) of the general instruct gram services such as HBO, ESF ir designation. For example, repu- sion station for broadcasting over ation, an independent station, or a r network multicast), "I" (for indep "E-M" (for noncommercial educat ions in the paper SA1-2 form.	ime basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial pendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KREM	2	N	Spokane, WA
	KAYU	3	I	Spokane, WA
ows as Necessary	KXLY	4	Ν	Spokane, WA
	КНQ	6	Ν	Spokane, WA
	KSPS	7	Е	Spokane, WA
	NJFJ	· · · · · · · · · · · · · · · · · · ·		Sporalle, WA
	KWSU	10	E	Pullman, WA
	KWSU	10	E	Pullman, WA
	KWSU KUID KSKN	10 12	E	Pullman, WA Moscow, ID Spokane, WA
	KWSU KUID KSKN KGPX	10 12 22	E	Pullman, WA Moscow, ID Spokane, WA Spokane, WA
	KWSU KUID KSKN	10 12 22 50	E	Pullman, WA Moscow, ID Spokane, WA
	KWSU KUID KSKN KGPX	10 12 22 50	E	Pullman, WA Moscow, ID Spokane, WA Spokane, WA
	KWSU KUID KSKN KGPX	10 12 22 50	E	Pullman, WA Moscow, ID Spokane, WA Spokane, WA
	KWSU KUID KSKN KGPX	10 12 22 50	E	Pullman, WA Moscow, ID Spokane, WA Spokane, WA
	KWSU KUID KSKN KGPX	10 12 22 50	E	Pullman, WA Moscow, ID Spokane, WA Spokane, WA
	KWSU KUID KSKN KGPX	10 12 22 50	E	Pullman, WA Moscow, ID Spokane, WA Spokane, WA
	KWSU KUID KSKN KGPX	10 12 22 50	E	Pullman, WA Moscow, ID Spokane, WA Spokane, WA
	KWSU KUID KSKN KGPX	10 12 22 50	E	Pullman, WA Moscow, ID Spokane, WA Spokane, WA
	KWSU KUID KSKN KGPX	10 12 22 50	E	Pullman, WA Moscow, ID Spokane, WA Spokane, WA
	KWSU KUID KSKN KGPX	10 12 22 50	E	Pullman, WA Moscow, ID Spokane, WA Spokane, WA
	KWSU KUID KSKN KGPX	10 12 22 50	E	Pullman, WA Moscow, ID Spokane, WA Spokane, WA
	KWSU KUID KSKN KGPX	10 12 22 50	E	Pullman, WA Moscow, ID Spokane, WA Spokane, WA

EGAL NAME OF			Box 268 Saint John, WA	99171				SYSTEM ID 1001
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable				ied on an	н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf idgnal, indicate	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing	y the sys be receivent t the Cop sign of e he statio ion's sign a check	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. In is AM or FM. nal was electronically processes mark in the "S/D" column.	the system's hea ystem's FM anter is point, see page ed by the cable sy	idend, and (2) i nna, during cerl e (v) of the gen vstem as a sept	it can b tain sta eral ins arate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters: Radio
			on (the community to which the the community with which the s			or, in th	ne 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: 2023/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	SJC Networks Compar	iy PO Box	x 268 Saint J	ohn, WA 99171				10016
	SUBSTITUTE CARRIAGE	SPECIA		T AND PROGRAM LOG				
	In General: In space I, identi	-	-		a <i>distant</i> statio	on that your	cable system	n carried on a
_	substitute basis during the ad							
Substitute	explanation of the programm	ng that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	etwork televi	sion prograi	
Program Log	broadcast by a distant stati	on?					YES	NO
	Note: If your answer is "No,	" leave the	rest of this pag	je blank. If your answer is	"Yes," you m	ust complete	e the progra	ım
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever po	ssible, if thei	ir meaning i	s
	clear. If you need more spa Column 1: Give the title	ce, please a of everv no	nnetwork telev	ision program ("substitute	program") th	at. during the	e accountin	a
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the pro	gramming of	another sta	ation
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gen	eral instructio	ons for furthe	er informatio	on.
	Do not use general categor "NBA Basketball: 76ers vs.		vies or baske	etball. List specific program	n lilles, lor ex	cample, ILC	ove Lucy of	
	Column 2: If the program	n was broad		r "Yes." Otherwise enter "N				
				sting the substitute progra		anaad by the	FCC or in	
	the case of Mexican or Can			ne community to which the community with which the				
	Column 5: Give the mon	th and day		tem carried the substitute			with the mo	nth
	first. Example: for May 7 giv		aubatituta pro	grom was serviced by your	achla avatam	lict the time		
	to the nearest five minutes.			gram was carried by your ed by a system from 6:01:				ery
	stated as "6:00–6:30 p.m."							
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							iam
	effect on October 19, 1976.							
					WHE			
	S	UBSTITUT	E PROGRAM			AGE OCCL		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. TI FROM –	IMES - TO	DELETION
						_	_	
							_	
							_	
						-		
						_	_	
							_	
							_	

Accounting Period:	2023/1			FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJC Networks Company PO Box 268 Saint John, WA 99171			SYSTEM ID# 10016
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sp (as identified in space E) during the accounting period. For a further explanation 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	vstem's se n of how to	condary transmi o compute this a	ssion service
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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less that	an \$527,600.	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 accounting period is \$52.00.	fee that yo	ou must pay for thi	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 line	es 1 and 2		• •
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	ore than \$137,1	00)
	1. Base amount under statutory formula	\$	263,800.00	
	2. Enter amount of gross receipts from space K			
	3. Subtract line 2 from line 1			
	A. Enter the amount of gross receipts from space K			
	5. Enter the amount from line 3			
	6. Subtract line 5 from line 4			
	7. Multiply line 6 by .005 (enter figure here)			
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 a	and 8	••••••	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but	less than \$527,	600)
	1. Enter the amount of gross receipts from space K	\$	269,090.50	
	2. Base amount under statutory formula	\$	263,800.00	
	3. Subtract line 2 from line 1	\$	5,290.50	
	4. Multiply line 3 by .01		\$	52.91
	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 .	••••••	\$ 1,371.91
	FILING FEE AND TOTAL REMITTANCE DU	E		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		\$	1,371.91
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			\$ 1,391.91
	EFT Trace # or TRANSACTION ID #	2	778D0JC	
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-2 form and the f			

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: S Company PO Box 268 S	aint John, WA 99171		SYSTEM ID# 10016
M Channels	to its subscribe 1. Enter the to system carr 2. Enter the to on which the	ers, and (2) the cable system's tal number of channels on whi ied television broadcast statio tal number of activated chann e cable system carried televisi	total number of activated channels ch the cable ns		10 134
N Individual to Be Contacted		O BE CONTACTED IF FUR1 t about this statement of acco	HER INFORMATION IS NEEDED	(Identify an individual	
for Further Information	Name	Cheryl Van Lith		Telephone 509-	-648-3322
	Address	PO Box 268, 11 E Fr (Number, street, rural route, apar Saint John, WA 991 (City, town, state, zip)	tment, or suite number)		
	Email	sjcable@stjoh	ncable.com	Fax (optional	
	CERTIFICATION	I (This statement of account n	nust be certified and signed in acco	dance with Copyright Office regulations)	
O Certification	(Own (Ager X (Office • I have examine are true, completion	er other than corporation or p at of owner other than corpora in line 1 of space B and that th cer or partner) I am an officer ( in line 1 of space B. d the statement of account and	ation or partnership) I am the duly at le owner is not a corporation or partne if a corporation) or a partner (if a partn	nership) of the legal entity identified as owner of the at all statements of fact contained herein	
			X /s/Joe Dennis Enter an electronic signature on the Enter signature using an "/s/ signatu		
		Typed or printer	d name: Joe Dennis		
		Title:	VP of Operations the of official position held in corporation or	partnership)	
		Date:		08/16/23	

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unting Period: 2023/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Networks Company PO Box 268 Saint John, WA 99171	1001
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 Exclusior
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	
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
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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	
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	
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	
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	
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	
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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	
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	

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