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					
07/26/23	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
Accounting		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20231 Barcode Data Filing Period (optional - see instructions)
Period		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
B Owner		subsidiary, not that of the parent corporation. 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
		The Television Association of Republic, Washington
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 555 (Number, street, rural route, apartment, or suite number)
		Republic, WA, 99166 (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 s 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 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 filling, a determination that would be made by a court of law.

Accounting Period:	2023/1							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#						
Name	The Television Association of Republic, Washington	20563						
D	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, discret 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.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
	CITY OR TOWN	STATE						
First	Republic	WA						
Community								
Add Rows as Necessary								
Add nows as Necessary								

Accounting Period: 2023/1
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 20563

The Television Association of Republic, Washington

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.

BLO	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	62	93.00	Expanded Basic	30	3.00
Service to additional set(s)			НВО	7	14.50
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
 Pay cable 		Motel, hotel		
 Pay cable—add'l channel 		Commercial		
 Fire protection 		•Pay cable		
Burglar protection		Pay cable-add'l channel		
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:	2023/1			FORM	SA1-2E. PAGE 3.				
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:			SYSTEM ID#				
Name	The Television Asso	ciation of Republic, Washington			20563				
	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.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STA	TION				
1	KREM	2	N	SPOKANE, WA					
ı	KXLY	4	N	SPOKANE, WA					
Add Rows as Necessary	KHQ	6	N	SPOKANE, WA					

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KREM	2	N	SPOKANE, WA
KXLY	4	N	SPOKANE, WA
KHQ	6	N	SPOKANE, WA
KSPS	7	E	SPOKANE, WA
KAYU	9	l	SPOKANE, WA
	1		I I

SYSTEM ID# 20563

The Television Association of Republic, Washington

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	d: 2023/1						FORM	SA1-2E. PAGE 5.
<u>~</u>	-	CABLE SYST	EM:					SYSTEM ID#
Name	The Television Associa	tion of R	epublic, Was	shington				20563
Name Substitute Carriage: Special Statement and Program Log	LEGAL NAME OF OWNER OF OTTHE Television Associa SUBSTITUTE CARRIAGE In General: In space I, identife substitute basis during the acceptantion of the programmi 1. SPECIAL STATEMENT • During the accounting periproadcast by a distant station of the programmi 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 period, was broadcast by a under certain FCC rules, red Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call secolumn 4: Give the broad the case of Mexican or Cancolumn 5: Give the mon first. Example: for May 7 given Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter substitute of the period of the case of the case of the mon first. Example: for May 7 given the nearest five minutes.	PARTICULE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG Paral: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried the basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furtion of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. CIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE g the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program ast by a distant station? f your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program alock 2. GOF SUBSTITUTE PROGRAMS eral: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is fyou need more space, please add additional rows to the tables. Junn 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting was broadcast by a distant station and that your cable system substitute for the programming of another station eratain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information, use general categories like "movies" or "basketball: "List specific program titles, for example, "I Love Lucy" or lasketball: "Gers vs. Bulls." Junn 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Junn 3: Give the call sign of the station broadcasting the substitute program. Junn 4: Give the broadcast station's location (the community to which the station is identified). Junn 5: Give the month and day when your system carried the substitute program. Use numerals, with the month tample: for May 7 give "5/7." Junn 6: State the times when the substitute program was carried by your cable system. List the times accurately nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be						carried on a or a further form. X NO n th
				was substituted for progra				
	was substituted for program							4111
	effect on October 19, 1976.		E PROGRAM		CARRI	EN SUBSTITU AGE OCCURI 6. TIME	RED 7	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM —	то	
						_		
						_		
						<u> </u>		

Accounting Period:	2023/1	FORM	SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: The Television Association of Republic, Washington	;	SYSTEM II 2056					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form.	mission service						
	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.	\$ 30,707.91 (Amount of 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 2 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 \$ • 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 accounting period is \$52.00.	this six-month						
	Line 1. Royalty fee for accounting period	\$	52.00					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8							
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137							
	Base amount under statutory formula							
	Enter amount of gross receipts from space K	_						
	3. Subtract line 2 from line 1	_						
	4. Enter the amount of gross receipts from space K	_						
	5. Enter the amount from line 3							
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)							
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)							
	Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula	_						
	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							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	• •						
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and Fotal Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00						
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00					
	EFT Trace # or TRANSACTION ID #							
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for r							

Accounting Period: 2	2023/1					FORM SA1-2E. PAGE 7.			
Name	LEGAL NAME OF OWNER OF The Television Associat		Washing	yton		SYSTEM ID# 20563			
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations								
		on which t	he cable	system carried television broadcast station services	ns	55			
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			PRMATION IS NEEDED (Identify an individ	dual				
for Further Information	Name Amber	Maycumber			Telephone	509-775-3822			
	(Number, st	N. Clark Ave / treet, rural route, apartin ic, WA, 99166 state, zip)							
	Email	billing@rcabletv	.com	Fa	ax (optional				
O Certification	CERTIFICATION (This state • I, the undersigned, hereby c			tified and signed in accordance with Copyr	right Office regulations)				
) I am the owner of the cable system as identi					
	X (Agent of owner o	other than corporati		rtnership) I am the duly authorized agent of the of space B and that the owner is not a corporation.		tem as identified			
	(Officer or partne	er) I am an officer (if		tion) or a partner (if a partnership) of the legal of space B.	al entity identified as owner	r of the cable system			
		ect to the best of my		are under penalty of law that all statements of e, information, and belief, and are made in go					
			X	/s/ Amber Maycumber					
				electronic signature on the line above to certify ature using an "/s/ signature" (e.g., /s/ John S					
		Typed or printed	name:	Amber Maycumber					
		Title:	Manag	(Title of official position held in corpo	ooration or partnership)				
		Date:			07/03/2023				

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Accounting Period: 2023/1 FORM SA1-2E. PAGE 8. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 20563 The Television Association of Republic, Washington 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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 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. Interest Assessment days x 0.00274 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

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ID number

First community served Accounting period