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					
09/05/2023	\$					
	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	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		TWIN VALLEY COMMUNICATIONS, INC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 369
		(Number, street, rural route, apartment, or suite number)
		MILTONVALE, KS 67466-0368 (City, town, state, zip)
С	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
C	name	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)
	1	(en), com, care, ale coop

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:	SYSTEMI
Name	TWIN VALLEY COMMUNICATIONS, INC.	226
	Instructions: List each separate community served by the cable system. A "community	
ь.	separate and distinct community or municipal entity (including unincorporated comm	· · · · · · · · · · · · · · · · · · ·
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	
	community." Please use it as the first community on all future filings.	as a remark specimen action increases mountain as the
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the identif
Area Served	city.	
Serveu		
	CITY OR TOWN	STATE
First	MILTONVALE	KS
Community	BENNINGTON	KS
	GREENLEAF	KS
Rows as Necessary	TESCOTT	KS
	BARNARD	KS
	BEVERLY	KS
	MILFORD	KS
	RILEY	KS
	OLSBURG	KS
	CLYDE	KS
	GREEN	KS
	DELPHOS	KS
	LONGFORD	KS
	WAKEFIELD	KS
	LEONARDVILLE	KS
	CLIFTON	KS
	MORGANVILLE	KS
	AURORA	KS
	GLASCO	KS
	CLAY CENTER	KS
	KEATS	KS
	SOLOMON	KS
	MINNEAPOLIS	KS
	ABILENE	KS
	CHAPMAN	KS
	JUNCTION CITY	KS

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 22638

## TWIN VALLEY COMMUNICATIONS, INC.

# E

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.

BLG	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,136	52.99				
<ul> <li>Service to additional set(s)</li> </ul>						
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 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable	114.99	Motel, hotel				
Pay cable—add'l channel	129.99	Commercial				
Fire protection		• Pay cable				
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>				
Installation: Residential		Fire protection				
First set		Burglar protection				
<ul> <li>Additional set(s)</li> </ul>		Other services:				
• FM radio (if separate rate)		Reconnect	25.00			
Converter		Disconnect				
		Outlet relocation				
		<ul> <li>Move to new address</li> </ul>	50.00			

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 22638

TWIN VALLEY COMMUNICATIONS, INC.

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
KSNW	3	N	WICHITA, KS
KOOD	9	E	BUNKER HILL, KS
KAKE	10	N	WICHITA, KS
KTWU	11	Е	TOPEKA, KS
KWCH	12	N	WICHITA, KS
KSAS FOX	26	N	WICHITA, KS
KMTW MYTV	17	N-M	WICHITA, KS
KSCW	33	N-M	WICHITA, KS
KWCH WEATHER	24	N	WICHITA, KS
WIBW	13	N-M	TOPEKA, KS
KSNT	27	N	TOPEKA, KS
WIBW METV	22	N-M	TOPEKA, KS
KTMJ	43	N	TOPEKA, KS
KTKA	49	N	TOPEKA, KS
KTKA CW	20	N-M	TOPEKA, KS
KSAS2 DABL	44	N-M	WICHITA, KS
KMTW3 CHARGE	19	N-M	WICHITA, KS
KSCW DECADES	7	N-M	WICHITA, KS
KAKE METV	2	N-M	WICHITA, KS
KMTW2 STADIUM	18	N-M	WICHITA, KS
KSAS2 ANTENNA TV	8	N-M	WICHITA, KS
KSAS3 COMET	14	N-M	WICHITA, KS
KTMJ COURT TV	45	N-M	WICHITA & TOPEKA, KS
WIBW HEROS & ICON	47	N-M	TOPEKA, KS
KTMJ GRIT	46	N-M	WICHITA & TOPEKA, KS
KWCH3 HEROES & IC	5	N-M	WICHITA, KS
KWCH CIRCLE	4	N-M	WICHITA, KS

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TWIN VALLEY COMMUNICATIONS, INC.

22638

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KWCH START	6	N-M	WICHITA, KS
TELEMUNDO	39	N-M	WICHITA, KS
WIBW CIRCLE	23	N-M	TOPEKA, KS
WIBW START	48	N-M	TOPEKA, KS
KSAS MYNETWORK	16	N-M	WICHITA, KS

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### TWIN VALLEY COMMUNICATIONS, INC.

22638

#### 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 Period: 2023/1 FORM SA1-2E. PAGE									
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#	
Name	TWIN VALLEY COMMU	NICATIO	NS, INC.					22638	
ı	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac	y every non counting pe	network televisi eriod, under spe	ion program, broadcast by cific present and former F	<i>,</i> a <i>distant</i> stat CC rules, regu	lations, or au	uthorizations.	For a further	
Substitute	explanation of the programmi				he general inst	ructions in th	ne paper SA1	-2 form.	
Carriage: Special									
Statement and									
Program Log	broadcast by a distant station	on?				L	YES	NO	
	<b>Note:</b> 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	PROGRAI	MS						
	In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a cunder certain FCC rules, req Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call secolumn 4: Give the broad	itute progra ce, please a of every no distant stat gulations, o es like "mo Bulls." n was broad sign of the s	am on a separa add additional nnetwork telev ion and that your authorization vies" or "basked dcast live, ente station broadca	rows to the tables. ision program ("substitut ur cable system substitu s. See page (v) of the ge tball." List specific progra r "Yes." Otherwise enter asting the substitute prog	e program") the program titles, for earn titles, for earn.	nat, during t ogramming d ions for furtl example, "I L	he accountin of another sta ner informatio Love Lucy" on	g ation on. r	
	the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	adian station th and day e "5/7." es when the Example: a	ons, if any, the when your sys substitute pro a program carri	community with which the tem carried the substitute gram was carried by you ed by a system from 6:0	e station is ide e program. Us ir cable syster 1:15 p.m. to 6	entified). se numerals n. List the ti :28:30 p.m.	, with the mo mes accurate should be	onth	
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation	ons in effect du	iring the accounting perio	od; enter the I	etter "P" if th	ne listed prog		
	S	UBSTITUT	E PROGRAM			EN SUBST		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES  — TO	DELETION	
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TWIN VALLEY COMMUNICATIONS, INC.				SYSTEM I			
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanati 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.	system's s on of how	econdary transmi to compute this a	ission service imount, see \$ 3	61,179.84			
	IMPORTANT: You must complete a statement in space P concerning gross re	eceipts.		(Amount of	gross receipts)			
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	an \$527,600.	263,800.				
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 OR	RLESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00.	y fee that y	ou must pay for th	is 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 lin	nes 1 and 2	2	. ·				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	nore than \$137,	100)				
	Base amount under statutory formula	\$	263,800.00	_				
	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)							
	7. Multiply line 6 by .005 (enter figure here)  8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00			
					0.00			
	8. Interest charge. Enter the amount from line 4, space Q, page 8	' and 8			0.00			
	8. Interest charge. Enter the amount from line 4, space Q, page 8	and 8	t less than \$527		0.00			
	8. Interest charge. Enter the amount from line 4, space Q, page 8	and 8	t less than \$527 <b>361,179.84</b>		0.00			
	8. Interest charge. Enter the amount from line 4, space Q, page 8  9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7  BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26  1. Enter the amount of gross receipts from space K	and 8	t less than \$527 361,179.84 263,800.00		0.00			
	8. Interest charge. Enter the amount from line 4, space Q, page 8	and 8	t less than \$527 361,179.84 263,800.00 97,379.84	,600) -	0.00			
	8. Interest charge. Enter the amount from line 4, space Q, page 8	3,800 (bu	361,179.84 263,800.00 97,379.84	,600) - - - 973.80	0.00			
	8. Interest charge. Enter the amount from line 4, space Q, page 8	3,800 (bu	361,179.84 263,800.00 97,379.84	,600) - - - 973.80 1,319.00	0.00			
	8. Interest charge. Enter the amount from line 4, space Q, page 8	3,800 (bu	361,179.84 263,800.00 97,379.84 \$	973.80 1,319.00				
	8. Interest charge. Enter the amount from line 4, space Q, page 8	3,800 (bu	361,179.84 263,800.00 97,379.84 \$	973.80 1,319.00				
	8. Interest charge. Enter the amount from line 4, space Q, page 8	3,800 (bu	361,179.84 263,800.00 97,379.84 \$	973.80 1,319.00				
	8. Interest charge. Enter the amount from line 4, space Q, page 8	3,800 (bu	1 less than \$527 361,179.84 263,800.00 97,379.84 \$	973.80 1,319.00				
	8. Interest charge. Enter the amount from line 4, space Q, page 8	3,800 (bu	t less than \$527 361,179.84 263,800.00 97,379.84 \$ . \$	973.80 1,319.00 0.00				
otal Remittance	8. Interest charge. Enter the amount from line 4, space Q, page 8	3,800 (bu	1 less than \$527 361,179.84 263,800.00 97,379.84 \$ . \$	973.80 1,319.00 0.00 \$	2,292.80			
Filing Fee and otal Remittance Due	8. Interest charge. Enter the amount from line 4, space Q, page 8	3,800 (bu	1 less than \$527 361,179.84 263,800.00 97,379.84 \$ . \$	973.80 1,319.00 0.00 \$ 2,292.80 20.00	2,292.80			

Accounting Period:	2023/1			· ·	FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:  COMMUNICATIONS, INC.			SYSTEM ID# 22638
M Channels	to its subscribe  1. Enter the tot system carri  2. Enter the tot on which the	ars, and (2) the cable system's to al number of channels on which ed television broadcast stations al number of activated channels cable system carried television		32 211	
N Individual to Be Contacted		O BE CONTACTED IF FURTHE about this statement of account	ER INFORMATION IS NEEDED (Identify an individua t.)		
for Further Information	Name	Darcie Nguyen		Telephone <b>785-427-9523</b>	
	Address	22 Spruce St (Number, street, rural route, apartme	ent, or suite number)		
		Miltonvale, KS 67466 (City, town, state, zip)			
	Email		Fax(	optional	
O Certification		(This statement of account mus ed, hereby certify that (Check one,	st be certified and signed in accordance with Copyrigh but only one, of the boxes.)	t Office regulations)	
	(Owne	r other than corporation or part	tnership) I am the owner of the cable system as identified	d in line 1 of space B; or	
	(Agen		on or partnership) I am the duly authorized agent of the obvener is not a corporation or partnership; or	owner of the cable system as identified	
	X (Office	eer or partner) I am an officer (if a in line 1 of space B.	corporation) or a partner (if a partnership) of the legal en	tity identified as owner of the cable system	
		ete, and correct to the best of my k	reby declare under penalty of law that all statements of far nowledge, information, and belief, and are made in good		
			X /s/ Scott Leitzel  Enter an electronic signature on the line above to certify the liner signature using an "/s/ signature" (e.g., /s/ John Smith		
		Typed or printed n	ame: Scott Leitzel		
			VP of Operations of official position held in corporation or partnership)		
		Date:	8	25/2023	

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

counting Period: 2023/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
VIN VALLEY COMMUNICATIONS, INC.	22638
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 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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	-
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	_
(interest charge)	
* 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	

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