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				
7/20/2023	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

### coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period	Barcode Data Filing Period (optional - see instructions)
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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Western Montana CommunityTel Inc
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	312 Main St SW (Number, street, rural route, apartment, or suite number)
	Ronan, MT 59864
	(City, town, state, zip)
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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	IDENTIFICATION OF CABLE SYSTEM:
	1 Plains
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)
L	(only, town, state, 2ly code)

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 fling, a determination that would be made by a court of law.

	1	FORM SA1-2E. PAGE 11					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:					
	Western Montana CommunityTel Inc	3996					
	Instructions: List each separate community served by the cable system. A "community"						
D		separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete 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					
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon	ne parks should be reported in parentheses below the identifie					
Area	city.	to parke should be reported in parentheses below the facilities					
Served							
	CITY OR TOWN	STATE					
First	Plains	MT					
Community							
Add Rows as Necessary							

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 39960

## Western Montana CommunityTel Inc

## 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.

BLG	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	21	84.17				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel	9	721.97				
Commercial	6	481.50				
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	50.00	Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect	50.00	
Converter		Disconnect		
		Outlet relocation	35.95	
		Move to new address	50.00	

Accounting Period: 2023/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Western Montana CommunityTel Inc

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations)

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
TMF	23	N	MISSOULA, MT
ECI	13	N	MISSOULA, MT
(PAX	8	N	MISSOULA, MT
KUKL	46	E	MISSOULA, MT

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FORM SA1-2E. PAGE 4.

### Western Montana CommunityTel Inc

39960

### 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	<b>d: 2023/1</b>  LEGAL NAME OF OWNER OF (	CABLE CVCT	ΈλΔ.				FOR	M SA1-2E. PAGE 5.	
Name	Western Montana Com							39960	
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identification of the programmi  1. SPECIAL STATEMENT  During the accounting periphroadcast by a distant state Note: If your answer is "No" log in block 2.  LOG OF SUBSTITUTE	E: SPECIA fy every non ecounting pe ing that mus CONCER iod, did you tion? ', leave the	L STATEMEN inetwork television, under spe t be included in NING SUBSTI r cable system rest of this pag	ion program, broadcast by cific present and former F0 this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute base blank. If your answer is	a distant stati CC rules, regul e general instr sis, any nonne s "Yes," you m	ations, or aut uctions in the etwork televis ust complete	paper SA1- sion progran YES the progran	n carried on a For a further 2 form.  NO	
	In General: List each subst clear. If you need more spar 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 should be case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m."  Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	ce, please a of every nor distant statisgulations, o les like "mo Bulls." In was broad sign of the sidcast static adian statio th and day re "5/7." es when the Example: a ler "R" if the and regulation of the sund regulation of the sund fregulation of the sund regulation of t	add additional renetwork televition and that your authorizations vies" or "basked cast live, enterestation broadca on's location (the when your system of program carried listed program ons in effect du	sows to the tables. sion program ("substitute ur cable system substitutes. See page (v) of the ger tball." List specific program "Yes." Otherwise enter "sting the substitute program to community to which the term carried the substitute gram was carried by your ed by a system from 6:01 was substituted for program the accounting perio	e program") the ed for the program titles, for extending the station is lice a station is idea program. Use cable system :15 p.m. to 6:2 ramming that tid; enter the le	at, during the gramming of ons for furthe cample, "I Lo ensed by the ntified). e numerals, "I. List the time 28:30 p.m. si your system tter "P" if the	e accounting another sta in information we Lucy" or FCC or, in with the more accurate hould be was require listed progr	g tion n. nth ely	
	s	UBSTITUT	E PROGRAM				SUBSTITUTE GE OCCURRED 7. REASO		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	1	IMES — TO	DELETION	

Accounting Period:	2023/1	FORM S	A1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Western Montana CommunityTel Inc	S	YSTEM ID					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	8,596.61					
	IMPORTANT. Tou must complete a statement in space P concerning gross receipts.	(Amount of gr	oss 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 but less than or equal to \$2  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.	263,800						
	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 the accounting period is \$52.00	nis 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		0.00					
	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,	100)						
	1. Base amount under statutory formula	_						
	2. 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							
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00						
Due	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					
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!					

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.
Name		IER OF CABLE SYSTEM: CommunityTel Inc				SYSTEM ID# 39960
<b>M</b> Channels	to its subscribers, and 1. Enter the total nu system carried te	and (2) the cable system's to	total numb	s on which the cable system carried tele per of activated channels during the acco	ounting period.	13
		ole system carried television		st stations		46
N Individual to Be Contacted		E CONTACTED IF FURTH out this statement of accour		RMATION IS NEEDED (Identify an indiv	vidual to whom	
for Further Information	Name M	lichelle Marengo			Telephone	(406) 676-9218
	(NL	12 Main St SW umber, street, rural route, apartm onan, MT 59864 tty, town, state, zip)	nent, or suite	e number)		
	Email	michellem@rona	an.net		Fax (optional (406) 676-88	189
•	CERTIFICATION (This	s statement of account mu	ıst be cert	ified and signed in accordance with Cop	yright Office regulations)	
O Certification	• I, the undersigned, h	nereby certify that (Check on	ne, <i>but onl</i> y	one, of the boxes.)		
	(Owner ot	her than corporation or pa	artnership	o) I am the owner of the cable system as io	dentified in line 1 of space E	3; or
		•	-	rtnership) I am the duly authorized agent not a corporation or partnership; or	of the owner of the cable s	ystem as identified
		or partner) I am an officer (if ine 1 of space B.	f a corpora	ition) or a partner (if a partnership) of the I	legal entity identified as own	er of the cable system
		and correct to the best of my	-	lare under penalty of law that all statemen ge, information, and belief, and are made i		
			X	/s/ Michelle Marengo		
				electronic signature on the line above to cert ature using an "/s/ signature" (e.g., /s/ Johi	•	
		Typed or printed	name:	Michelle Marengo		
				nting Mananger position held in corporation or partnership)		
		Date:			07/20/2023	

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ccounting Period: 2023/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
estern Montana CommunityTel Inc	39960
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 a lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to	for the basic not include sub- section 119."  Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instru 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 made by satellite carriers to satellite dish owners?  NO	/ transmissions
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or For an explanation of interest assessment, see page (viii) of the general instructions located in the pape	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
*	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u> </u>
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
	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	-
· ·	terest charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further as contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	sistance please
** 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 Copyrigh	nt Office, please
list below the owner, address, first community served, ID number, and accounting period as given in the	
Owner	
Address	
ID number First community served	

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