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

Return completed workbook

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nal information, U.S. Copyright nsing Division at: 707-8150

ST	ATEN	IENT	OF	AC	CO:	UNT
-	-				-	

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY	by email to
DATE RECEIVED	AMOUNT	coplicsoa
08/16/23	\$ ALLOCATION NUMBER	For addition contact the Office Lice Tel: (202) 7

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20231 Barcode Data Filing Period (optional - see instructions)
Accounting 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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Ayersville Telephone Company
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM 27932 Watson Rd.
	(Number, street, rural route, apartment, or suite number) Defiance, Ohio 43512
	(City, town, state, zip)
С	INSTRUCTIONS: 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	1 IDENTIFICATION OF CABLE SYSTEM:
	Ayersville Telephone Company
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	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 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 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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Ayersville Telephone Company	62821
D	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate 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.	ed communities within unincorporated areas and including single, discrete at will serve as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or r city.	mobile home parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	Ayersville	Ohio
Community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM IC
Name	Ayersville Telephone Co							515	6282
		mpany							
Е	SECONDARY TRANSMISSION								
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							-	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the nu								
	separately for the particular servi								
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				ny standard	d rate variations	within a pa	rticular rate	
	Block 1: In the left-hand block				ies of seco	ndary transmiss	ion service	that cable	
	systems most commonly provide	to their subscri	bers. Giv	e the numbe	r of subsci	ribers and rate for	or each liste	ed category	
	that applies to your system. Note			-		-			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system I								
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.	ind fales, in the	ngnt-nan	U DIOCK. A IN	o- or three	-word description	on or the se	I VICE IS	
	BLO	OCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		60	80.97	Basic F	Plus		95	93.9
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter							~~	
	Residential			4.95	HD Cor			35	8.9
	Non-residential				HD PVF	K		65	10.9
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISSIC	DNS: 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 ar furnished at cost or (2) services	•	,		0		0()		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.					P A A		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							ere not	
Rates	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	tion and include	e une rate						
		otion and include						BLOCK 2	
		BLOC	:K 1			RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	brief (two- or three-word) descrip	BLOC RATE	K 1 CATEGO	for each.	VICE		CATEGO		RATE
	brief (two- or three-word) descrip	BLOC RATE	K 1 CATEGO	for each. RY OF SER on: Non-res	VICE		CATEGO		RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLOC RATE	CATEGO	for each. RY OF SER on: Non-res , hotel	VICE		CATEGO		RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOC RATE	CK 1 CATEGO Installatio • Motel • Comm • Pay c	for each. RY OF SER on: Non-res , hotel nercial able	VICE idential		CATEGO		RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLOC RATE	CK 1 CATEGO Installation • Motel • Comm • Pay c • Pay c	for each. RY OF SER on: Non-res , hotel nercial able able-add'l ch	VICE idential		CATEGO		RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOC RATE	K 1 CATEGO Installatio • Motel • Comr • Pay c • Pay c • Fire p	for each. RY OF SER on: Non-res , hotel nercial able able-add'l ch rotection	VICE idential		CATEGO		RAT
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC RATE (K 1 CATEGO Installatio • Motel • Comm • Pay c • Pay c • Fire p • Burgla	for each. RY OF SER on: Non-res , hotel nercial able able-add'l ch rotection ar protection	VICE idential		CATEGO		RAT
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE (CATEGO Installation • Motel • Comm • Pay c • Pay c • Fire p • Burgla Other se	for each. RY OF SER on: Non-res , hotel nercial able able-add'l ch rotection ar protection rvices:	VICE idential	RATE	CATEGO		RAT
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOC RATE (K 1 CATEGO Installatio • Motel • Comm • Pay c • Pay c • Fire p • Burgla Other sel • Recol	for each. RY OF SER on: Non-res , hotel nercial able able-add'l ch rotection ar protection rvices: nnect	VICE idential		CATEGO		RAT
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE (K 1 CATEGO Installation • Motel • Comm • Pay c • Pay c • Pay c • Fire p • Burgla Other set • Recon • Disco	for each. RY OF SER on: Non-res , hotel nercial able able-add'l ch rotection ar protection rvices: nnect nnect	VICE idential	RATE	CATEGO		RAT
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOC RATE (K 1 CATEGO Installatio • Motel • Comr • Pay c • Pay c • Fire p • Burgla Other secon • Recon • Disco • Outlet	for each. RY OF SER on: Non-res , hotel nercial able able-add'l ch rotection ar protection rvices: nnect	VICE idential	RATE	CATEGO		RAT

	LEGAL NAME OF OWNER OF			SYSTEM
Name	Ayersville Telephone (62
G	In General: In space G, ider carried by your cable system FCC rules and regulations in	ntify every television station (including t n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	(1) stations carried only on a part-time carriage of certain network progra	ime basis under ́ ams [sections
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station' multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by enteri (for independent multicast), For the meaning of these ter Column 4: Give the location	 (2) and (4), or 76.63 (referring to 76.6) s explained in the next paragraph. With respect to any distant stations calles, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. liso in space I, if the station was carried in concerning substitute basis stations, is call sign. <i>Do not</i> report origination provide the station according to its over-the station according to according to its over-the station according to according	arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructio orogram services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- ic "E-M" (for noncommercial education actions in the paper SA1-2 form. the community to which the station	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). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WTOL	11.1	N	Toledo, OH
	WTOL-Crime	11.2	N-M	Toledo, OH
d Rows as Necessary	WTOL-Grit	11.3	N-M	Toledo, OH
	WTOL-Quest	11.4	N-M	Toledo, OH
	WTOL-Shop	11.5	N-M	Toledo, OH
	WTOL-GetTV	11.6	N-M	Toledo, OH
	WTOL-Twist	11.7	N-M	Toledo, OH
	WTOL-Laff	11.8	N-M	Toledo, OH
	WTVG	13.1	N	Toledo, OH
	WTVG-CW	13.2	N-M	Toledo, OH
	WTVG-Weather	13.7	N-M	Toledo, OH
	WTVG-MeTV	13.3	N-M	Toledo, OH
	WTVG-Circle	13.4	N-M	Toledo, OH
	WTVG-Dabl	13.6	N-M	Toledo, OH
	WNWO	24.1	N	Toledo, OH
	WNWO-Charge	24.2	N-M	Toledo, OH
			•	
	WNWO-Comet	24.3	N-M	Toledo, OH
	WNWO-Comet WNWO-TBD	24.3 24.4	N-M N-M	Toledo, OH Toledo, OH
				Toledo, OH
	WNWO-TBD WNHO	24.4 35	N-M I	Toledo, OH Defiance, OH
	WNWO-TBD WNHO WBGU	24.4		Toledo, OH Defiance, OH Bowling Green, OH
	WNWO-TBD WNHO	24.4 35 27.1	N-M I E	Toledo, OH Defiance, OH Bowling Green, OH Bowling Green, OH
	WNWO-TBD WNHO WBGU WBGU-Kids/Encore	24.4 35 27.1 27.2 27.3	N-M I E E-M E-M	Toledo, OH Defiance, OH Bowling Green, OH Bowling Green, OH Bowling Green, OH
	WNWO-TBD WNHO WBGU WBGU-Kids/Encore WBGU-Create WGTE	24.4 35 27.1 27.2 27.3 30	N-M I E E-M E-M E	Toledo, OH Defiance, OH Bowling Green, OH Bowling Green, OH Bowling Green, OH Toledo, OH
	WNWO-TBD WNHO WBGU WBGU-Kids/Encore WBGU-Create	24.4 35 27.1 27.2 27.3	N-M I E E-M E-M	Toledo, OH Defiance, OH Bowling Green, OH Bowling Green, OH Bowling Green, OH

	LEGAL NAME OF OWNER (OF CABLE SYSTEM:		SYSTE				
Name	Ayersville Telephone			62				
	PRIMARY TRANSMITTERS:							
G	In General: In space G, ic carried by your cable systemeters	dentify every television station (including tra em during the accounting period, <i>except</i> (1)) stations carried only on a part-ti	me basis under				
Primary		s in effect on June 24, 1981, permitting the $(e)(2)$ and (4) or 76.63 (referring to 76.61(e)						
ransmitters:	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.							
Television		ns: With respect to any distant stations carri rules, regulations, or authorizations:	ed by your cable system on a sub	ostitute program				
		ere in space G—but do list it in space I (the s	Special Statement and Program I	_og)—if the				
	station was carried only o		- 41					
	,	I also in space I, if the station was carried be tion concerning substitute basis stations, se						
	Column 1: List each station	on's call sign. <i>Do not</i> report origination prog	gram services such as HBO, ESP	N, etc. Identify each				
	multicast stream associate "WETA-2" as the same or	ed with a station according to its over-the-ai	ir designation. For example, repo	rt multistream				
		n the form. Inel number the FCC assigned to the televis	sion station for broadcasting over	the air in its community				
	of license. For example, V	WRC is channel 4 in Washington, D.C.	5	2				
	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 noncommercial educational), or "E-M" (for noncommercial educational multicast).							
		tering the letter "N" (for network), "N-M" (for	network multicast), "I" (for indepe	endent), "I-M"				
	(for independent multicast	tering the letter "N" (for network), "N-M" (for	network multicast), "I" (for indepe E-M" (for noncommercial educati	endent), "I-M"				
	(for independent multicast For the meaning of these Column 4: Give the locati	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the	network multicast), "I" (for indepo E-M" (for noncommercial educati ons in the paper SA1-2 form. e community to which the station	endent), "I-M" onal multicast). is licensed by the				
	(for independent multicast For the meaning of these Column 4: Give the locati	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction	network multicast), "I" (for indepo E-M" (for noncommercial educati ons in the paper SA1-2 form. e community to which the station	endent), "I-M" onal multicast). is licensed by the				
	(for independent multicast For the meaning of these Column 4: Give the locati	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the	network multicast), "I" (for indepo E-M" (for noncommercial educati ons in the paper SA1-2 form. e community to which the station	endent), "I-M" onal multicast). is licensed by the				
	(for independent multicast For the meaning of these Column 4: Give the locati	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the	network multicast), "I" (for indepo E-M" (for noncommercial educati ons in the paper SA1-2 form. e community to which the station	endent), "I-M" onal multicast). is licensed by the				
	(for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the radian stations, if any, give the name of the o	network multicast), "I" (for indepe E-M" (for noncommercial educati ons in the paper SA1-2 form. e community to which the station community with which the station	endent), "I-M" onal multicast). is licensed by the is identified.				
	(for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the adian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER	The work multicast), "I" (for indepo E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION	endent), "I-M" onal multicast). is licensed by the is identified. 4. LOCATION OF STATION				
	(for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WUPW	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or "I terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the radian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 36.1	network multicast), "I" (for indepe E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION N	endent), "I-M" onal multicast). is licensed by the is identified. 4. LOCATION OF STATION Toledo, OH				
	(for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WUPW WUPW-Bounce	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or "I terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the adian stations, if any, give the name of the or 2. B'CAST CHANNEL NUMBER 36.1 36.2	network multicast), "I" (for indepo E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION N N-M	endent), "I-M" onal multicast). is licensed by the is identified. 4. LOCATION OF STATION Toledo, OH Toledo, OH				
	(for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WUPW WUPW-Bounce WUPW-Escape	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or "I terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the adian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 36.1 36.2 36.3	network multicast), "I" (for indepe E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION N N-M N-M	endent), "I-M" onal multicast). is licensed by the is identified. 4. LOCATION OF STATION Toledo, OH Toledo, OH Toledo, OH				
	(for independent multicast For the meaning of these in Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WUPW WUPW-Bounce WUPW-Escape WUPW-Court TV	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the adian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 36.1 36.2 36.3 36.4	network multicast), "I" (for indeper E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION N N-M N-M	endent), "I-M" onal multicast). is licensed by the is identified. 4. LOCATION OF STATION Toledo, OH Toledo, OH Toledo, OH Toledo, OH				
	(for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WUPW WUPW-Bounce WUPW-Escape WUPW-Court TV WLMB	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or "I terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the adian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 36.1 36.2 36.3 36.4 40.1	network multicast), "I" (for indeper E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION N N-M N-M	endent), "I-M" onal multicast). is licensed by the is identified. 4. LOCATION OF STATION Toledo, OH Toledo, OH Toledo, OH Toledo, OH Toledo, OH				
	(for independent multicast For the meaning of these in Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WUPW-Bounce WUPW-Escape WUPW-Court TV WLMB WTLW	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the adian stations, if any, give the name of the of 2. B'CAST CHANNEL NUMBER 36.1 36.2 36.3 36.4 40.1 44.1	r network multicast), "I" (for indepo E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION N-M N-M N-M I I	endent), "I-M" onal multicast). is licensed by the is identified. 4. LOCATION OF STATION Toledo, OH Toledo, OH Toledo, OH Toledo, OH Toledo, OH Lima, OH				
	(for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WUPW WUPW-Bounce WUPW-Escape WUPW-Court TV WLMB WTLW WTLW-DT2	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or "I terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the adian stations, if any, give the name of the or 2. B'CAST CHANNEL NUMBER 36.1 36.2 36.3 36.4 40.1 44.1 44.2	network multicast), "I" (for indeper E-M" (for noncommercial educations in the paper SA1-2 form. e community to which the station community with which the station 3. TYPE OF STATION N.M N-M N-M I I I I I-M	endent), "I-M" onal multicast). is licensed by the is identified. 4. LOCATION OF STATION 4. LOCATION OF STATION 5. Toledo, OH 5. Toledo, OH 5. Toledo, OH 5. Toledo, OH 5. Toledo, OH 5. Lima, OH 5. Lima, OH				

Accounting P LEGAL NAME OF Ayersville T	OWNER OF C	ABLE SY						I SA1-2E. PAGE SYSTEM IE 6282
		ompu	· j					0202
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf cignal, indicate Column 4: Co	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stat this by placing Sive the station	y the sys be recei t the Co sign of e he statio ion's sign g a chech n's locati	-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. hal was electronically processes mark in the "S/D" column. on (the community to which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral in eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Ayersville Telephone (Company						62821
I	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a	ify every nor ccounting pe	nnetwork televis eriod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> stati C rules, regula	ations, or auth	norizations.	For a further
Substitute	explanation of the programm				e general insu		paper SAT	-2 101111.
Carriage: Special	1. SPECIAL STATEMENT	-						
Statement and	 During the accounting per 	riod, did yoι	ir cable system	i carry, on a substitute bas	sis, any nonne	etwork televis	sion progra	
Program Log	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this par	ne blank. If your answer is	"Yes " you m	ust complete	the progra	
		, 10010 110	reet of the pag		ree, yeam		the progra	
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please of every nc distant stat egulations, c ries like "mo Bulls." m was broa sign of the adcast station addant station a	am on a separa add additional onnetwork telev- tion and that you or authorization ovies" or "basked dcast live, enter station broadca on's location (the ons, if any, the when your system a program carri- listed program ons in effect du	rows to the tables. ision program ("substitute our cable system substitute s. See page (v) of the ger atball." List specific progra r "Yes." Otherwise enter " asting the substitute progra- ne community to which the community with which the tem carried the substitute ogram was carried by your led by a system from 6:01 of was substituted for progra uring the accounting perio	program") th ed for the prog- neral instruction m titles, for ex- No." am. e station is lice station is lice program. Use cable system :15 p.m. to 6:: amming that d; enter the le	at, during the gramming of ons for furthe kample, "I Lo ensed by the ntified). e numerals, v h. List the tim 28:30 p.m. sh your system etter "P" if the	e accounting another sta r informatio ve Lucy" or FCC or, in with the mo es accurate hould be was <i>require</i> listed prog	g intion on. nth ely ed
	c		E PROGRAM			N SUBSTIT		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. TIN		DELETION
		103 01 10	ONEE OIGH			TROM	10	
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Accounting Period:	2023/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
Name	Ayersville Telephone Company				62821
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 sy (as identified in space E) during the accounting period. For a further explanatio 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	ystem's see on of how to	condary transm o compute this	ission service amount, see	4,661.00
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 formation.	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00 Line 1. Royalty fee for accounting period			s six-month	
	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	s 1 and 2 .			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula	\$	263,800.00	_	
	2. Enter amount of gross receipts from space K	\$	144,661.00	-	
	3. Subtract line 2 from line 1	\$	119,139.00	-	
	4. Enter the amount of gross receipts from space K		\$	44,661.00	
	5. Enter the amount from line 3		\$ 1	19,139.00	
	6. Subtract line 5 from line 4		\$	25,522.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	127.61
	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 ar	nd 8		\$	127.61
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	,800 (but l	ess than \$527	,600)	
	1. Enter the amount of gross receipts from space K				
	– 2. Base amount under statutory formula	\$	263,800.00	-	
	3. Subtract line 2 from line 1			-	
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5	5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE	=			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	127.61	
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			\$	147.61
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2				ts!

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Iephone Company			SYSTEM ID# 62821
M Channels	to its subscrit 1. Enter the tr system car 2. Enter the tr on which th	bers, and (2) the cable system's to otal number of channels on which ried television broadcast stations otal number of activated channels be cable system carried television	s	accounting period.	36 270
N Individual to Be Contacted		TO BE CONTACTED IF FURTHE	IER INFORMATION IS NEEDED (Identify an nt.)	individual to whom	
for Further Information	Name	Phillip D. Maag		Telephone 419-	-395-2222
	Address	27932 Watson Rd. (Number, street, rural route, apartme Defiance, Ohio 43512 (City, town, state, zip)			
	Email	pmaag@ayersvil	illetelco.com	Fax (optional 419-395-2585	
	CERTIFICATIO	N (This statement of account mus	ust be certified and signed in accordance with	Copyright Office regulations)	
O Certification	(Ow (Age X (Off • I have examin are true, comp	 ant of owner other than corporation in line 1 of space B and that the of icer or partner) I am an officer (if a in line 1 of space B. and the statement of account and her 	e, <i>but only one</i> , of the boxes.) intnership) I am the owner of the cable system a ion or partnership) I am the duly authorized age owner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the preby declare under penalty of law that all statement knowledge, information, and belief, and are mad	ent of the owner of the cable system as ne legal entity identified as owner of the nents of fact contained herein	
			X /s/ Phillip D. Maag Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/		
		Typed or printed n	name: Phillip D. Maag		
			Secretary-Treasurer e of official position held in corporation or partnership)		

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

	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
sville Telephone Company	628
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." 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.	P Special Statemen Concerning Gros Receipts Exclusio
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	-
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	<u>v</u>
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	Interest Assessme

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