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					
08/29/2023	\$ 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

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A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
	2023/1								
	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								
	F J COMMUNICATIONS, INC								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	65 W THIRD STREET PO BOX 40								
	(Number, street, rural route, apartment, or suite number) FORT JENNINGS, OH 45844								
	(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:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2								
	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 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.

D Ins	GAL NAME OF OWNER OF CABLE SYSTEM: J COMMUNICATIONS, INC structions: List each separate community served by the cable system. A "com separate and distinct community or municipal entity (including unincorporate screte unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y the "first community." Please use it as the first community on all future filing ste: Entities and properties such as hotels, apartments, condominiums, or mo entified city. CITY OR TOWN FORT JENNINGS JACKSON TWP SUGAR CREEK TWP DELPHOS JENNINGS TWP	ed communities within unincorporated areas and including single you list will serve as a form of system identification hereafter knogs.
Area Served ide	structions: List each separate community served by the cable system. A "com separate and distinct community or municipal entity (including unincorporate screte unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yethe "first community." Please use it as the first community on all future filing stee: Entities and properties such as hotels, apartments, condominiums, or moentified city. CITY OR TOWN FORT JENNINGS JACKSON TWP SUGAR CREEK TWP DELPHOS	munity" is the same as a "community unit" as defined in FCC rule ed communities within unincorporated areas and including single you list will serve as a form of system identification hereafter kno gs. bile home parks should be reported in parentheses below the STATE OH OH
Area Served ide	separate and distinct community or municipal entity (including unincorporate screte unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yethe "first community." Please use it as the first community on all future filing stee: Entities and properties such as hotels, apartments, condominiums, or moentified city. CITY OR TOWN FORT JENNINGS JACKSON TWP SUGAR CREEK TWP DELPHOS	ed communities within unincorporated areas and including single you list will serve as a form of system identification hereafter knogs. bile home parks should be reported in parentheses below the STATE OH OH
Area Served ide	crete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that the "first community." Please use it as the first community on all future filing once: Entities and properties such as hotels, apartments, condominiums, or most entified city. CITY OR TOWN FORT JENNINGS JACKSON TWP SUGAR CREEK TWP DELPHOS	you list will serve as a form of system identification hereafter knogs. bile home parks should be reported in parentheses below the STATE OH OH
Area Served ide	the "first community." Please use it as the first community on all future filing ote: Entities and properties such as hotels, apartments, condominiums, or mo entified city. CITY OR TOWN FORT JENNINGS JACKSON TWP SUGAR CREEK TWP DELPHOS	ss. bile home parks should be reported in parentheses below the STATE OH OH
Area Served ide	cte: Entities and properties such as hotels, apartments, condominiums, or moentified city. CITY OR TOWN FORT JENNINGS JACKSON TWP SUGAR CREEK TWP DELPHOS	bile home parks should be reported in parentheses below the STATE OH OH
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Accounting Period: 2023/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA1-2E. PAGE 2.

SYSTEM ID#

63206

F J COMMUNICATIONS, 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.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	430	81.00	IPTV	180	97.50
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
					1

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	12.00	Motel, hotel		EXPANDED	5.00
 Pay cable—add'l channel 	18.00	Commercial		DIGITAL EXPANDED	12.00
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	24.50	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 OF CABLE SYSTEM:

SYSTEM ID# 63206

F J COMMUNICATIONS, INC

G

Primary Transmitters: Television

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
WBGU	27	E	BOWLING GREEN-LIMA OHIO
WBGU	27.2	E-M	BOWLING GREEN-LIMA OHIO
WBGU	27.3	E-M	BOWLING GREEN-LIMA OHIO
WLIO	8.1	N-M	LIMA OHIO
WLIO	8.2	I-M	LIMA OHIO
WOHL	35.1	N-M	LIMA OHIO
WOHL	35.2	N-M	LIMA OHIO
WTLW	44		LIMA OHIO
WTLW	44.2	I-M	LIMA OHIO
WTOL	11	N	TOLEDO OHIO
WTOL	11.2	I-M	TOLEDO OHIO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63206

F J COMMUNICATIONS, INC

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.

H

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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F J COMMUNICATION SUBSTITUTE CARRIAG In General: In space I, ider substitute basis during the explanation of the program 1. SPECIAL STATEMEN During the accounting per broadcast by a distant standard.	SE: SPECIA ntify every no accounting p ming that mu IT CONCEF eriod, did you	AL STATEME nnetwork televi- eriod, under sp st be included	ision program, broccific present an in this log, see partitute carr	roadcast by nd former F0 age (v) of th	a <i>distant</i> stat CC rules, regi	ulations, o		SYSTEM ID# 63206
SUBSTITUTE CARRIAGE In General: In space I, ider substitute basis during the explanation of the program 1. SPECIAL STATEMEN • During the accounting per broadcast by a distant sta	GE: SPECIA ntify every no accounting p ming that mu IT CONCER	nnetwork telev period, under sp est be included RNING SUBS	ision program, broccific present an in this log, see partitute carr	roadcast by nd former F0 age (v) of th	a <i>distant</i> stat CC rules, regi	ulations, o		
In General: In space I, ider substitute basis during the explanation of the program. 1. SPECIAL STATEMEN During the accounting per broadcast by a distant state.	ntify every no accounting p ming that mu IT CONCEF eriod, did you	nnetwork telev period, under sp est be included RNING SUBS	ision program, broccific present an in this log, see partitute carr	roadcast by nd former F0 age (v) of th	a <i>distant</i> stat CC rules, regi	ulations, o		item carried on a
log in block 2. 2. LOG OF SUBSTITUT In General: List each sub- clear. If you need more sp Column 1: Give the titl period, was broadcast by under certain FCC rules, r Do not use general categor	E PROGRA stitute prograce, please e of every no a distant sta egulations, ories like "mo	AMS am on a separ add additiona onnetwork tele tion and that y or authorizatio	rate line. Use ab I rows to the tab evision program (your cable syster ins. See page (v	r answer is breviations les. ("substitute m substitute) of the ger	"Yes," you n wherever po program") thed for the pro	network te nust comp ossible, if nat, during ogramming	levision prog YES plete the prog their meaning the account g of another informa	ram X NO gram g is ting station ution.
Column 3: Give the cal Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tinto the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let delete under FCC rules was substituted for prograeffect on October 19, 1976	I sign of the padcast static anadian static anth and day give "5/7." nes when the Example: " Itter "R" if the and regulat mming that 5.	station broadd on's location (ons, if any, the when your sy e substitute pr a program car e listed program ions in effect of your system w	casting the subsithe community to community with extern carried the rogram was carried by a system was substituted during the accourant permitted to	titute programe which the had been substitute e substitute from 6:01 and for programing period	am. e station is lice station is lice rogram. Us cable syster 15 p.m. to 6 amming that d; enter the lice er FCC rules	entified). se numera m. List the :28:30 p.r your syst etter "P" if and regu	als, with the retimes accur in. should be tem was requ f the listed prolations in	nonth ately <i>iired</i>
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1. TITLE OF PROGRAM	Yes or No	CALL SIGN		OCATION	AND DAY	FROM	— то	
	In General: List each subclear. If you need more sp Column 1: Give the title period, was broadcast by under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the le to delete under FCC rules was substituted for progra effect on October 19, 1976	In General: List each substitute progriclear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant star under certain FCC rules, regulations, on Do not use general categories like "mo" NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast statisthe case of Mexican or Canadian static Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the tothe nearest five minutes. Example: stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the todelete under FCC rules and regulat was substituted for programming that effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork teleperiod, was broadcast by a distant station and that yunder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask" NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, ent Column 3: Give the call sign of the station broadcast live decolumn 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7." Column 6: State the times when the substitute proto the nearest five minutes. Example: a program car stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	In General: List each substitute program on a separate line. Use ab clear. If you need more space, please add additional rows to the tab Column 1: Give the title of every nonnetwork television program period, was broadcast by a distant station and that your cable system under certain FCC rules, regulations, or authorizations. See page (v Do not use general categories like "movies" or "basketball." List sper "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherw Column 3: Give the call sign of the station broadcasting the substitute case of Mexican or Canadian stations, if any, the community the case of Mexican or Canadian stations, if any, the community with Column 5: Give the month and day when your system carried the first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried the nearest five minutes. Example: a program carried by a system stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substitute to delete under FCC rules and regulations in effect during the accourance was substituted for programming that your system was permitted to effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the ger Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "Column 3: Give the call sign of the station broadcasting the substitute program Column 4: Give the broadcast station's location (the community to which the the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program delete under FCC rules and regulations in effect during the accounting periowas substituted for programming that your system was permitted to delete underfect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	In General: List each substitute program on a separate line. Use abbreviations wherever porclear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the program certain FCC rules, regulations, or authorizations. See page (v) of the general instruction not use general categories like "movies" or "basketball." List specific program titles, for e "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is lick the case of Mexican or Canadian stations, if any, the community with which the station is idecolumn 5: Give the month and day when your system carried the substitute program. Using first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the I was substituted for programming that your system was permitted to delete under FCC rules effect on October 19, 1976. SUBSTITUTE PROGRAM 2. LIVE? 3. STATION'S 5. MONTH	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during period, was broadcast by a distant station and that your cable system substituted for the programmin under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for fu Do not use general categories like "movies" or "basketball." List specific program titles, for example, "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numera first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your syst to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if was substitut	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaninclear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the account period, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the rifirst. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accur to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was requited to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE CARRIAGE OCCURRED 5. MONTH 6. TIMES

ccounting Period:		FORM SA1-2E. PAG							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: F J COMMUNICATIONS, INC	SYSTEM I							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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	\$ 311,273.50 (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 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 \$263,800 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-mon							
	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 lines 1 and 2								
	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)	7,600)							
	1. 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	- 474.74							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$	1,319.00							
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 1,793.74							
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and		4 = 00 = 4							
Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,793.74							
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 1,813.74							
	Important: Your remittance must be in the form of an electronic payment payable to the Regi See page i of the general instructions in the paper SA1-2 form for more informa								

Accounting Period:	2023/1		FORM SA1-2E. PAGE 7.					
Name		OWNER OF CABLE SYSTEM: CATIONS, INC	SYSTEM ID# 63206					
M Channels	to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c	fou must give (1) the number of channels on which the cable system carried television broadcast states, and (2) the cable system's total number of activated channels during the accounting period. In number of channels on which the cable delevision broadcast stations. In number of activated channels cable system carried television broadcast stations cast services.	11 46					
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)							
for Further Information	Name Address	65 W Third St. PO Box 40	ephone 419-286-2181					
		(Number, street, rural route, apartment, or suite number) Fort Jennings, OH 45844 (City, town, state, zip)						
	Email	mike@fjtelephone.com Fax (optional) 419-	286-2193					
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)							
O Certification								
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or							
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or							
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.							
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]							
		X /s/ Michael A Metzger						
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)						
		Typed or printed name: Michael A Metzger						
		Title: Secretary/Treasurer (Title of official position held in corporation or partnership)						
		Date: August 29, 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 fling, a determination that would be made by a court of law.

Accounting Period: 2023/1 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63206 F J COMMUNICATIONS, INC 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-"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 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. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs 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 * 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@loc.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

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 th 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.

Accounting period