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					
12/20/203	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting		
Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Vogtmann Engineering Inc
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		6625 Maple Ridge Rd (Number, street, rural route, apartment, or suite number)
		Alger MI 48610
		(City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

Accounting Period:	2023/1							
	LEGAL MANE OF CHAIFE OF CAPIE OVERTEN	FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	Vogtmann Engineering Inc Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a							
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 community." Please use it as the first community on all future filings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First	Moffatt Township	Michigan						
Community	Vermontville	Michigan						
Add Rows as Necessary								

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63220

Ε

Name

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Vogtmann Engineering Inc

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				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
Service to first set	273	59.90	Starz	25	9.95	
Service to additional set(s)	69	54.90	HBO/Cinemax	15	19.95	
• FM radio (if separate rate)			Showtime	17	9.95	
Motel, hotel			Encore	29	6.95	
Commercial						
Converter						
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
Pay cable—add'l channel		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set		Burglar protection			
Additional set(s)		Other services:			
FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63220

4. LOCATION OF STATION

Saginaw MI

Vogtmann Engineering Inc

1. CALL SIGN

WEYI

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

WNEM 5 Ν Saginaw MI WAQP 7 Flint MI ı 10 **WSMH** Ν Flint MI **WJRT** 12 Flint MI Ν **WDCQ** 19 Е Bad Axe MI WLAJ 4 Ν Lansing MI **WLNS** 6 Ν Lansing MI **WSYM** 7 Ν Lansing MI **WKAR** 9 Е Lansing MI WILX 10 N Lansing MI

3. TYPE OF STATION

Ν

Add Rows as Necessary

Accounting Period: 2023/1	FORM SA1-2E. PAGE 4
---------------------------	---------------------

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Vogtmann Engineering Inc

63220

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
	_				_		

A	1. 2022/4							
Accounting Perio	d: 2023/1 LEGAL NAME OF OWNER OF (CABLE SYST	EM:				FOR	SYSTEM ID#
Name	Vogtmann Engineering							63220
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identification in space I, identification in substitute basis during the acceptanation of the programmi 1. SPECIAL STATEMENT • During the accounting periphroadcast by a distant state Note: If your answer is "No, log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, recommended.	: SPECIAI fy every non excounting pe ng that mus CONCERI od, did your ion? " leave the PROGRA itute progra ex, please a of every non distant stati gulations, o	network television, under spect to be included in NING SUBSTI r cable system rest of this page. MS m on a separar add additional renetwork televition and that your authorizations.	ion program, broadcast by cific present and former FC this log, see page (v) of the TUTE CARRIAGE carry, on a substitute base blank. If your answer is te line. Use abbreviations lows to the tables. Sion program ("substitute or cable system substitutes. See page (v) of the gen	a distant statio C rules, regula e general instru is, any nonnet "Yes," you mu wherever pos program") tha ed for the prog eral instruction	ations, or au actions in the twork televers ast comple sible, if the t, during the ramming cons for furth	vision prograr VES te the progra eir meaning is ne accounting of another sta	n carried on a For a further 2 form. M X NO m
Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "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, in 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 mont 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 times accurately 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 required 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.							nth ely	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OC	CURRED	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. FROM	TIMES TO	DELETION
					-			

Accounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:		A1-2E. PAGE YSTEM ID					
Name	Vogtmann Engineering Inc		6322					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. 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.	mission service amount, see						
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 \$ 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.	3263,800.						
	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 accounting period is \$52.00.	this six-month						
	Line 1. Royalty fee for accounting period	. \$	52.00					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$	0.52					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.52					
	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)						
	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							
Fillian France '								
Filing Fee and Total Remittance Due	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.52						
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.52					
	EFT Trace # or TRANSACTION ID # 27AB6S2G]						
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n							

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7.				
Name	Vogtmann Eng	OWNER OF CABLE SYSTEM: lineering Inc			SYSTEM ID# 63220				
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations.								
	on which the	al number of activated channe cable system carried television			111				
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of accor	HER INFORMATION IS NEEDED (Identify an inunt.)	dividual					
for Further Information	Name	Jenette Vogtmann		Telephone	989-836-8848				
	Address	(Number, street, rural route, apart Alger MI 48610	d Iment, or suite number)						
	Email	(City, town, state, zip) jvogtmann@ve	ionline.com	Fax (optional					
O Certification	• I, the undersigne	ed, hereby certify that (Check o	nust be certified and signed in accordance with Cone, but only one, of the boxes.) partnership) I am the owner of the cable system a		B: or				
	(Agent	of owner other than corpora	ation or partnership) I am the duly authorized ago						
	X (Office		ne owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the	ne legal entity identified as ow	ner of the cable system				
		te, and correct to the best of m	hereby declare under penalty of law that all statem ny knowledge, information, and belief, and are mad						
			X /s/ Jenette Vogtmann Enter an electronic signature on the line above to c Enter signature using an "/s/ signature" (e.g., /s/ Je	•					
		Typed or printed	d name: Jenette Vogtmann						
		Title:	Sec/Treasurer itle of official position held in corporation or partnership)						
		Date:		20 Dec 2023					

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counting Period: 2	023/1		FORM SA1-2E. PAGE 8.
GAL NAME OF OWN	NER OF CA	ABLE SYSTEM:	SYSTEM ID#
ogtmann Engin	eering	Inc	63220
The Satellite Holowing sentence "In deter service of scribers For more inform located in the p During the accomade by satellity X NO	ome View e: rmining th of providir and amou nation on haper SA1 bunting pe te carriers	er Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the folee total number of subscribers and the gross amounts paid to the cable system for the basic ng secondary transmissions of primary broadcast transmitters, the system shall not include subunts collected from subscribers receiving secondary transmissions pursuant to section 119." when to exclude these amounts, see the note on page (vii) of the general instructions -2 form. eriod, did the cable system exclude any amounts of gross receipts for secondary transmissions to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address		Name Mailing Address	
INTEREST A	ASSESS	MENT	
		worksheet for those royalty payments submitted as a result of a late payment or underpayment. erest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter th	ne amoun	t of late payment or underpayment	Interest Assessment
Line 2 Multiply	/ line 1 by	the interest rate* and enter the sum here	
Line 3 Multiply	line 2 by	the number of days late and enter the sum here	
	-	0.00274** and enter here 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
contact th	e Licensir	rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please ng Division at (202) 707-8150 or licensing@copyright.gov. equivalent of 1/365, which is the interest assessment for one day late.	
•	_	is worksheet covering a statement of account already submitted to the Copyright Office, please ress, first community served, ID number, and accounting period as given in the original filing.	
Owner	Voqtmai	nn Engineering inc	
Address		aple Ridge Rd	
		/II 48610	
ID number	.	63220	
First community	y served	Moffatt	
Accounting peri	iod	2023/1	

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