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					
07/26/2023	\$ 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

_							
A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
Accounting		Barcode Data Filing Period (optional - see instructions)					
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					
		Waldron Communication Company					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. Box 197					
		(Number, street, rural route, apartment, or suite number)					
		Waldron, MI 49288 (City, town, state, zip)					
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these					
	name	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rural route, apartment, or suite number)					
		(City, town, state, zip code)					
	1	(england) and adoption					

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.

Accounting Period:	2023/1						
		FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	Waldron Communication Company Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules:						
D	"a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing.	ated communities within unincorporated areas and including single, it you list will serve as a form of system identification hereafter known ings.					
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	Village of Waldron	MI					
Community	Medina Township Wright Township	MI					
Add Davis or Nassessa	Wright Township	MI					
Add Rows as Necessary							

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Waldron Communication Company

63239

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 	42	33.09	Expanded Basic	29	55.70	
 Service to additional set(s) 			HDBasic alone or w/variety	8	0.00	
 FM radio (if separate rate) 			Variety Tier	14	8.24	
Motel, hotel						
Commercial						
Converter						
 Residential 						
Non-residential						
		†				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 1				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		Cinemax	15.79
Pay cable—add'l channel		Commercial		НВО	18.53
Fire protection		• Pay cable		Showtime	16.25
•Burglar protection		 Pay cable-add'l channel 		Starz	12.99
Installation: Residential		Fire protection			
• First set	35.00	Burglar protection			
 Additional set(s) 	25.95	Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation	75.00		
		 Move to new address 			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63239

Waldron Communication Company

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-DT	27	E	Bowling Green, OH
WBGU-CREATE	27.1	E-M	Bowling Green, OH
WBGU-ENCORE	27.2	E-M	Bowling Green, OH
WBGU-HD	27.3	E-M	Bowling Green, OH
WGTE-DT	29	E	Toledo, OH
WGTE-CREATE	29.1	E-M	Toledo, OH
WGTE-FAMILY	29.2	E-M	Toledo, OH
WGTE-HD	29.3	E-M	Toledo, OH
WLMB-DT	5	<u> </u>	Toledo, OH
WNWO-DT	49	N	Toledo, OH
WNWO-TBD	49.1	N-M	Toledo, OH
WNWO-HD	49.3	N-M	Toledo, OH
WNWO-Comet	49.4	N-M	Toledo, OH
WTOL-DT	11	N	Toledo, OH
WTOL-Justice	11.1	N-M	Toledo, OH
WTOL-HD	11.2	N-M	Toledo, OH
WTOL-GRIT	11.3	N-M	Toledo, OH
WTVG-DT	13	N	Toledo, OH
WTVG-CW	13.1	N-M	Toledo, OH
WTVG-WEATHER	13.2	N-M	Toledo, OH
WTVG-MeTV	13.4	N-M	Toledo, OH
WTVG-HD	13.3	N-M	Toledo, OH
WUPW-DT	46	<u> </u>	Toledo, OH
WUPW-BOUNCE	46.1	I-M	Toledo, OH

Accounting Period: 2023/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Waldron Communication Company

PRIMARY TRANSMITTERS: TELEVISION

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

G

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

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

• Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WUPW-HD	46.2	I-M	Toledo, OH
WUPW-Escape	46.3	I-M	Toledo, OH
WUPW-Court	46.4	I-M	Toledo, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Waldron Communication Company

63239

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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A	.d. 2022 /4					FOR	M 0 A 4 0 E D A 0 E E
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:			FUR	M SA1-2E. PAGE 5. SYSTEM ID#
Name							63239
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carrisubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program					tem carried on a ns. For a further A1-2 form. ram NO gram g is ting station stion. or in	
	to delete under FCC rules a was substituted for progran effect on October 19, 1976.	and regulat nming that	ions in effect d your system w	as permitted to delete und	ed; enter the ler FCC rules WHE	etter "P" if the listed pr s and regulations in N SUBSTITUTE	ogram
	S		E PROGRAM			AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM — TO	
							†

Accounting Period:	2023/1	FORM S	A1-2E. PAGE (
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Waldron Communication Company	s	YSTEM ID					
	Walufori Communication Company		6323					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran: (as identified in space E) during the accounting period. For a further explanation of how to compute th 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.	smission servicis amount, see	e					
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gr	oss 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800						
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay accounting period is \$52.00	or this six-mont	i					
	Line 1. Royalty fee for accounting period	\$	52.00					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	,100)						
	1. Base amount under statutory formula	_						
	Enter amount of gross receipts from space K	_						
	3. Subtract line 2 from line 1	_						
	Enter the amount of gross receipts from space K							
	5. Enter the amount from line 3							
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)	·						
	8. Interest charge. Enter the amount from line 4, space Q, page 8	·	0.00					
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)							
	Enter the amount of gross receipts from space K	_						
	2. Base amount under statutory formula	_						
	3. Subtract line 2 from line 1	_						
	4. Multiply line 3 by .01							
	Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00						
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00						
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6							
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00						
Due	Filing Fee (See the instructions for more information on filing fee calculations)	15.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00					
	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more inform		ghts!					

Accounting Period:	2023/1			FORM SA1-2E. PAGE 7.			
Name		WNER OF CABLE SYSTEM: nunication Company		SYSTEM ID# 63239			
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. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 320						
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accoun	HER INFORMATION IS NEEDED (Identify an individual to whom nt.)				
for Further Information	Name	Mark Bernath	Telephone	517-286-6400			
	Address	P.O. Box 197 (Number, street, rural route, aparts	nent, or suite number)				
	30000000000	Waldron, MI 49288 (City, town, state, zip)					
	Email		Fax (optional)				
0	CERTIFICATION ((This statement of account m	ust be certified and signed in accordance with Copyright Office regulation:	s)			
Certification	• I, the undersigne	d, hereby certify that (Check o	ne,but only one, of the boxes.)				
	(Owner	other than corporation or pa	artnership) I am the owner of the cable system as identified in line 1 of space	B; or			
			tion or partnership) I am the duly authorized agent of the owner of the cable wner is not a corporation or partnership; or	system as identified			
		er or partner) I am an officer (i ine 1 of space B.	f a corporation) or a partner (if a partnership) of the legal entity identified as ov	vner of the cable system			
		e, and correct to the best of my	hereby declare under penalty of law that all statements of fact contained herei knowledge, information, and belief, and are made in good faith.	n			
			X /s/ Mark Bernath				
			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: Mark Bernath				
		Title: (Title of o	President fficial position held in corporation or partnership)				
		Date:	07/26/2023				

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ounting Period:	2023/1		FORM SA1-2E. PAGE 8
AL NAME OF OW	/NER OF CABLE SYSTEM:	Type text here	SYSTEM ID#
ldron Comm	unication Company		63239
The Satellite Howing sentend "In dete	ce: ermining the total number of subscribers and the gr e of providing secondary transmissions of primary b	CEIPTS EXCLUSIONS In 111(d)(1)(A), of the Copyright Act by adding the fol- ross amounts paid to the cable system for the basic broadcast transmitters, the system shall not include sub- g secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
	mation on when to exclude these amounts, see the paper SA1-2 form.	e note on page (vii) of the general instructions	Receipts Exclusion
made by satell	counting period, did the cable system exclude any a lite carriers to satellite dish owners?	amounts of gross receipts for secondary transmissions	
NO VES Ente	er the total here and list the satellite carrier(s) below	w \$	
TEO. Ente	The otal here and list the satellite carrier(s) below	······································	
Name Mailing Address		Name Mailing Address	
INTEREST	ASSESSMENT		
		ibmitted as a result of a late payment or underpayment. general instructions located in the paper SA1-2 form.	Q
Line 1 Enter	the amount of late payment or underpayment		Interest Assessment
		x	
Line 2 Multipl	ly line 1 by the interest rate* and enter the sum her	re	
		xdays	
Line 3 Multipl	ly line 2 by the number of days late and enter the s	sum here	
		x 0.00274	
•	ly line 3 by 0.00274** and enter here		
in spac	ce L, (page 6) block 1, line 2, or block 2 line 8, or bl	lock 3 line 6 (interest charge)	
	the interest rate chart click on www.copyright.gov/li he Licensing Division at (202) 707-8150 or licensin	icensing/interest-rate.pdf. For further assistance please	
** This is th	he decimal equivalent of 1/365, which is the interes	st assessment for one day late	
	•	•	
•	· ·	count already submitted to the Copyright Office, please r, and accounting period as given in the original filing.	
Owner			
Address			
ID number			
First communi	ty served		
Accounting pe			

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.