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			
8/25/23	\$ 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	ACC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Details have a Detail of the Develop							
		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							
		RALLS TECHNOLOGIES LLC							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		PO BOX 184 (Number, street, rural route, apartment, or suite number)							
		NEW LONDON, MO 63459							
		(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 salready 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 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.

	The state of course of course of course	FORM SA1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: RALLS TECHNOLOGIES LLC	SYSTEM 633
	Instructions: List each separate community served by the cable system. A "community" is the	
_	separate and distinct community or municipal entity (including unincorporated communities	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a f	
	community." Please use it as the first community on all future filings.	101111 01 3/310111 140111111111111111111111111111111
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home page.	socks should be reported in parentheses helow the identif
Area	city.	arks snould be reported in parentieses below the lacitude
Served	city.	
-	CITY OF TOWN	STATE MO
First	City of New London	
Community	Village Of Rennsselar	MO
	Unincorporated Ralls Co	MO
Rows as Necessary	Unincorporated SE Marion Co	МО
	Unincorporated NW Pike Co	МО
	Unincorporated E Monroe Co	MO
	Unincorporated NE Audrain Co	MO
	Hannibal	MO
	Vandalia	
		MO MO
	City of Perry	MO
	City of Frankford	MO

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63378

RALLS TECHNOLOGIES LLC

E

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	1,406	\$35-\$40					
Service to additional set(s)	6	\$3-\$12					
FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential	389	\$3-\$5					
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				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$7-\$17	Motel, hotel		Expanded Basic	\$80
 Pay cable—add'l channel 		Commercial		Expanded Basic Lite	\$73
 Fire protection 		• Pay cable		Digital Basic	\$92
Burglar protection		Pay cable-add'l channel		Digital Basic Lite	\$84
Installation: Residential		Fire protection		Sports Tier	\$4
First set	\$100	Burglar protection		Variety Tier	\$4
 Additional set(s) 	\$30	Other services:		Outdoor Tier	\$3
 FM radio (if separate rate) 		Reconnect		Commerical Exp Basic	\$118
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# 63378

RALLS TECHNOLOGIES LLC

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
KHQA	7	N	QUINCY, IL
WGEM	10	N	QUINCY, IL
WTJR	32	l	QUINCY, IL
WQEC	34	E	QUINCY, IL
KHQA-2	7.2	N-M	QUINCY, IL
COMET	7.3	N-M	QUINCY, IL
WGEM-2	10.2	I-M	QUINCY, IL
WGEM-3	10.3	N-M	QUINCY, IL
WQEC-2	34.2	E-M	QUINCY, IL
WQEC-3	34.3	E-M	QUINCY, IL
METV	10.4	N-M	QUINCY, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

RALLS TECHNOLOGIES LLC

63378

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 EM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION
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Accounting Perio							FORM	M SA1-2E. PAGE 5.		
Name	RALLS TECHNOLOGIE		EM:					63378		
	SUBSTITUTE CARRIAGE	· CDECIA	CTATEMEN	T AND PROCESAM LOC	1					
 Substitute	In General: In space I, identification in Substitute basis during the acceptanation of the programmi	fy every non	network televisi	on program, broadcast by cific present and former FC	a <i>distant</i> stati CC rules, regul	ations, or autho	orizations. F	or a further		
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE						
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant stat	proadcast by a distant station?								
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust complete t	he progran	n		
	log in block 2. 2. LOG OF SUBSTITUTE	DDOCDA	Me							
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning 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 the account period, was broadcast by a distant station and that your cable system substituted for the programming of another sunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information on tuse 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 n 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 accurate 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								th y		
	effect on October 19, 1976.		WH	EN SUBSTIT	UTE					
	S	UBSTITUT	E PROGRAM		CARRIAGE OCCURRED 7. REASON FO					
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN	MES TO	DELETION		
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Accounting Period:	2023/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: RALLS TECHNOLOGIES LLC			•	63378
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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	system's	secondary transr v to compute this	nission service amount, see \$ 39	
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in	0 but less	than \$527,600.	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 OI	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00.	Ity fee that	t you must pay for	this six-month	
	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 li	ines 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	ESS (but i	more than \$137,	100)	
	Base amount under statutory formula	. \$	263,800.00	_	
	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 in	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	63,800 (bi	ut less than \$527	,600)	
	Enter the amount of gross receipts from space K	. \$	394,324.00		
	Base amount under statutory formula	\$	263,800.00	-	
	3. Subtract line 2 from line 1	\$	130,524.00	-	
	4. Multiply line 3 by .01		,	1,305.24	
	Royalty due on the first \$263,800 of gross receipts (under statutory formula) .			1,319.00	
				0.00	
	Interest charge. Enter the amount from line 4, space Q, page 8 TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4.				2,624.24
	FILING FEE AND TOTAL REMITTANCE DI	liF			
Filing Fee and Total Remittance Due	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		\$	2,624.24	
246	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			\$	2,644.24
	EFT Trace # or TRANSACTION ID #		277DJFLE]	
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1-2 form and the		-		

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: NOLOGIES LLC				SYSTEM ID# 63378
M Channels	to its subscribe		total nun	els on which the cable system carried television be ober of activated channels during the accounting p		
						11
	on which the	al number of activated channe e cable system carried television adcast services	n broad			220
N Individual to Be Contacted		O BE CONTACTED IF FURTH t about this statement of accou		DRMATION IS NEEDED (Identify an individual		
for Further Information	Name	RACHEL D. JOHNST	ON		Telephone	573-985-3600
information	Address	17594 HIGHWAY 19;				
		NEW LONDON, MO 6 (City, town, state, zip)	3459			
	Email	r.johnston@ralls	stech.or	J Fax (opt	tional <u>573-985-365</u>	8
	CERTIFICATION	(This statement of account mu	ust he ce	rtified and signed in accordance with Copyright Of	ffice regulations)	
O Certification		ed, hereby certify that (Check or			ç ,	
	(Owne	er other than corporation or p	artnersh	p) I am the owner of the cable system as identified	in line 1 of space E	3; or
		in line 1 of space B and that the	e owner i	artnership) I am the duly authorized agent of the over a corporation or partnership; or		
	(Office	cer or partner) I am an officer (i in line 1 of space B.	if a corpo	ration) or a partner (if a partnership) of the legal entit	ty identified as own	ner of the cable system
	are true, comple		-	clare under penalty of law that all statements of fact tge, information, and belief, and are made in good fa		
			X	/s/ Robert L. Winsel		
				electronic signature on the line above to certify this st nature using an "/s/ signature" (e.g., /s/ John Smith)	atement.	
		Typed or printed	name:	Robert L. Winsel		
		Title:		Operating Officer I position held in corporation or partnership)		
		Date:		8/21.	/2023	

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ounting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
LLS TECHNOLOGIES LLC	63378
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 following 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 subscribers 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	Special Statement Concerning Gross Receipts Exclusion
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? X NO YES. Enter the total here and list the satellite carrier(s) below.	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_ _
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	_
contact the Licensing Division at (202) 707-8150 or licensing@copyright.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	
, add ood	
ID number First community served Accounting period	

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