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 COPYRIGH	HT OFFICE USE ONLY	Return completed workboo by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/30/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150
Δ			

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20231 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	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63675
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		White Cloud Communications US, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		150 Progress Way (Number, street, rural route, apartment, or suite number)	
		Owenton, KY 40359 (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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	4	IDENTIFICATION OF CABLE SYSTEM:	
	1		
		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 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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	White Cloud Communications US, LLC	63675
D	Instructions: List each separate community served by the cable system. A "cc "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fill Note: Entities and properties such as hotels, apartments, condominiums, or n	ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
Area Served	identified city.	nobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Owenton	KY
Community		
Add Rows as Necessary		
Add Rows as necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	White Cloud Communic	ations US, I	LLC						6367
	SECONDARY TRANSMISSION				TEQ				
E	In General: The information in s		-	-	-	v transmission s	ervice of t	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						nose exist	ing on the	
Transmission	last day of the accounting period						lo ovotom	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate i	ndicated	-not the num	ber of set	s receiving servi	ce).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variations	s within a p	particular rate	
	Block 1: In the left-hand block				es of sec	ondarv transmis	sion servio	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					in the count un	der "Servio	ce to the	
	Block 2: If your cable system I					service that are	different fi	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-ha	and block. A tw	o- or thre	e-word description	on of the s	ervice is	
	sufficient.	OCK 1					BLOC	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Service to first set		296	22.44					
			290	22.44					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	6				
E	In General: Space F calls for rat	•	,		•				
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		5 ,	
ransmissions:									
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip				illeu. List	these other serv		ionn or a	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-resi	dential				
	• Pay cable		• Mot	el, hotel					
	• Pay cable—add'l channel		• Cor	nmercial					
			• Pay	cable					
	 Fire protection 		• Pay		annel				
	• Fire protection •Burglar protection		- Tay	cable-add'l cha					
			,	protection					
	•Burglar protection		• Fire						
	•Burglar protection Installation: Residential		• Fire • Bur	protection					
	•Burglar protection Installation: Residential • First set		• Fire • Bur Other s	protection glar protection					
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fire • Bur • Bur • Rec	protection glar protection services:					
	•Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Fire • Bur • Bur • Bur • Rec • Disc	protection glar protection services: connect					

··	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	White Cloud Commu	nications US, LLC		63
	PRIMARY TRANSMITTERS:	TELEVISION		
G rrimary ismitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su- ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- rogram services such as HBO, ES i-air designation. For example, rep- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educate ctions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each or multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WKMU	21	E	
				MAYFIFI D. KY
v		••••		MAYFIELD, KY
	WAVE	3	N	LOUISVILLE, KY
as Necessary	WAVE WXIX	3 19	N N	LOUISVILLE, KY CINCINATTI, OH
as Necessary	WAVE WXIX WLKY	3 19 32	N	LOUISVILLE, KY CINCINATTI, OH LOUISVILLE, KY
as Necessary	WAVE WXIX WLKY WSTR	3 19 32 64	N N N I	LOUISVILLE, KY CINCINATTI, OH LOUISVILLE, KY CINCINATTI, OH
as Necessary	WAVE WXIX WLKY WSTR WLEX	3 19 32	N N N	LOUISVILLE, KY CINCINATTI, OH LOUISVILLE, KY CINCINATTI, OH LEXINGTON, KY
ıs Necessary	WAVE WXIX WLKY WSTR WLEX WCPO	3 19 32 64 18	N N N I N	LOUISVILLE, KY CINCINATTI, OH LOUISVILLE, KY CINCINATTI, OH LEXINGTON, KY CINCINATTI, OH
ıs Necessary	WAVE WXIX WLKY WSTR WLEX WCPO WTVQ	3 19 32 64 18 9 36	N N N I N N	LOUISVILLE, KY CINCINATTI, OH LOUISVILLE, KY CINCINATTI, OH LEXINGTON, KY CINCINATTI, OH LEXINGTON, KY
as Necessary	WAVE WXIX WLKY WSTR WLEX WCPO	3 19 32 64 18 9	N N N I N N	LOUISVILLE, KY CINCINATTI, OH LOUISVILLE, KY CINCINATTI, OH LEXINGTON, KY CINCINATTI, OH
s as Necessary	WAVE WXIX WLKY WSTR WLEX WCPO WTVQ	3 19 32 64 18 9 36	N N N I N N	LOUISVILLE, KY CINCINATTI, OH LOUISVILLE, KY CINCINATTI, OH LEXINGTON, KY CINCINATTI, OH LEXINGTON, KY
is as Necessary	WAVE WXIX WLKY WSTR WLEX WCPO WTVQ	3 19 32 64 18 9 36	N N N I N N	LOUISVILLE, KY CINCINATTI, OH LOUISVILLE, KY CINCINATTI, OH LEXINGTON, KY CINCINATTI, OH LEXINGTON, KY
s as Necessary	WAVE WXIX WLKY WSTR WLEX WCPO WTVQ	3 19 32 64 18 9 36	N N N I N N	LOUISVILLE, KY CINCINATTI, OH LOUISVILLE, KY CINCINATTI, OH LEXINGTON, KY CINCINATTI, OH LEXINGTON, KY
s as Necessary	WAVE WXIX WLKY WSTR WLEX WCPO WTVQ	3 19 32 64 18 9 36	N N N I N N	LOUISVILLE, KY CINCINATTI, OH LOUISVILLE, KY CINCINATTI, OH LEXINGTON, KY CINCINATTI, OH LEXINGTON, KY
rs as Necessary	WAVE WXIX WLKY WSTR WLEX WCPO WTVQ	3 19 32 64 18 9 36	N N N I N N	LOUISVILLE, KY CINCINATTI, OH LOUISVILLE, KY CINCINATTI, OH LEXINGTON, KY CINCINATTI, OH LEXINGTON, KY
s as Necessary	WAVE WXIX WLKY WSTR WLEX WCPO WTVQ	3 19 32 64 18 9 36	N N N I N N	LOUISVILLE, KY CINCINATTI, OH LOUISVILLE, KY CINCINATTI, OH LEXINGTON, KY CINCINATTI, OH LEXINGTON, KY
is as Necessary	WAVE WXIX WLKY WSTR WLEX WCPO WTVQ	3 19 32 64 18 9 36	N N N I N N	LOUISVILLE, KY CINCINATTI, OH LOUISVILLE, KY CINCINATTI, OH LEXINGTON, KY CINCINATTI, OH LEXINGTON, KY
vs as Necessary	WAVE WXIX WLKY WSTR WLEX WCPO WTVQ	3 19 32 64 18 9 36	N N N I N N	LOUISVILLE, KY CINCINATTI, OH LOUISVILLE, KY CINCINATTI, OH LEXINGTON, KY CINCINATTI, OH LEXINGTON, KY
ws as Necessary	WAVE WXIX WLKY WSTR WLEX WCPO WTVQ	3 19 32 64 18 9 36	N N N I N N	LOUISVILLE, KY CINCINATTI, OH LOUISVILLE, KY CINCINATTI, OH LEXINGTON, KY CINCINATTI, OH LEXINGTON, KY
ws as Necessary	WAVE WXIX WLKY WSTR WLEX WCPO WTVQ	3 19 32 64 18 9 36	N N N I N N	LOUISVILLE, KY CINCINATTI, OH LOUISVILLE, KY CINCINATTI, OH LEXINGTON, KY CINCINATTI, OH LEXINGTON, KY
ws as Necessary	WAVE WXIX WLKY WSTR WLEX WCPO WTVQ	3 19 32 64 18 9 36	N N N I N N	LOUISVILLE, KY CINCINATTI, OH LOUISVILLE, KY CINCINATTI, OH LEXINGTON, KY CINCINATTI, OH LEXINGTON, KY
ws as Necessary	WAVE WXIX WLKY WSTR WLEX WCPO WTVQ	3 19 32 64 18 9 36	N N N I N N	LOUISVILLE, KY CINCINATTI, OH LOUISVILLE, KY CINCINATTI, OH LEXINGTON, KY CINCINATTI, OH LEXINGTON, KY

Accounting P	eriod: 2023	/1					FORM	I SA1-2E. PAGE 4
								SYSTEM ID#
White Cloud	Communi	cations	SUS, LLC					6367
all-band basis w	every radio s /hose signals	station ca were ge	arried on a separate and discr nerally receivable by your cat	ole system during	the accountin	ig period	1.	н
receivable if (1) on the basis of if For detailed info paper SA1-2 foi Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under of the whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process of mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s he station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2023/1						FORM SA1-2E. PAGE §
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID
Name	White Cloud Communi	cations L	JS, LLC				6367
	SUBSTITUTE CARRIAGE	-	-				
I	In General: In space I, identi						
Orthestitute	substitute basis during the ac explanation of the programm						
Substitute Carriage:	1. SPECIAL STATEMEN				general motion		
Special		-			o. onv nonnot	work tolovision	Dro gropp
Statement and	During the accounting period	-	r cable system	carry, on a substitute basi	s, any nonner		
Program Log	broadcast by a distant stat	lion ?					YES NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	st complete the	e program
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst				wherever pos	sible, if their me	eaning is
	clear. If you need more space Column 1: Give the title			sion program ("substitute	program") that	t during the acc	counting
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love L	ucy" or
	_		lcast live enter	"Yes." Otherwise enter "N	lo "		
				sting the substitute progra			
				e community to which the			C or, in
	the case of Mexican or Can			community with which the second time tem carried the substitute p			the month
	first. Example: for May 7 giv		when your sys		ologiani. Use	numerais, with	
			substitute pro	gram was carried by your o	cable system.	List the times a	accurately
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. shoul	d be
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that w	our system was	required
	to delete under FCC rules a						
	was substituted for program						
	effect on October 19, 1976.						
						N SUBSTITUT	
	s	UBSTITUT	E PROGRAM	l		AGE OCCURF	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIME	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то
						_	
						·	
						_	
						_	
						_	
						_	
						_	
1			1				

Accounting Period:	2023/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: White Cloud Communications US, LLC	S	YSTEM ID# 63675
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transs (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 s amount, see	e 7,633.38
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 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		0.00
	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 \$ 263,800.00		
	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	<u> </u>	
	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)	
	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		
	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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
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	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Namo	Accounting Period:	2023/1				FORM SA1-2E. PAGE 7
M Instructions: You must give (1) the number of dramatics and which the cable system cannot be autocurring period. Instructions: No must give (1) the number of dramatics and which the cable system cannot be autocurring period. 9 2. Find: the total number of autocurring must be autocurring period. 9 Number of autocurring the system cannot be autocurring period. 9 Number of autocurring the system cannot be autocurring period. 9 Number of autocurring the system cannot be autocurring period. 150+ Number of autocurring the system cannot be autocurring period. 150+ Number of autocurring the system cannot be autocurring period. 150+ Number of autocurring the system cannot be autocurring period. 150+ Number of autocurring the system cannot be autocurring period. 150+ Number of autocuring period. 150+	Name					SYSTEM ID 6367
on which the cable system carried television broadcast stations 150+ N Individual to BE CONTACTED IF FURTHER INFORMATION IS MEEDED (identify an individual to whom we can contact about this statement of account.) Be Contacted Name Eruce Beard, Clinamon Mueller Telephone 314.462.9000 Name Eruce Beard, Clinamon Mueller Telephone 314.462.9000 Address 1714 Door Tracks Trait, Suite 230 Weiter deter (intermediate the intermediate context) Eruce Beard, Clinamon Mueller Individual to statement of account, and the statement of account must be certified and signed in accordance with Copyright Office regulations) Certification • The undersigned, hereby certify that (Check one, but dray one, of the boxes.) (Certification • Undersigned, hereby certify that (Check one, but dray one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or (Append of owner other than corporation or partnership) I am the duty activacies digent of the owner of the cable system in the order of the space B.		Instructions: Note to its subscribe	rs, and (2) the cable system's al number of channels on whic	otal num	ber of activated channels during the accounting period.	
Individual to Bs Contacted for Further Information Name Bruce Beard, Clinnamon Mueller Telephone 314-462-9000 Address 1714 Deer Tracks Trail, Suite 230 [Whether, state: units any anterna to an units and the methy] St. Louis, MO 63131 (Clin, User, state, application, and the methy] St. Louis, MO 63131 (Clin, User, state, application, and user methy] Fax (optional) Certification Certification (This statement of account must be certified and signed in accordance with Copyright Office regulations) Certification - 1. the undersigned, hereby certify that (Check one, but only one, of the boxes.) Ocertification - 1. the undersigned, hereby certify that (Check one, but only one, of the boxes.) Officer or partner hip) I am the duy authorized agent of the owner of the cable system as identified In line 1 of space B, or In line 1 of space B and that the owner in a corporation or partnership) I am the duy authorized agent of the owner of the cable system as identified In line 1 of space B, or In line 1 of space B and that the owner is an a corporation or 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 deckre under 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 deckre under 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 identified in and are made in good failt. </td <td></td> <td>on which the</td> <td>cable system carried television</td> <td>broadca</td> <td></td> <td>150+</td>		on which the	cable system carried television	broadca		150+
Information Address 1714 Deer Tracks Trail, Suite 230 (Whether, effect unders. spatnemetry) St. Louis, MO 63131 (City, town, state, zp) Email Bbeard@CinnamonMueller.com Fex (optional) Email Bbeard@CinnamonMueller.com Fex (optional) Certification • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) O • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) O (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 duay authorized agent of the owner of the cable system as identified in line 1 of space B; or • (Office or partner) I am an officer (if a corporation) or partnership) of the legal entity identified as owner of the cable system in the owner is not a corporation or partnership) or • I have examined the statement of account and hereby declare undar penalty of law that all attements of fact contained herein are true, complexes.and correct to the best of my knowledge, information, and belief, and are made in good faut. (18 U.S.C., Section 1001(1986)) Typed or printed name: TJ Scott Typed or printed name: TJ Scott The of effect partnership Title: VP of Operations (The of effections)	Individual to				DRMATION IS NEEDED (Identify an individual to whom	
In the system of owner other than corporation or partnership) arm the owner of the cable system as identified and line 1 of space B; or Image: Control of the owner other than corporation or partnership) arm the owner of the cable system as identified in line 1 of space B; or Image: Control of the owner other than corporation or partnership) arm the owner of the cable system as identified in line 1 of space B; or Image: Control of the owner other than corporation or partnership) arm the owner of the cable system as identified in line 1 of space B; or Image: Control of the owner other than corporation or partnership) arm the owner of the cable system as identified in line 1 of space B; or Image: Control of the owner other than corporation or partnership) arm the owner of the cable system as identified in line 1 of space B; or Image: Control of the owner other than corporation or partnership) arm the owner of the cable system as identified in line 1 of space B; Image: Control of owner other than corporation or partnership) are the spatement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complexe, and corect to the best of my knowledge, information, and belef, and are made in good faith. IB U.S.C., Section 1001(1986)] Typed or printed name: Typed or printed name: Typed or printed name: Title: W of Operations Title: W of Operations Title of official position hield in corporation or parthererity;		Name	Bruce Beard, Cinnar	non Mı	Jeller Tele	phone 314-462-9000
Email Bbeard@CinnamonMueller.com Fax (optional) P CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • () the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • Orner 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. • Officer or partner) I am an officer (If a corporation) or 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; complex, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] If U = V = I operation is partner using an "Js Signature" (e.g., Js John Smith) Typed or printed name: T S Scott Title: VP of Operations Title: VP of Operations Citle of official position had in corporation or partnership)		Address	(Number, street, rural route, apar St. Louis, MO 63131			
O Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or Image:		Email		monMu	eller.com Fax (optional)	
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: TJ Scott Title: VP of Operations (Title of official position held in corporation or partnership)	-	 I, the undersign (Own (Age ir (Afge ir (Afge ir I have examine are true, completion 	ned, hereby certify that (Check o ner other than corporation or p nt of owner other than corpora n line 1 of space B and that the o cer or partner) I am an officer (n line 1 of space B. ed the statement of account and ete, and correct to the best of my	ne, <i>but on</i> artnershi ttion or p wwner is n f a corpor hereby de	<i>ly one</i> , of the boxes.) (p) I am the owner of the cable system as identified in line 1 of s artnership) I am the duly authorized agent of the owner of the o ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified eclare under penalty of law that all statements of fact contained I	pace B; or vable system as identified as owner of the cable system
Title: VP of Operations (Title of official position held in corporation or partnership)				Enter an	electronic signature on the line above to certify this statement.	
(Title of official position held in corporation or partnership)			Typed or printed	l name:	TJ Scott	
Date: August 30, 2023						
			Date:		August 30, 2023	

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 telephol 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 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 t 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 lav

unting Period: 2023/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
te Cloud Communications US, LLC	636
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusio
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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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.