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						
11/21/2023	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

### coplicsoa@copyright.gov

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

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20231 Barcode Data Filing Period (optional - see instructions)
Accounting 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
		Gibson Connect, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1207 S College St (Number, street, rural route, apartment, or suite number)
		Trenton, TN 38382 (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 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)

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.

City Or Town   State   City Or Town   State   City Or Town   Cit		LEGAL MANE OF CHANED OF CARLE OVCTEM	FORM SA1-2E. PAG
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn as the "first community." Please use it as the first community on all future filings.  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  Gibson TN  Medina TN  Three Way TN  Putherford TN  Alamo TN  Bells TN  Gadsden TN  Gadsden TN  Tiptonville TN  Hornbeak TN  Troy Troy TN	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn as the "first community." Please use it as the first community on all future filings.  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  Gibson TN  Medina TN  Three Way TN  Dyer TN  Rutherford TN  Alamo TN  Bells TN  Gadsden TN  Ridgely TN  Ridgely TN  Tiptonville TN  Hornbeak TN  Troy TN  Troy			
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 kn as the "first community." Please use it as the first community on all future filings.  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  Gibson TN Medina TN  Three Way TN  Dyer TN  Rutherford TN  Alamo TN  Bells TN  Gadsden TN  Ridgely TN  Tiptonville TN  Hornbeak Troy Troy TN			
as the "first community." Please use it as the first community on all future filings. 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	D		
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			
CITY OR TOWN   STATE     First			
CITY OR TOWN   STATE	Area		lie nome parks should be reported in parentheses below the
First Gibson TN  Community Medina TN  Three Way TN  Dyer TN  Rutherford TN  Alamo TN  Bells TN  Gadsden TN  Ridgely TN  Tiptonville TN  Hornbeak TN  Troy TN	Served	identified city.	
First Gibson TN  Community Medina TN  Three Way TN  Dyer TN  Rutherford TN  Alamo TN  Bells TN  Gadsden TN  Ridgely TN  Tiptonville TN  Hornbeak TN  Troy TN			
First Gibson TN  Community Medina TN  Three Way TN  Dyer TN  Rutherford TN  Alamo TN  Bells TN  Gadsden TN  Ridgely TN  Tiptonville TN  Hornbeak TN  Troy TN			
Community  Medina TN Three Way TN Three Way TN  Rutherford TN Alamo TN  Bells TN  Gadsden TN  Ridgely TN  Tiptonville Troy Troy TN			
Three Way			
Rows as Necessary         Dyer         TN           Rutherford         TN           Alamo         TN           Bells         TN           Gadsden         TN           Ridgely         TN           Tiptonville         TN           Hornbeak         TN           Troy         TN	Community		
Rutherford         TN           Alamo         TN           Bells         TN           Gadsden         TN           Ridgely         TN           Tiptonville         TN           Hornbeak         TN           Troy         TN			
Alamo         TN           Bells         TN           Gadsden         TN           Ridgely         TN           Tiptonville         TN           Hornbeak         TN           Troy         TN	Rows as Necessary		
Bells         TN           Gadsden         TN           Ridgely         TN           Tiptonville         TN           Hornbeak         TN           Troy         TN			
Gadsden         TN           Ridgely         TN           Tiptonville         TN           Hornbeak         TN           Troy         TN			
Ridgely TN Tiptonville TN Hornbeak TN Troy TN		Bells	TN
Tiptonville TN Hornbeak TN Troy TN		Gadsden	TN
Tiptonville TN Hornbeak TN Troy TN		Ridgely	TN
Hornbeak TN Troy TN			TN
Troy			
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		ополнительного полительного пол	

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Gibson Connect, LLC

SYSTEM ID# 63848

## 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	1,362	41.00					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
		I		I	ĭ		

# 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		Expanded	96.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Gold	#####
Fire protection		Pay cable			
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		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# 63848

4. LOCATION OF STATION

Gibson Connect, LLC

1. CALL SIGN

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

67.22 6.611	2. 2 0.10 1 0 10 11 11 12 11 0 11 2 11	0.11.20.01.11.01.	ii 2007 tiloli oli oli ilioli
WJKT	21	N	JACKSON, TN
WJKT-DT2	21.2	I-M	JACKSON, TN
WJKT-DT3	21.3	I-M	JACKSON, TN
WNBJ	16	N	JACKSON, TN
WNBJ-DT2	16.3	I-M	JACKSON, TN
WNBJ-DT3	16.3	I-M	JACKSON, TN
WBBJ	43	N	JACKSON, TN
WBBJ-DT2	43.3	N-M	JACKSON, TN
WLJT	27	E	LEXINGTON, TN
WLJT-DT2	27.2	E-M	LEXINGTON, TN
WMC	5	N	MEMPHIS, TN
WMC-DT2	5.2	I-M	MEMPHIS, TN
WMC-DT3	5.3	I-M	MEMPHIS, TN
WPSD	19	N	PADUCAH, KY
KBSI	36	N	CAPE GIRARDEAU, MO
KFVS	11	N	CAPE GIRARDEAU, MO
WSIL	34	N	HARRISBURG, IL
WSIL-DT2	34.2	I-M	HARRISBURG, IL
KFVS-DT2	11.2	I-M	CAPE GIRARDEAU, MO
KBSI-DT2	36.2	I-M	CAPE GIRARDEAU, MO
KBSI-DT3	36.3	I-M	CAPE GIRARDEAU, MO
KFVS-DT3	11.3	I-M	CAPE GIRARDEAU, MO
WSIL-DT3	34.3	I-M	HARRISBURG, IL
WSIL-DT4	34.4	I-M	HARRISBURG, IL

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63848

Gibson Connect, LLC

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WPSD-DT2	19.2	I-M	PADUCAH, KY
WPSD-DT3	19.3	I-M	PADUCAH, KY
WREG-DT2	28.2	N-M	MEMPHIS, TN
WREG	28	N	MEMPHIS, TN
WREG-DT3	28.3	I-M	MEMPHIS, TN
WHBQ	13	N	MEMPHIS, TN
WHBQ-DT2	13.2	I-M	MEMPHIS, TN
WHBQ-DT3	13.3	I-M	MEMPHIS, TN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Gibson Connect, LLC

63848

#### 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

Atime David	-d. 2022 /4								FOR	M 0 4 4 0
Accounting Perio	LEGAL NAME OF OWNER OF	F CABLE SYS	STEM:						FUR	M SA1-2E. PAGE 5.  SYSTEM ID#
Name	Gibson Connect, LLC									63848
										000-10
<b> </b> Substitute	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the explanation of the programi	itify every no accounting p	nnetwork telev period, under sp	ision pecifi	program, broadcast by c present and former F	a distant sta CC rules, re	gulations	s, or a	uthorizatio	ns. For a further
Carriage:	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									
Special Statement and	During the accounting per	•	ur cable systei	m ca	rry, on a substitute ba	sis, any non	network	telev		
Program Log	broadcast by a distant standard Note: If your answer is "Note:		e rest of this pa	age t	plank If your answer is	s "Yes " vou	must co	mplet	YES	NO
	log in block 2.	,	, , o o t o , ti o p c	-9		, ,			.сс р. с.	9
	2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp Column 1: Give the tittle period, was broadcast by a under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	stitute prograce, please of every not a distant state egulations, ories like "mo. Bulls." In was broad a sign of the badcast statination and day ive "5/7." In es when the Example:  "ter "R" if the and regulate mming that	am on a separ add additiona onnetwork tele tion and that y or authorizatio ovies" or "bask adcast live, ent station broadd on's location ( ons, if any, the or when your sy e substitute pr a program car e listed prograr ions in effect of	I row vision vour of ns. Seetba eer "Y castii the cor vsten rogra rried m wa	is to the tables. In program ("substitute cable system substitute cable system substitute see page (v) of the gerall." List specific program ("es." Otherwise enter "ing the substitute programmunity to which the modern carried the substitute arm was carried by your by a system from 6:01 as substituted for program the accounting perio	e program") ed for the program titles, for No." ea station is le e station is le program. Le cable syste: 15 p.m. to camming that d; enter the	that, duitogramn rogramn tions for example icensed dentified Jse num em. List 6:28:30 at your s letter "F	ring the ning of further, "I Look by the linguishment of the time. So yestern or if the control of the time. So yestern or if the control of	e account f another er information for Lucy"  e FCC or, with the interpretation was required in the properties of the country	ting station ation. or in month rately
	,		E PROGRAM	4			EN SUB			7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		OTATIONIO I OGATION	5. MONTH		6. TIN	MES	DELETION
		Yes or No	CALL SIGN	4.	STATION'S LOCATION	AND DAY	FROM	Л —	ТО	
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Accounting Period: 2	FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Gibson Connect, LLC  638
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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. \$ 347,512.00 IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula
	2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	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 \$ 263,800.00
	3. Subtract line 2 from line 1 \$ 83,712.00
	4. Multiply line 3 by .01. \$ 837.12
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights.  See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2023/1						FORM SA1-2E. PAGE	E 7.
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:					SYSTEM II 6384	
M Channels		ou must give (1) the number of s, and (2) the cable system's to			-			
		I number of channels on which television broadcast stations .					32	
	on which the ca	I number of activated channels able system carried television b ast services	broadcas				150	
N Individual to Be Contacted		BE CONTACTED IF FURTHE about this statement of account		ORMATION IS NEE	EDED (Identify an i	individual to whom		
for Further Information	Name	Scott Friedman				Telephone	314-462-9000	
	Address	(Number, street, rural route, apartm St. Louis, MO 63131						
	Email	(City, town, state, zip)  sfriedman@cinn	namonm	nueller.com		Fax (optional)		
					in accordance with			_
O Certification		(This statement of account mu-		-		Copyright Office regulations)		
	(Owne	er other than corporation or pa	artnersh	<b>ոip)</b> I am the owner	of the cable systen	n as identified in line 1 of space	B; or	
		t of owner other than corporat line 1 of space B and that the ov				agent of the owner of the cable	system as identified	
		eer or partner) I am an officer (if line 1 of space B.	if a corpo	oration) or a partner	(if a partnership) o	f the legal entity identified as ow	rner of the cable system	
		d the statement of account and he, and correct to the best of my on 1001(1986)]					1	
			X	/s/ Charles L	Phillips			
				n electronic signature ignature using an "/s/		o certify this statement. / John Smith)		
		Typed or printed	d name:	Charles L. F	Phillips, P.E.			
				f Operations tion held in corporation of	or partnership)			
		Date:				November 21, 2023		

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

Accounting Period: 2023/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Gibson Connect, LLC	63848
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."	Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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
Line 1 Enter the amount of late payment or underpayment	2 Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	6
Line 3 Multiply line 2 by the number of days late and enter the sum here	0
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	2
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please 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	
ID number First community served Accounting period	

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