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.

	 Return completed workbook by 	
FOR COPYRIGHT	email to	
DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
2-9-24	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optional - see instructions)					
Accounting Period							
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.	e				
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.	10016				
		T					
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM					
		SJC Networks Company PO Box 268 Saint John, WA 99171					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		(Number, street, rural route, apartment, or suite number)					
		(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 already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space.					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rural route, apartment, or suite number)					
		(City, town, state, zip code)					

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

Accounting Period:	2023/2					
	I	FORM SA1-2E. PAGE 1b.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
	SJC Networks Company PO Box 268 Saint John, WA 99171	10016				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.					
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the identified				
Served	city.	07475				
F:4	CITY OR TOWN St. John	STATE WA				
First Community	St. John	WA				
Community						
Add Davis as Nassassi						
Add Rows as Necessary						

Accounting Period: 2023/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA1-2E. PAGE 2.

SYSTEM ID#

10016

SJC Networks Company PO Box 268 Saint John, WA 99171

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.

BLOCK 1			BLOCK 2			
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
Service to first set	405	105.00				
 Service to additional set(s) 						
• FM radio (if separate rate)						
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		Digital Basic	19.00	
 Pay cable—add'l channel 		Commercial		Encore Starz	10.50	
 Fire protection 		Pay cable		Movie Channel	15.50	
 Burglar protection 		Pay cable-add'l channel		Showtime	15.50	
Installation: Residential		Fire protection		Cinemax	9.50	
• First set		Burglar protection		НВО	15.50	
 Additional set(s) 		Other services:				
 FM radio (if separate rate) 		Reconnect				
Converter		Disconnect				
		Outlet relocation				
		Move to new address				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 10016

4. LOCATION OF STATION

SJC Networks Company PO Box 268 Saint John, WA 99171

Primary Transmitters: Television

G

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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

KREM 2 Ν Spokane, WA KAYU 3 ı Spokane, WA **KXLY** 4 Ν Spokane, WA **KHQ** 6 Ν Spokane, WA **KSPS** 7 Ε Spokane, WA **KWSU** 10 Ε Pullman, WA KUID 12 Е Moscow, ID **KSKN** 22 ī Spokane, WA **KGPX** 50 ı Spokane, WA **KQUP** ı 68 Spokane, WA

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SJC Networks Company PO Box 268 Saint John, WA 99171

10016

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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Accounting Perio	d: 2023/2 LEGAL NAME OF OWNER OF (CADI E SVSTI	EM.				FOI	RM SA1-2E. PAGE 5.
Name	SJC Networks Compar			John, WA 99171				SYSTEM ID# 10016
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identitive basis during the active explanation of the programming the substitute basis during the active explanation of the programming the substitution of the programming the accounting period broadcast by a distant state. Note: If your answer is "No, log in block 2.	E: SPECIAI fy every non. coounting pe ing that must CONCERI iod, did your tion? " leave the	L STATEMEN network televisi riod, under spe t be included in NING SUBSTI r cable system rest of this pag	T AND PROGRAM LOG fon program, broadcast by a cific present and former FC this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute basi	C rules, regula general instru s, any nonnet	ations, or a actions in the twork tele	uthorizations. he paper SA1 vision progra YES	m carried on a For a further -2 form.
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is 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 accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect du						g ation on. r onth ely		
	S	UBSTITUT	E PROGRAM		1	N SUBS	TITUTE CURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
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Accounting Period:	2023/2	FORM S	SA1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	;	SYSTEM ID#			
	SJC Networks Company PO Box 268 Saint John, WA 99171		10016			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transn (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	nission service amount, see				
	CORVEIGHT BOYALTY FFF					
L Copyright Royalty Fee						
	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	· 				
	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					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	•				
	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	250,957.00				
	5. Enter the amount from line 3	12,843.00				
	6. Subtract line 5 from line 4	238,114.00				
	7. Multiply line 6 by .005 (enter figure here)	\$	1,190.57			
	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	\$	1,190.57			
	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	4 040 00				
	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	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)	1,190.57				
Due	2. 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	\$	1,210.57			
	EFT Trace # or TRANSACTION ID # 27BO3SA8]				
	Important: Your remittance must be in the form of an electronic payment payable to the Register. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the excellent of the second					

Accounting Period:	2023/2			FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: Company PO Box 268 Sa	int John, WA 99171	SYSTEM ID# 10016
M Channels	to its subscriber	ou must give (1) the number s, and (2) the cable system's I number of channels on which d television broadcast station		
	on which the	I number of activated channe cable system carried television cast services		139
N Individual to Be Contacted		BE CONTACTED IF FURT	HER INFORMATION IS NEEDED (Identify an individual unt.)	
for Further Information	Name	Cheryl Van Lith		Telephone 509-648-3322
	Address	PO Box 268, 11 E Fro (Number, street, rural route, aparts Saint John, WA 9917	ment, or suite number)	
	Email	(City, town, state, zip) sjcable@stjohn		
	CERTIFICATION (This statement of account m	ust be certified and signed in accordance with Copyright Office re	egulations)
O Certification	• I, the undersigne	d, hereby certify that (Check o	ne, but only one, of the boxes.)	
	(Owner	other than corporation or p	artnership) I am the owner of the cable system as identified in line	1 of space B; or
			ation or partnership) I am the duly authorized agent of the owner of e owner is not a corporation or partnership; or	the cable system as identified
		er or partner) I am an officer (in line 1 of space B.	if a corporation) or a partner (if a partnership) of the legal entity iden	tified as owner of the cable system
		e, and correct to the best of m	hereby declare under penalty of law that all statements of fact conta y knowledge, information, and belief, and are made in good faith.	ined herein
	· I		X /s/Joe Dennis	
			Enter an electronic signature on the line above to certify this stateme Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	nt.
		Typed or printed	name: Joe Dennis	
		Title:	VP of Operations le of official position held in corporation or partnership)	
		Date:	02/09/24	

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FORM SA1-2E. PAGE 8. Accounting Period: 2023/2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 10016 SJC Networks Company PO Box 268 Saint John, WA 99171 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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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 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. Interest Assessment x 0.00274 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 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. 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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CONTROL #: REMITTANCE #:

Reviewed by

Cable
Worksheet

☐ Letter sent

☐ Letter sent☐ Accepted☐

☐ Letter sent☐ Accepted☐

☐ Letter sent

□ Accepted

☐ Letter sent

☐ Accepted

☐ Accepted

Cable ID#

Space A Accounting Period

Space B Owner

Space D Area Served

Space E Secondary Transission Service

Subscribers: and Rates

Space G Primary Transmitters: Television

Space H Primary Transmitters: Radio

Examined by

Total amount of remittance	Num	ber of SAs rec'd	lr	nitials
Date of remittance	Check	□ EFT	☐ FILING	G FEES
Date examination completed	Allocation	n number	Amount	Initial
(enter four digit year and			c period) No spac	ces)
	Information reco			
С] Information reco	/Contact		
С	Phone call/Date	/Contact		
	Information reco			
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☐ Phone call/Date/Contact

☐ Phone call/Date/Contact

		Carriage
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space J Part-time Carriage Log
☐ Letter sent	☐ Information received	(SA3 only)
☐ Accepted	☐ Phone call/Date/Contact	
		Space K Gross Receipts
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐ Royalty Fee should be	☐ Refund request to fiscal	
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phoe call/Date/Contact	
		Space M Channels
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space O Certification
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space P Statement of Gross Receipts
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space Q Interest Assessment
☐ Letter sent	☐ Info/add'l fee received	
☐ Accepted	☐ Phone call/Date/Contact	