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

STATEM	FNT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
		ansmissions by	DATE RECEIVED	AMOUNT	_	
Cable Syste General instru in the first tab	ems (S	Short Form) are located	1/31/24 \$ ALLOCATION NUM		Coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
	-					
A	ACCO	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	'YYY/(Period))		
		2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
			Barcode Data Filing Period (optiona	I - see instructions)		
Accounting Period						
В		Instructions: Give the full legal name of the owner of th title of the subsidiary, not that of the pare		sidiary of another corporation, give the full	corporate	
Owner		List any other name or names under whic	h the owner conducts the business of	the cable system.		
		If there were different owners during the single statement of account and royalty fe		the last day of the accounting period shoul nting period.	d submit a	
		Check here if this is the system's first filing	g. If not, enter the system's ID numbe	r assigned by the Licensing Division.	1687	
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM	Λ		
		Haefele TV Inc				
		BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFEREN	Т)		
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
		PO Box 312 (Number, street, rural route, apartment, or suite nu	umber)			
		Spencer, NY 14883-0312 (City, town, state, zip)				
С				entify the business and operation of t he system, if different from the addre		
System	1	IDENTIFICATION OF CABLE SYSTEM: Enfield				
		MAILING ADDRESS OF CABLE SYSTEM: Same as above	:			
	2	(Number, street, rural route, apartment, or suite nu	umber)			
		(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.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Haefele TV Inc	16
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	ENFIELD TOWN	NY
Community	HECTOR TOWN	NY
	CATHARINE TOWN	NY
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C								-2E. PAG
Name									16
	Haefele TV Inc								10
F	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND R	ATES				
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the n	•		•		•			
Nates	separately for the particular serv			0,1		•		scharged	
	Rate: Give the standard rate c	-	-	•				-	
	unit in which it is generally billed	• •	,		any standa	rd rate variatior	is within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondarv transmis	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	has rate categ	ories for	secondary tra	nsmission				
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A t	NO- or thre	e-word descript	tion of the	Service IS	
		DCK 1					BLOC	< 2	
		NO. OF		RATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	EKS	RAIE	CAT	EGORY OF SEI	VICE	SUBSCRIBERS	RA
	Service to first set		308	19.95					
	Service to additional set(s)		418	1.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	• Residential								
	Non-residential								
								1	
_	SERVICES OTHER THAN SEC In General: Space F calls for rate					Il vour cable sv	stem's ser	vices that were	
F	not covered in space E, that is, t								
. .	service for a single fee. There ar	•			•		• •	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usuany	blica. It arry f				nogram basis,	
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	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.						vices in th	e lonn of a	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:			tion: Non-res					
	• Pay cable	9.00/14.95	• Mot	el, hotel					
	 Pay cable—add'l channel 		• Cor	nmercial					
	 Fire protection 		• Pay	cable					
	 Burglar protection 		• Pay	cable-add'l cl	nannel				
	Installation: Residential		• Fire	protection					
	• First set	30.00	• Bur	glar protection					
	 Additional set(s) 	10.00		ervices:					
	• FM radio (if separate rate)			connect		30.00			
	Converter			connect		10.00			
			I • Out	let relocation		10.00			
			_	/e to new addi		30.00			

Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Haefele TV Inc			1
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	entify every television station (including tra m during the accounting period, <i>except</i> ((1) stations carried only on a part	time basis under
Primary	5	in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61(-
ransmitters:	substitute program basis, a	is explained in the next paragraph. With respect to any distant stations carr		
Television	basis under specific FCC ru	ules, regulations, or authorizations:		
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (the a substitute basis.	Special Statement and Program	n Log)—if the
	• List the station here, and a	also in space I, if the station was carried b		
	Column 1: List each station	on concerning substitute basis stations, se n's call sign. <i>Do not</i> report origination pro	ogram services such as HBO, ES	SPN, etc. Identify each
	multicast stream associated "WETA-2" as the same on t	d with a station according to its over-the-a the form.	air designation. For example, rep	port multistream
	Column 2: Give the channed	el number the FCC assigned to the televis /RC is channel 4 in Washington, D.C.	sion station for broadcasting ove	er the air in its community
	Column 3: Indicate in each	n case whether the station is a network sta	•	
		ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or "	, · · · ·	. ,
	For the meaning of these te	erms, see page (iv) of the general instruction of each station. For U.S. stations, list th	tions in the paper SA1-2 form.	,
		on of each station. For U.S. stations, list th idian stations, if any, give the name of the	,	5
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WSTM DT 3-1	19	N	SYRACUSE, NY
	WSTQ DT 3-2	19	N-M	SYRACUSE, NY
Rows as Necessary	WSTM DT 3-3	19	N-M	SYRACUSE, NY
	WTVH DT 5-1	47	N	SYRACUSE, NY
	WTVH DT 5-2	47	N-M	SYRACUSE, NY
	WTVH DT 5-3	47	N-M	SYRACUSE, NY
	WSYR DT 9-1	17	N	SYRACUSE, NY
	WSYR DT 9-2	17	N-M	SYRACUSE, NY
	WSYR DT 9-3	17	N-M	SYRACUSE, NY
	WSYR DT 9-3 WSYR DT 9-4	17	N-M	SYRACUSE, NY SYRACUSE, NY
	WSYR DT 9-4	17	N-M	SYRACUSE, NY
	WSYR DT 9-4 WCNY DT 24-1	17 20	N-M E	SYRACUSE, NY SYRACUSE, NY
	WSYR DT 9-4 WCNY DT 24-1 WCNY DT 24-2	17 20 20	N-M E E-M	SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY
	WSYR DT 9-4 WCNY DT 24-1 WCNY DT 24-2 WCNY DT 24-3	17 20 20 20	N-M E E-M E-M	SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY
	WSYR DT 9-4 WCNY DT 24-1 WCNY DT 24-2 WCNY DT 24-3 WCNY DT 24-4	17 20 20 20 20 20	N-M E E-M E-M E-M	SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY
	WSYR DT 9-4 WCNY DT 24-1 WCNY DT 24-2 WCNY DT 24-3 WCNY DT 24-4 WENY DT 36-1	17 20 20 20 20 20 20 35	N-M E E-M E-M E-M N	SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY ELMIRA, NY
	WSYR DT 9-4 WCNY DT 24-1 WCNY DT 24-2 WCNY DT 24-3 WCNY DT 24-4 WENY DT 36-1 WENY DT 36-2	17 20 20 20 20 20 35 35 35	N-M E E-M E-M E-M N N	SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY ELMIRA, NY ELMIRA, NY
	WSYR DT 9-4 WCNY DT 24-1 WCNY DT 24-2 WCNY DT 24-3 WCNY DT 24-4 WENY DT 36-1 WENY DT 36-2 WENY DT 36-3	17 20 20 20 20 20 35 35 35 35	N-M E E-M E-M E-M N N N N	SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY
	WSYR DT 9-4 WCNY DT 24-1 WCNY DT 24-2 WCNY DT 24-3 WCNY DT 24-4 WENY DT 36-1 WENY DT 36-2 WENY DT 36-3 WENY DT 36-4	17 20 20 20 20 20 20 35 35 35 35 35 35 35	N-M E E-M E-M E-M N N N N	SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY
	WSYR DT 9-4 WCNY DT 24-1 WCNY DT 24-2 WCNY DT 24-3 WCNY DT 24-4 WENY DT 36-1 WENY DT 36-2 WENY DT 36-3 WENY DT 36-4 WNYS DT 43-1	17 20 20 20 20 20 35 35 35 35 35 35 35 35 35 35 35 35 35	N-M E E-M E-M E-M N N N N N N N N N I	SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY SYRACUSE, NY
	WSYR DT 9-4 WCNY DT 24-1 WCNY DT 24-2 WCNY DT 24-3 WCNY DT 24-4 WENY DT 36-1 WENY DT 36-2 WENY DT 36-3 WENY DT 36-4 WNYS DT 43-1 WNYS DT 43-2	17 20 20 20 20 20 35 35 35 35 35 14 14 14	N-M E E-M E-M N N N N N N N I I I-M	SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY SYRACUSE, NY
	WSYR DT 9-4 WCNY DT 24-1 WCNY DT 24-2 WCNY DT 24-3 WCNY DT 24-4 WENY DT 36-1 WENY DT 36-2 WENY DT 36-3 WENY DT 36-4 WNYS DT 43-1 WNYS DT 43-2 WSKG DT 46-1	17 20 20 20 20 20 20 20 35 35 35 35 35 35 14 14 31	N-M E E-M E-M E-M N N N N N N N N E	SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY SYRACUSE, NY SYRACUSE, NY

					eveten
Name)F CABLE SYSTEM:			SYSTEN 1
	Haefele TV Inc				I
	PRIMARY TRANSMITTERS:				
G	carried by your cable syste	dentify every television station (including tra- em during the accounting period, <i>except</i> ((1) stations carried only on a par	t-time basis under	
Primary	5	s in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61)		-	
ransmitters:	substitute program basis,	as explained in the next paragraph.			
Television		s: With respect to any distant stations carr	ried by your cable system on a s	ubstitute program	
		rules, regulations, or authorizations: ere in space G—but do list it in space I (the	e Special Statement and Program	n Loa)—if the	
	station was carried only of				
		also in space I, if the station was carried I			
		ion concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination pro			
		ed with a station according to its over-the-a	•		
	"WETA-2" as the same on	the form.	C		
	Column 7: Cive the chapt		icion station for broadcasting ov	er the air in its community	
		nel number the FCC assigned to the televi	ISION Station for broadcasting ove		
	of license. For example, V	nel number the FCC assigned to the televi NRC is channel 4 in Washington, D.C. ch case whether the station is a network st	Ŭ	-	
	of license. For example, V Column 3: Indicate in eac	WRC is channel 4 in Washington, D.C.	tation, an independent station, or	a noncommercial	
	of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast	WRC is channel 4 in Washington, D.C. ch case whether the station is a network st tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa	a noncommercial pendent), "I-M"	
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	of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the locate	WRC is channel 4 in Washington, D.C. ch case whether the station is a network st tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the static	a noncommercial pendent), "I-M" tional multicast). n is licensed by the	
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	of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN WSPX DT 56-1 WSPX DT 56-2 WSPX DT 56-3 WSPX DT 56-4	WRC is channel 4 in Washington, D.C. ch case whether the station is a network statering the letter "N" (for network), "N-M" (for i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 36 37 37 37 37 37 37 37 37 	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION I I-M I-M I-M	a noncommercial pendent), "I-M" titional multicast). n is licensed by the on is identified. 4. LOCATION OF SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY	STATION
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	of license. For example, V Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the locatil FCC. For Mexican or Cana 1. CALL SIGN WSPX DT 56-1 WSPX DT 56-2 WSPX DT 56-3 WSPX DT 56-4 WSYT DT 68-1	WRC is channel 4 in Washington, D.C. ch case whether the station is a network statering the letter "N" (for network), "N-M" (for i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruction of each station. For U.S. stations, list the adian stations, if any, give the name of the 36 2. B'CAST CHANNEL NUMBER 36 36 36 36 36 14	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the static e community with which the static 3. TYPE OF STATION I I-M I-M I-M N	a noncommercial pendent), "I-M" ttional multicast). n is licensed by the on is identified.	STATION

laefele TV l	OWNER OF C		I U I LIVI.					SYSTEM 16
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) n the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate i Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pag ed by the cable s he station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se wed by the FC0) it can l ertain st eneral ir parate a	be expected, ated intervals. Instructions 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	
	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/D	LOCATION OF STATION	
Α								

	od: 2023/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Haefele TV Inc							1687
_	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC)G			
I	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programn							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syste	m carry, on a substitute ba	asis, any nonr	network te	levision prog	ram
Program Log	broadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	nust com	plete the proc	Iram
	log in block 2.			0 7		·		
	2. LOG OF SUBSTITUT							
	In General: List each subs				s wherever p	ossible, if	their meaning	g is
	clear. If you need more spa Column 1: Give the title			vision program ("substitute	e program") t	hat. durino	the account	ina
	period, was broadcast by a	a distant sta	tion and that y	our cable system substitu	ted for the pro	ogrammin	g of another :	station
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra	am uties, for e	example,	I Love Lucy	0I
	Column 2: If the program	m was broa		er "Yes." Otherwise enter				
				casting the substitute prog		oppod by	the ECC or	in
	the case of Mexican or Car			the community to which the community with which the			r the FCC or,	In
				stem carried the substitute			als, with the n	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes			ogram was carried by you ried by a system from 6:0?				ately
	stated as "6:00–6:30 p.m."		a program our					
				n was substituted for prog				
	to delete under FCC rules was substituted for prograr							ogram
	effect on October 19, 1976		, ,					
					WHE	N SUBSI	ITUTE	
	S	1		1	CARRI			
	1. TITLE OF PROGRAM	2. LIVE?						7. REASON FOR
		Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES	7. REASON FOR DELETION
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES	

Accounting Period:	2023/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
	Haefele TV Inc		1687
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 transmediate (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.	nission service amount, se	,356.23
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe		
Copyright Royalty Fee	 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 \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$263,80(
	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 t accounting period is \$52.00	nis 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 \$137,1	00)	
	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		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 \$ 263,800.00		
	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 Due	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
	EFT Trace # or TRANSACTION ID #		
	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 mo		

Accounting Period:	2023/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Haefele TV Inc	SYSTEM ID# 1687
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels	30
	on which the cable system carried television broadcast stations and nonbroadcast services	81
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Lee Haefele Telephone 60	7-589-6235
	Address PO Box 312 24 E Tioga Street (Number, street, rural route, apartment, or suite number) Spencer, NY 14883 (City, town, state, zip)	
	Email htv@htva.net Fax (optional) 607-589-7211	
O Certification	 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.) (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 duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner 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 	em as identified
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ Lee Haefele	
	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: Lee Haefele	
	Title: President (Title of official position held in corporation or partnership)	
	Date: 1/31/2024	

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.

		FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Salelite home Viewer Act of 1988 amended Tile 17, section 111(g)(1)(A), of the Copyright Act by adding the following sentence. The Salelite home Viewer Act of 1988 amended Tile 17, section 111(g)(1)(A), of the Copyright Act by adding the following sentence of provide decoders of primary boadcast transmitters, the system shall not include subconcerning forces. For more information on when to exclude these amounts, see the note on page (wii) of the general instructions content and amount collected from subconcerning receiving secondary transmissions pursuant to section 119.°. For more information on when to exclude these amounts, see the note on page (wii) of the general instructions content in the paper SA1-2 form. During the accounting period, dd the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. Second State in the paper SA1-2 form. Name Manne Maing Address More of interest assessment, see page (wii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment. For an explanation of interest rate* and enter the sum here. x 0.00274 Line 3 Multiply line 1 by the interest rate* and enter the sum here	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
The Statelite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: Image: Copyright Scalar S	iele TV Inc	1687
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? No 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. 	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-	Special Statement Concerning Gross
made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. Name Maining Address Nust 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.		Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Name NTEREST ASSESSMENT Name You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Poilton and the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment. - Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	made by satellite carriers to satellite dish owners?	
Name Name Mailing Address Mailing Address INTEREST ASSESSMENT Mailing Address For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment Line 1 Enter the amount of late payment or underpayment		
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	YES. Enter the total here and list the satellite carrier(s) below	_
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of Interest assessment for comparison of Comparison o		
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Line 1 Line 1 by the interest rate* and enter the sum here - x	For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 3 Multiply line 2 by the number of days late and enter the sum here - 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	Line 1 Enter the amount of late payment or underpayment	
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
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 \$	xdays	
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		_
(interest charge) * 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		
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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.		
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
Address ID number		
First community served		
	ID number	

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