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

STATEMI	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
		ansmissions by	DATE RECEIVED	AMOUNT	-	
Cable Syste	-	•			<u>coplicsoa@copyright.gov</u>	
General instru			2/26/24	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:	
in the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150	
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))		
			T			
		2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
			Barcode Data Filing Period (optiona	I - see instructions)		
		20232				
Accounting Period						
Feriod						
		Instructions: Give the full legal name of the owner of the	he cable system. If the owner is a sub	sidiary of another corporation, give the full (corporate	
B		title of the subsidiary, not that of the pare		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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 should nting period.	d submit a	
			- If a standard be sustained in Danual b	n and hat the Linearity - Division	39688	
		Check here if this is the system's first filin	g. If not, enter the system's iD humbe	r assigned by the Licensing Division.		
		LEGAL NAME OF OWNER/MAILIN		A		
			GADDRESS OF CABLE STSTER	n		
		EYECOM INCORPORATED				
		BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFEREN	T)		
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
		201 E 56TH AVE, SUITE #1				
		(Number, street, rural route, apartment, or suite n ANCHORAGE, AK 99518	umber)			
		(City, town, state, zip)				
С				entify the business and operation of t		
	name	1	2, give the mailing address of t	he system, if different from the addre	ss given in space B	
System	1	IDENTIFICATION OF CABLE SYSTEM:				
		39688				
		MAILING ADDRESS OF CABLE SYSTEM	:			
	2	(Number, street, rural route, apartment, or suite n	umber)			
		(City, town, state, zip code)				
Privacy Act Notic	e Sectio	n 111 of title 17 of the United States Code au	thorizes the Convright Offce to collect th	ne personally identifying information (PII) reque	ested on this	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: EYECOM INCORPORATED	SYSTEM I 396
D Area Served	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future film Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	mmunity" is the same as a "community unit" as defined in FCC rule ated communities within unincorporated areas and including single t you list will serve as a form of system identification hereafter kno ngs.
_	CITY OR TOWN	STATE
First Community	UNALASKA DUTCH HARBOR	AK AK
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1		
Name	EYECOM INCORPORAT							010	3968	
					. = = 0					
E	SECONDARY TRANSMISSION In General: The information in s					ry transmission	service of t	he cable		
	system, that is, the retransmission			-		•				
Secondary	about other services (including p	• • •			-		those exist	ing on the		
Fransmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla svetom	broken		
scribers and	down by categories of secondar	•								
Rates	each category by counting the n									
	separately for the particular serv					•	,			
	Rate: Give the standard rate c unit in which it is generally billed									
	category, but do not include disc						s within a			
	Block 1: In the left-hand block					condary transmis	sion servi	ce that cable		
	systems most commonly provide									
	that applies to your system. Not categories, that person or entity			•		0				
	subscriber who pays extra for ca									
	first set" and would be counted of	once again und	ler "Ser	vice to addition	al set(s)."					
	Block 2: If your cable system									
	printed in block 1 (for example, t with the number of subscribers a					,	,,	, 0		
	sufficient.	and rates, in the	e ngnt-i	папа рюск. А г	wo- or thre	e-word descript	ion of the s	service is		
		DCK 1					BLOCK	2		
		NO. OF		B 4 7 5				NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	Service to first set		227	¢107.25/ma						
			221	\$107.25/mo						
	 Service to additional set(s) FM radio (if separate rate) 									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for rat	te (not subscril	per) info	ormation with re	espect to a	all your cable sys	stem's serv	vices that were		
F	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • •			
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the									
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							wore not		
Rales	-				-	-				
	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.									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT	
	Continuing Services:			ation: Non-res						
	• Pay cable		• Mo	tel, hotel						
	• Pay cable—add'l channel		• Co	mmercial						
	Fire protection		•Pa	y cable						
	•Burglar protection		•Pa	y cable-add'l cł	nannel					
	Installation: Residential		• Fire	e protection						
	• First set		• Bu	rglar protection						
	 Additional set(s) 		Other	services:						
	 FM radio (if separate rate) 			connect						
	Converter		• Dis	sconnect						
			•Ou	tlet relocation						

nting Period:					0.07514.15
Name	LEGAL NAME OF OWNER OF				SYSTEM ID# 39688
	EYECOM INCORPOR				33000
G Primary Insmitters: elevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(d substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on	entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca iles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis.	(1) stations carried only on a part- ne carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su ne Special Statement and Program	time basis under ams [sections ations carried on a bstitute program Log)—if the	
	basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the channe of license. For example, W Column 3: Indicate in each	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network s	see page (v) of the general instruc orogram services such as HBO, ES e-air designation. For example, rep vision station for broadcasting over station, an independent station, or a	tions. PN, etc. Identify each ort multistream the air in its community a noncommercial	
	(for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana	ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	or "E-M" (for noncommercial educat actions in the paper SA1-2 form. the community to which the station ne community with which the station	ional multicast). is licensed by the n is identified.	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF S	STATION
	κτυυ	2	Ν	ANCHORAGE, AK	
	КТВҮ	4	Ν	ANCHORAGE, AK	
as Necessary	KYES	5	N	ANCHORAGE, AK	
	KAKM	7	E	ANCHORAGE, AK	
	KYUR	13	Ν	ANCHORAGE, AK	
		l			

EYECOM IN	CORPORA	TED						390
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of a or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate 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 at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	the system's he system's FM ante his point, see pay ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	ertain st ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
O, LE OIOIN		5,0				0,0		
		ł				t		

Accounting Perio	od: 2023/2 LEGAL NAME OF OWNER OF		=M·					SYSTEM ID	
Name								39688	
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG								
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	accounting peri	riod, under sp	ecific present and former	FCC rules, reg	ulations, o	r authoriza	tions. For a further	
Carriage:	1. SPECIAL STATEMEN				<u> </u>		FF		
Special	During the accounting per	-			asis, any noni	network tel	levision pr	ogram	
Statement and Program Log	broadcast by a distant sta	ation?		-	-		YES	XNO	
	Note: If your answer is "No		est of this na	ge blank. If your answer	is "Yes " vou i	must comr			
	log in block 2.			go slank in your anower	io roo, your			ogram	
	clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the carl Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes.	e of every nonra a distant statio egulations, or ries like "movi . Bulls." m was broadc sign of the sta adcast station nadian station nth and day w ive "5/7." nes when the s	network televon and that you authorization ies" or "basko cast live, ente cation broadco n's location (t us, if any, the vhen your syst substitute pro	vision program ("substitu our cable system substitu ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise ente asting the substitute pro he community to which t community with which t stem carried the substituto ogram was carried by yo	uted for the pr eneral instruct ram titles, for e "No." gram. he station is li he station is id te program. U ur cable syste	ogramming tions for fu example, " censed by lentified). se numera m. List the	g of anothe rther inforr I Love Luc the FCC o als, with the times acc	er station nation. y" or or, in e month urately	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	ter "R" if the lis and regulatior mming that yo	isted program ns in effect d	n was substituted for pro uring the accounting per	iod; enter the	letter "P" if	the listed		
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the list and regulatior mming that yo	isted program ns in effect d our system wa	n was substituted for pro uring the accounting per as permitted to delete ur	iod; enter the ider FCC rules	letter "P" if s and regul	the listed lations in		
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Accounting Period:	2023/2	FORM SA	A1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	EYECOM INCORPORATED		39688
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (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 form subscribers for secondary transmission service(s) during the accounting period. Important: You must complete a statement in space P concerning gross receipts.	nission servic	8.75
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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 th accounting period is \$52.00	nis 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 \$137,10	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K \$ 196,838.75		
	3. Subtract line 2 from line 1		
		96,838.75	
		66,961.25	
	6. Subtract line 5 from line 4	29,877.50	
	7. Multiply line 6 by .005 (enter figure here)	\$	649.39
	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	\$	649.39
	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)	649.39	
	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	\$	669.39
	EFT Trace # or TRANSACTION ID # 27C60JH6		
	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 O	WNER OF CABLE SYSTEM: RPORATED			SYSTEM ID# 39688
M Channels	to its subscribers, 1. Enter the total system carried t 2. Enter the total on which the ca	, and (2) the cable system's t number of channels on which television broadcast stations number of activated channels ble system carried television	total number of th the cable Is broadcast stat	which the cable system carried television broadcast sta activated channels during the accounting period.	stions 5
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour		TION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Joy McConnell-Couc	ch	Tele	phone 720-853-1330
	Address	13200 Metcalf, Suite (Number, street, rural route, aparth Overland Park, KS 6 (City, town, state, zip)	tment, or suite num	iber)	
	Email	jmcouch@fastv	wyre.com	Fax (optional)	
O Certification	I, the undersigne (Owner (Agent in li X (Office in li I have examined	d, hereby certify that (Check or r other than corporation or p of owner other than corpora ne 1 of space B and that the o er or partner) I am an officer (ne 1 of space B. the statement of account and e, and correct to the best of my	one, <i>but only on</i> partnership) I a ration or partne owner is not a c (if a corporation d hereby declare	m the owner of the cable system as identified in line 1 or rship) I am the duly authorized agent of the owner of the	space B; or e cable system as identified d as owner of the cable system
			Enter an electr	Keith Soldan ronic signature on the line above to certify this statement. e using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed Title: (Title of o	Chief Fina	eith Soldan ancial Officer In corporation or partnership)	
		Date:		February 26, 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 fing, a determination that would be made by a court of law.

AL NAME OF OW	2023/2	FORM SA1-2E. PAGE
	NER OF CABLE SYSTEM:	SYSTEM I
ECOM INCOR	{PORATED	3968
The Satellite H lowing sentend "In dete service	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS lome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ce: ermining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- s and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
	mation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	Receipts Exclusion
-	counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions ite carriers to satellite dish owners?	
X NO		
YES. Ente	r the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
For an explana	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessmen
Line 2 Multip	y line 1 by the interest rate* and enter the sum here	
Line 3 Multip	x days y line 2 by the number of days late and enter the sum here	
Line 4 Multip	y line 2 by the number of days late and enter the sum here	
Line 4 Multip in spac * To view t	y line 2 by the number of days late and enter the sum here	
Line 4 Multip in space * To view t contact th	y line 2 by the number of days late and enter the sum here	
Line 4 Multip in space * To view t contact th ** This is th NOTE: If you a	y line 2 by the number of days late and enter the sum here	
Line 4 Multip in space * To view t contact th ** This is th NOTE: If you a	y line 2 by the number of days late and enter the sum here	

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