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.

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

## SA1-2E Short Form

Return completed workbook by email to:

## coplicsoa@loc.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))
		2023/2 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.
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
		PROJECT MUTUAL TELEPHONE CO INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 366 (Number, street, rural route, apartment, or suite number)
		(Number, street, rural route, apartment, or suite number) RUPERT, ID 83350 (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: PMT
		MAILING ADDRESS OF CABLE SYSTEM:
	2	PO BOX 366 (Number, street, rural route, apartment, or suite number) RUPERT, ID 83350
		(City, town, state, zip code)
Privacy Act Notic	e: Sectior	111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2/23/2024

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	PROJECT MUTUAL TELEPHONE CO INC	61663					
D Area	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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified						
Served	city.						
	CITY OR TOWN	STATE					
First	PAUL	IDAHO					
Community	OAKLEY HEYBURN	IDAHO IDAHO					
Add Rows as Necessary	BURLEY	IDAHO					
Add nows as necessary	TWIN FALLS	IDAHO					
	RUPERT	IDAHO					
	JEROME	IDAHO					

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	PROJECT MUTUAL TEL	EPHONE CO	INC					6166		
_	SECONDARY TRANSMISSION	SERVICE: SUBS	SCRIBERS AND RA	TES						
E	In General: The information in s				rtransmission s	ervice of th	ie 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									
Secondary	( 01	, , ,	,	,		iose existii	ng on the			
Transmission Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	Number of Subscribers: Both blocks in space L 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									
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged									
	separately for the particular serv									
	<b>Rate:</b> Give the standard rate c unit in which it is generally billed.	-				-				
	category, but do not include disc	· ·	,	y standard		within a pa				
	<b>Block 1:</b> In the left-hand block			es of seco	ondary transmis	sion servic	e that cable			
	systems most commonly provide									
	that applies to your system. Note				-					
	categories, that person or entity subscriber who pays extra for ca			• •	• •	•				
	first set" and would be counted o				in the count und					
	Block 2: If your cable system i				service that are	different fr	om those			
	printed in block 1 (for example, ti									
	with the number of subscribers a	nd rates, in the ri	ight-hand block. A tw	o- or three	e-word description	on of the se	ervice is			
	sufficient.	OCK 1				BLOCK	()			
		NO. OF					NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBER	RS RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE		
	Residential:		110 00.45							
	Service to first set	1,	110 22.45					+		
	• Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel							+		
	Commercial									
	Converter							+		
	Residential							+		
	Non-residential									
	SERVICES OTHER THAN SECO	ONDARY TRANS	MISSIONS: RATES							
F	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									
Services	service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services									
Other Than	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,									
Secondary	enter only the letters "PP" in the rate column.									
ransmissions:	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	<b>Block 2:</b> 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				BLOCK 2			
	CATEGORY OF SERVICE			/ICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:	1	stallation: Non-resi							
	• Pay cable		<ul> <li>Motel, hotel</li> </ul>							
	• Pay cable—add'l channel		Commercial					1		
	Fire protection		• Pay cable					1		
	•Burglar protection		• Pay cable-add'l ch	annel				1		
	Installation: Residential		Fire protection					Ι		
	First set		• Burglar protection					Ι		
	<ul> <li>Additional set(s)</li> </ul>	0	ther services:					1		
	• FM radio (if separate rate)		Reconnect							
	• Converter		Disconnect					1		
			Outlet relocation							
								1		
			<ul> <li>Move to new address</li> </ul>	ess						

0	2023/2			FORM SA1-2E. PAGE 3					
lame	LEGAL NAME OF OWNER O			SYSTEM ID# 61663					
	PROJECT MUTUAL TELEPHONE CO INC								
G Primary ransmitters: Television	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC m	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							
	basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W	el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.	see page (v) of the general instruc ogram services such as HBO, ES air designation. For example, rep ision station for broadcasting ove	tions. PN, etc. Identify each port multistream r the air in its community					
	<b>Column 3:</b> 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. <b>Column 4:</b> 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	L SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCAT							
	CREATE TV	3	E	BOISE, ID					
	LOCAL *	5	I	BOISE, ID					
as Necessary	KSAW	6	N	TWIN FALLS, ID					
	KTFT	7	N	BOISE, ID					
	KIFI	8	Ν	IDAHO FALLS, ID					
	24-7 NEWS	9	I	BOISE, ID					
	KIPT	10	Е	POCATELLO, ID					
	кмут	11	N	TWIN FALLS, ID					
	KPVI	12	N	POCATELLO, ID					
	KJZZ	14	Е	TWIN FALLS, ID					
	DECADES	16	I	TWIN FALLS, ID					
	cw	17	I	TWIN FALLS, ID					
	KSVT	21	N	TWIN FALLS, ID					
	PBSWORLD	23	Е	BOISE, ID					
	PBSPLUS	24	E	BOISE, ID					

Accounting P	eriod: 2023	/2					FORM	/I SA1-2E. PAGE 4
								SYSTEM ID
PROJECT M	UTUAL TE	LEPHC						6166
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.								
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If	it is carried b monitoring, to prmation about m. lentify the call tate whether t the radio stat	y the sys be recei t the Co sign of e he statio ion's sigr	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM. hal was electronically processe	the system's hea system's FM ante his point, see pag	adend, and (2) nna, during ce je (v) of the ge	) it can b ertain sta eneral in	e expected, ated intervals. structions in the.	Primary Transmitters: Radio
Column 4: G	ive the station	n's locatio	< mark in the "S/D" column. on (the community to which th the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
JALL OIGH		5,0	LOOKHON OF STATION	UNEL UIGH		5,0		
		<b> </b>						
		+						
		+						
		<b> </b>						
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		+						
		<b></b>				<b> </b> -		

Accounting Perio	od: 2023/2					FO	RM SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#		
Name	PROJECT MUTUAL TE	LEPHON	E CO INC				61663		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	3				
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special	• During the accounting period did your cable system carry on a substitute basis, any nonnetwork television program								
Statement and Program Log	broadcast by a distant stat	tion?				YES	× NO		
r rogram Log	2				"Maa"				
	<b>Note:</b> If your answer is "No"	, leave the	rest of this pag	je blank. If your answer is	res, you mu	ist complete the progra	am		
	log in block 2. 2. LOG OF SUBSTITUTE		MS						
	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 "57." 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."								
	to delete under FCC rules a was substituted for program	nming that y					Jram		
	effect on October 19, 1976.	N SUBSTITUTE AGE OCCURRED 6. TIMES	7. REASON FOR DELETION						
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM — TO			
						_			
					-				
					-				
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Accounting Period:	2023/2		FORM S	A1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PROJECT MUTUAL TELEPHONE CO INC		S	YSTEM ID# 61663				
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. For a further explanation of how to 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.	econdary transmi o compute this a	ssion service mount, see	<b>5,238.00</b> oss receipts)				
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 that • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less that See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600	63,800					
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR	LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that yc accounting period is \$52.00	ou must pay for th	is six-month					
	Line 1. Royalty fee for accounting period			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 m							
	1. Base amount under statutory formula	263,800.00						
	2. Enter amount of gross receipts from space K	145,238.00						
	3. Subtract line 2 from line 1	118,562.00						
	4. Enter the amount of gross receipts from space K	. <b>\$</b> 1	45,238.00					
	5. Enter the amount from line 3	<b>\$</b> 1	18,562.00					
	6. Subtract line 5 from line 4	\$	26,676.00					
	7. Multiply line 6 by .005 (enter figure here)		\$	133.38				
	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	200,000.00						
	4. Multiply line 3 by .01							
	Multiply line 3 by 51     S. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	¢	1,319.00					
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6.							
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	133.38					
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		\$	153.38				
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo			hts!				

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: TUAL TELEPHONE CO IN	С			SYSTEM ID# 61663
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	ers, and (2) the cable system's	s total num ch the cab ns els on broadca	ast stations	ounting period.	14 112
N Individual to Be Contacted		O BE CONTACTED IF FURT t about this statement of acco		DRMATION IS NEEDED (Identify an indi	vidual to whom	
for Further Information	Name	RICK HARDER			Telephone	208-434-7124
	Address 	PO BOX 366 (Number, street, rural route, apar RUPERT, ID 83350 (City, town, state, zip)	tment, or sui	te number)		
	Email	rharder@pmt.c	соор		Fax (optional 208-436-7154	L
O Certification		(This statement of account m		tified and signed in accordance with Cop	oyright Office regulations)	
				<b>p)</b> I am the owner of the cable system as i	identified in line 1 of space B;	or
		in line 1 of space B and that the	he owner is	artnership) I am the duly authorized agen not a corporation or partnership; or ation) or a partner (if a partnership) of the		
	are true, comple	d the statement of account and		clare under penalty of law that all statemer ge, information, and belief, and are made		
				/S/ Rick Harder electronic signature on the line above to cer nature using an "/s/ signature" (e.g., /s/ Joh	•	
		Typed or printer	d name:	RICK HARDER		
		Title:		REASURER position held in corporation or partnership)		
		Date:			02-23-24	

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: 2023/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
PROJECT MUTUAL TELEPHONE CO INC	61663
<ul> <li>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."     </li> <li>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.</li> <li>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?     </li> <li>X NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	
<b>INTEREST ASSESSMENT</b> 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 Interest Assessment
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 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@loc.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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