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	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:						
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov					
General instru	ems (Short Form)	1/3/2024	\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150					
in the first tab	of this workbook		ALLOCATION NUMBER	Tel. (202) 707-0150					
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(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 whic	h the owner conducts the business of th	e 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 filin	g. If not, enter the system's ID number a	ssigned by the Licensing Division.	62459					
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM							
	SALLISAW MUNICIPAL AUTHORITY	62459							
	BUSINESS NAME(S) OF OWNER OF								
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM							
	PO BOX 525 (Number, street, rural route, apartment, or suite r	number)							
	SALLISAW OK 74955 (City, town, state, zip)								
	INSTRUCTIONS: In line 1, give any busin	less or trade names used to iden	tify the business and operation of the	system unless these					
C	names already appear in space B. In line								
System	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 IDENTIFICATION OF CABLE SYSTEM: 1 DIAMONDNET							
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 PO BOX 525 (Number, street, rural route, apartment, or suite r	umber)							
	SALLISAW OK 74955 (City, town, state, zip code)	SALLISAW OK 74955							

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 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 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Hamo	SALLISAW MUNICIPAL AUTHORITY 62459 62459 62459						
D Area Served	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 city.						
		07475					
First	CITY OR TOWN SALLISAW	STATE OK					
Community							
Add Rows as Necessary							

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:							TEM ID		
Name	SALLISAW MUNICIPAL	AUTHORITY	62459					6245		
_	SECONDARY TRANSMISSION	SERVICE: SUB	SCRIBERS A							
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
	system, that is, the retransmission									
Secondary	about other services (including p					hose existi	ng on the			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both					le system	broken			
scribers and	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									
Rates	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.	-				-				
	category, but do not include disc	•	,			s within a p				
	Block 1: In the left-hand block				condary 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					Jei Seivic				
	Block 2: If your cable system I				service that are	different fr	om those			
	printed in block 1 (for example, t	iers of services the	hat include or	ne or more secor	ndary transmissio	ns), list the	em, together			
	with the number of subscribers a	ind rates, in the r	ight-hand blo	ck. A two- or thre	ee-word description	on of the se	ervice is			
	sufficient.			BLOC	< 2					
	CATEGORY OF SERVICE	NO. OF SUBSCRIBER	RS RA	TE CA	TEGORY OF SERVICE SUBSCRIB			RATI		
	Residential:	SUBSCRIBE				INICL	SUBSCRIBERS			
	Service to first set		770	57.95						
	Service to additional set(s)			57.55				+		
	• FM radio (if separate rate)							+		
	Motel, hotel							+		
	Commercial		64	57.95				+		
	Converter	2	.830	2.95				+		
	Residential	,	,000	2.55				+		
	Non-residential							+		
	SERVICES OTHER THAN SEC	ONDARY TRANS	SMISSIONS:	RATES						
F	In General: Space F calls for rat	•	,	•						
•	not covered in space E, that is, t service for a single fee. There ar									
Services	furnished at cost or (2) services	•		•						
Other Than	amount of the charge and the un	it in which it is us	sually billed. I	f any rates are c	harged on a varia	able per-pro	ogram basis,			
Secondary	enter only the letters "PP" in the					1-4-1				
ransmissions: Rates	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									
Nates	BIOCK 2: List any services that your cable system turnished 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.									
		BLOCI	K 1				BLOCK 2			
	CATEGORY OF SERVICE	RATE C	CATEGORY C	OF SERVICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:	h	nstallation: N	Ion-residential						
	• Pay cable		 Motel, hote 	el						
	Pay cable—add'l channel		 Commerci 	al						
	Fire protection		 Pay cable 					ļ		
	 Burglar protection 		2	add'l channel				ļ		
	Installation: Residential		 Fire protect 	tion						
	• First set		 Burglar pro 	otection						
	 Additional set(s) 	C	Other service							
	 FM radio (if separate rate) 		 Reconnect 	t						
	• Converter		Disconnec	t						
	, , ,		• Disconnec • Outlet relo							

				FORM SA1-2E. PAGE 3 SYSTEM ID				
lame								
	SALLISAW MUNICIPAL AUTHORITY 62459 PRIMARY TRANSMITTERS: TELEVISION							
G mary smitters: evision	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, <i>except</i> (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), 0.76.63 (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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), "T" (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 (w) of the general instructions in the paper SA1-2 form							
	1. CALL SIGN	4. LOCATION OF STATION						
	KJRH	2	N	TULSA OK				
	KFTA	5	N	FORT SMITH AR				
s as Necessary	κοτν	6	N	TULSA OK				
lows as necessary	KFSM	7	Ν	FORT SMITH AR				
	KTUL	8	Ν	TULSA OK				
	KTUL KOED	8 9	N	TULSA OK TULSA OK				
	KOED	9	E	TULSA OK				
	KOED KHBS	9 10	E N	TULSA OK FORT SMITH AR				
	KOED KHBS KNWA	9 10	E N N	TULSA OK FORT SMITH AR FORT SMITH AR				
	KOED KHBS KNWA KHBS-CW	9 10 11 12	E N N N	TULSA OK FORT SMITH AR FORT SMITH AR FORT SMITH AR				
	KOED KHBS KNWA KHBS-CW	9 10 11 12	E N N N	TULSA OK FORT SMITH AR FORT SMITH AR FORT SMITH AR				
	KOED KHBS KNWA KHBS-CW	9 10 11 12	E N N N	TULSA OK FORT SMITH AR FORT SMITH AR FORT SMITH AR				
	KOED KHBS KNWA KHBS-CW	9 10 11 12	E N N N	TULSA OK FORT SMITH AR FORT SMITH AR FORT SMITH AR				
	KOED KHBS KNWA KHBS-CW	9 10 11 12	E N N N	TULSA OK FORT SMITH AR FORT SMITH AR FORT SMITH AR				
	KOED KHBS KNWA KHBS-CW	9 10 11 12	E N N N	TULSA OK FORT SMITH AR FORT SMITH AR FORT SMITH AR				
	KOED KHBS KNWA KHBS-CW	9 10 11 12	E N N N	TULSA OK FORT SMITH AR FORT SMITH AR FORT SMITH AR				
	KOED KHBS KNWA KHBS-CW	9 10 11 12	E N N N	TULSA OK FORT SMITH AR FORT SMITH AR FORT SMITH AR				
	KOED KHBS KNWA KHBS-CW	9 10 11 12	E N N N	TULSA OK FORT SMITH AR FORT SMITH AR FORT SMITH AR				
	KOED KHBS KNWA KHBS-CW	9 10 11 12	E N N N	TULSA OK FORT SMITH AR FORT SMITH AR FORT SMITH AR				
	KOED KHBS KNWA KHBS-CW	9 10 11 12	E N N N	TULSA OK FORT SMITH AR FORT SMITH AR FORT SMITH AR				
	KOED KHBS KNWA KHBS-CW	9 10 11 12	E N N N	TULSA OK FORT SMITH AR FORT SMITH AR FORT SMITH AR				

Accounting P	eriod: 2023/	2					FOR	M SA1-2E. PAGE 4
LEGAL NAME OF			YSTEM: ORITY 62459					SYSTEM ID# 62459
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					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 2: Si Column 3: If signal, indicate t Column 4: G	tate whether t the radio stati this by placing ive the statior	he statio ion's sigr g a check n's locatio	each station carried. n is AM or FM. nal was electronically processe mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FCC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2023/2					FOI	RM SA1-2E. PAGE 5.			
Name	LEGAL NAME OF OWNER OF						SYSTEM ID#			
Name	SALLISAW MUNICIPAI		RITY 62459				62459			
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG))					
Substitute	In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> 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 Statement and	• During the accounting period, did your cable system carry on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant stat	tion?				YES	×NO			
	Note: If your answer is "No"	", leave the	rest of this pac	e blank. If your answer is	"Yes," you mu		am			
	log in block 2.	,		, ,		1 1 0				
	2. LOG OF SUBSTITUTE									
	In General: List each subst clear. If you need more spa	ce, please	add additional i	rows to the tables.		-				
	period, was broadcast by a			ision program ("substitute ur cable system substitute						
	under certain FCC rules, re	gulations, c	r authorization	s. See page (v) of the gen	eral instructio	ns for further information	on.			
	Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program	Bulls."		etball." List specific program r "Yes." Otherwise enter "I		ample, "I Love Lucy" of	r			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	am.					
	Column 4: Give the broat the case of Mexican or Can			e community to which the						
				tem carried the substitute			onth			
	first. Example: for May 7 giv				achla avatam	List the times securet	ah <i>i</i>			
	to the nearest five minutes.	es when the Example: a	a program carri	gram was carried by your ed by a system from 6:01:	15 p.m. to 6:2	. List the times accurate 8:30 p.m. should be	eiy			
	stated as "6:00–6:30 p.m."									
	Column 7: Enter the letter to delete under FCC rules a			was substituted for progra						
	was substituted for program						iani			
	effect on October 19, 1976.									
	s	E PROGRAM			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. TIMES FROM — TO	DELETION			
						_				
						_				
						_				
					-					
					-					
		+			-					
					-					
					-					
					-					
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						_				
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					-					
					-					
					-					

Accounting Period:	2023/2	FORM SA1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SALLISAW MUNICIPAL AUTHORITY 62459	SYSTEM ID# 62459						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	ission service						
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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	nis six-month						
	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	·						
	1. Base amount under statutory formula \$ 263,800.00							
	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							
	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 \$ 348,234.60							
	2. Base amount under statutory formula							
	3. Subtract line 2 from line 1							
	4. Multiply line 3 by .01	844.35						
	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							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6							
		<u> </u>						
	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)	2,163.35						
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	\$ 2,183.35						
	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		OWNER OF CABLE SYSTEM: UNICIPAL AUTHORITY 6	2459		SYSTEM ID# 62459
M Channels	to its subscrib 1. Enter the to system can 2. Enter the to on which th	ers, and (2) the cable system's stal number of channels on whi ried television broadcast station stal number of activated channe e cable system carried televisio	ns	ccounting period.	10 223
N Individual to Be Contacted		TO BE CONTACTED IF FURT	HER INFORMATION IS NEEDED (Identify an in unt.)	dividual to whom	
for Further Information	Name	ROBIN HAGGARD		Telephone 918-7	75-6241
	Address	PO BOX 525 (Number, street, rural route, apar SALLISAW OK 7495			
	Email	(City, town, state, zip)	ALLISAWOK.ORG	Fax (optional 918-775-4194	
O Certification	I, the undersig (Own (Age X (Off I have examination are true, comp	ned, hereby certify that (Check c ner other than corporation or p nt of owner other than corpor in line 1 of space B and that th icer or partner) I am an officer in line 1 of space B. ed the statement of account and	nust be certified and signed in accordance with C one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable system a ation or partnership) I am the duly authorized age he owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of th hereby declare under penalty of law that all statem ny knowledge, information, and belief, and are mad X /s/ Robin Haggard Enter an electronic signature on the line above to o Enter signature using an "/s/ signature" (e.g., /s/ J	s identified in line 1 of space B; or ent of the owner of the cable system as e legal entity identified as owner of the ents of fact contained herein e in good faith.	
		Typed or printer Title:	d name: ROBIN HAGGARD		
		(T Date:	itle of official position held in corporation or partnership)	1/2/2023	

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Accounting Period: 2023/2	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
SALLISAW MUNICIPAL AUTHORITY 62459	62459
 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." 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? 	P Special Statement Concerning Gross Receipts Exclusion
NO	
YES. Enter the total here and list the satellite carrier(s) below	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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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