This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
	\$					
3/1/2024	ALLOCATION NUMBER					
3/1/2024						

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	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	Barcode Data Filing Period (optional - see instructions)	
Accounting Period		
	Instructions:	
В	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	
	West Kentucky Rural Telephone Coop.	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	100 WK&T Technology Drive (Number, street, rural route, apartment, or suite number)	
	Mayfield, KY 42066	
	(City, town, state, zip)	
С	ISTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these ames 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:	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 (Number street rural mute anathent or suite number).	
	(Number, street, rural route, apartment, or suite number)	
	(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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 suffciency of the fling, a determination that would be made by a court of law.

Name LEGAL, MANG OF OWNER OF CABLE SYSTEM Community Teleghone Coop.		LECAL NAME OF OWNER OF CARLE CYCTEM.	FORM SA1-2E. PAGI SYSTEM I
Instructions: List each separate community served by the cable system. A "Community" is the same as a "community unit" as defined in FCC rules: sparate and distinct community or united partity (including unincorporated communities with unincorporates and including single, dis 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 "community." Please use it as the first community on all future filings. First Community F	Name		
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Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

62911

Ε

Name

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

West Kentucky Rural Telephone Coop.

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLG	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	433	43.90	Expanded Streaming	1,230	114.90
Service to additional set(s)	214	1.00	MDU's	1	29.90
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
Pay cable—add'l channel		Commercial			
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set		Burglar protection			
 Additional set(s) 		Other services:			
FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62911

West Kentucky Rural Telephone Coop.



Primary Transmitters: Television

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 station was carried *only* on a substitute basis.

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WFTA-2" as the same on the form

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KBSI-DT 22 I-M Cape Girardeau, MO KBSI-HD 22.1 Cape Girardeau. MO KFVS-DT 12 N-M Cape Girardeau. MO Add Rows as Necessary KFVS-HD 12.1 N Cape Girardeau. MO WDKA 49 Paducah, KY WKMU 41 F Murray, KY WKPD 41 Ε Paducah, KY WPSD-DT 32 N-M Paducah, KY WPSD-HD 32.1 Ν Paducah, KY WQWQ-LP 9 Paducah, KY WSIL-DT 34 N-M Harrisburg, IL WSIL-HD 34.1 Ν Harrisburg, IL WKRN-DT Nashville, TN 27 N-M WKRN-HD 27.1 N Nashville, TN WSMV-DT 10 Nashville, TN N-M WSMV-HD 10.1 Ν Nashville, TN WTVF-DT 25 Nashville, TN N-M WTVF-HD 25.1 Ν Nashville, TN WNAB-DT 23 1 Nashville, TN WNPT-DT 8 F Nashville, TN WUPX-DT 21 Morehead, KY WZTV-DT 15 I-M Nashville, TN WZTV-HD 15.1 Nashville, TN

Accounting Period: 2023/2 FORM SA1-2E, PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62911 West Kentucky Rural Telephone Coop. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary 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 Transmitters: 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 Television basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION WBBJ-DT Jackson, TN

Accounting Period: 2023/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
West Kentucky Rural Telephone Coop.

FORM SA1-2E. PAGE 3.

SYSTEM ID#

62911

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

G

Primary Transmitters: Television

Add Rows as Necessar

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

2. B CAST CHANNEL NUMBER	3. THE OF STATION	4. LOCATION OF STATION
43	N	Jackson, TN
39	I	Jackson, TN
47	E	Lexington, TN
28	N	Memphis, TN
43.1	N	Jackson, TN
	43 39 47 28	43 N 39 I 47 E 28 N

3. TYPE OF STATION

4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

West Kentucky Rural Telephone Coop.

62911

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

			T	1	T		T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 -					
		L					
							<u> </u>

Accounting Perio	ccounting Period: 2023/2 FORM SA1-2E. PAGE 5.									
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#			
Name	West Kentucky Rural T	elephone	е Соор.				62911			
	SUBSTITUTE CARRIAGE	_	_							
ı	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a									
Substitute	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 station?									
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.									
	2. LOG OF SUBSTITUTE									
	In General: List each substiclear. If you need more space				wherever pos	sible, if their meani	ng is			
				sion program ("substitute	program") tha	t. during the accou	ntina			
	period, was broadcast by a									
	under certain FCC rules, reg									
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love Lucy	/" or			
			dcast live, ente	"Yes." Otherwise enter "N	No."					
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	ım.					
	Column 4: Give the broa the case of Mexican or Cana			e community to which the			r, in			
				em carried the substitute			month			
	first. Example: for May 7 giv	e "5/7."	, ,	·	. 0	•				
				gram was carried by your						
	to the nearest five minutes.	Example: a	ı program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be	е			
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that ve	our system was <i>rec</i>	nuired			
	to delete under FCC rules a									
	was substituted for program	ming that y	our system wa	s permitted to delete unde	er FCC rules a	nd regulations in				
	effect on October 19, 1976.									
					WHE	N SUBSTITUTE				
	S	UBSTITUT	E PROGRAM			AGE OCCURRED	7. REASON FOR			
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION			
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — T	0			
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Accounting Period:	2023/2		FORM SA	A1-2E. PAGE 6					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: West Kentucky Rural Telephone Coop.		S	4STEM ID# 62911					
	· · ·			0231					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho 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.	s secondary transm w to compute this a	ission service amount, see	2,559.60 pss receipts)					
	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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less see page (vi) of the general instructions located in the paper SA1-2 form for more informations.	than \$527,600	263,800						
	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 tha accounting period is \$52.00	t you must pay for th	is 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 ar	nd 2	\$	52.00					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	t more than \$137,	100)						
	Base amount under statutory formula	263,800.00	-						
	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								
	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)								
	Enter the amount of gross receipts from space K		_						
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	52.00						
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	15.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	67.00					
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form			nts!					

Accounting Period:	2023/2				FOR	RM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF West Kentucky Rural Te					SYSTEM ID# 62911
M Channels	to its subscribers, and (2): 1. Enter the total number of system carried television 2. Enter the total number of on which the cable systems.	the cable system's too of channels on which on broadcast stations of activated channels em carried television	the cable		28 280	
N Individual to Be Contacted	we can contact about this	statement of account		RMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name Patti T	aylor <&T Technology	y Drive		ephone	
	(Number, s	treet, rural route, apartme	ent, or suite	number)		
	Email			Fax (optional		
O Certification	• I, the undersigned, hereby of Owner other that (Agent of owner in line 1 of	certify that (Check one, on corporation or particular than corporation space B and that the coer) I am an officer (if a	e, but only rtnership on or pa owner is	fied and signed in accordance with Copyright Office regular one, of the boxes.) I am the owner of the cable system as identified in line 1 of retnership). I am the duly authorized agent of the owner of the not a corporation or partnership; or tion) or a partner (if a partnership) of the legal entity identified.	space B; or cable system as identified	
		rect to the best of my k		lare under penalty of law that all statements of fact contained e, information, and belief, and are made in good faith.	herein	
			Enter an e	/s/ Karen Jackson-Furman lectronic signature on the line above to certify this statement. ature using an "/s/ signature" (e.g., /s/ John Smith)	_	
		Typed or printed n	name:	Karen Jackson-Furman		
			COO of official	position held in corporation or partnership)		
		Date:		02/29/2024		

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 Accounting Period: 2023/2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 62911 West Kentucky Rural Telephone Coop. SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement Concerning Gross** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Receipts Exclusion** For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? 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. Interest Assessment x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (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@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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