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

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	ACCO	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
		F J COMMUNICATIONS, INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		65 W THIRD STREET PO BOX 40 (Number, street, rural route, apartment, or suite number)
		FORT JENNINGS, OH 45844 (City, town, state, zip)
•	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	names	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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
L		

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.

Accounting Period:	2023/2							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#						
Name	F J COMMUNICATIONS, INC 63206							
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.							
	CITY OR TOWN	STATE						
First	FORT JENNINGS	OH						
Community	JACKSON TWP	ОН						
	SUGAR CREEK TWP	OH						
Add Rows as Necessary		ОН						
	JENNINGS TWP MARION TWP	<u>ОН</u> ОН						

	LEGAL NAME OF OWNER OF C	ARI E SYSTEM						FORM SA1	TEM ID
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: F J COMMUNICATIONS, INC								6320
Е	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES								
L	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								
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the								
Transmission	last day of the accounting period	(June 30 or De	ecembe	r 31, as the ca	se may be).		-	
Service: Sub-	Number of Subscribers: Both						,		
scribers and Rates	down by categories of secondary each category by counting the nu			0 / 1					
Rates	separately for the particular servi							chargeu	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.	· ·	,		ny standar	d rate variation	s within a pa	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ion of one	andors, transmis		that apple	
	systems most commonly provide	•		•					
	that applies to your system. Note								
	categories, that person or entity	should be coun	ited as a	a subscriber in	each appli	icable category	. Example: a	a residential	
	subscriber who pays extra for ca					in the count un	der "Service	e to the	
	first set" and would be counted o Block 2: If your cable system h					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.		-						
	BLC	DCK 1 NO. OF	<u> </u>				BLOCK	C2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		430	81.00	IPTV			180	97.5
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
_						l your cable sys	stem's servio	ces that were	
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								
	service for a single fee. There ar	•			•		• • •		
Services Other Than	furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the								
Secondary	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.								
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) description and include the rate for each.								
		BLOO				1		BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:	40.00		tion: Non-res	idential				= 0
	• Pay cable	12.00		tel, hotel			EXPAN		5.0
	• Pay cable—add'l channel	18.00		nmercial			DIGITA	L EXPANDED	12.0
	Fire protection			cable					
	•Burglar protection		-	cable-add'l ch	nannel				
	Installation: Residential			e protection					
	• First set	24.50		glar protection					
	• Additional set(s)			services:					
	 FM radio (if separate rate) 		• Rec	connect					
	Converter			connect					
	• Converter		• Out	connect let relocation ve to new addr					

ounting Period: 2	2023/2			FORM SA1-2E. PAG				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
	F J COMMUNICATIONS, INC 63							
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable system FCC rules and regulations in	ntify every television station (including t n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	(1) stations carried only on a part-tin e carriage of certain network program	ne basis under ms [sections				
Primary ransmitters: Television	substitute program basis, as Substitute Basis Stations:)(2) and (4), or 76.63 (referring to 76.6' s explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations:						
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (th						
	basis. For further informatio Column 1: List each station	n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p I with a station according to its over-the	see page (v) of the general instruction rogram services such as HBO, ESPI	ons. N, etc. Identify each				
		he form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	vision station for broadcasting over t	he air in its community				
		case whether the station is a network						
	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				
	WBGU	27	E	BOWLING GREEN-LIMA OHIO				
	WBGU	27.2	E-M	BOWLING GREEN-LIMA OHIO				
Rows as Necessary	WBGU	27.3	E-M	BOWLING GREEN-LIMA OHIO				
	WLIO	8.1	N-M	LIMA OHIO				
	WLIO	8.2	I-M	LIMA OHIO				
	WOHL	35.1	N-M	LIMA OHIO				
	WOHL	35.2	N-M	LIMA OHIO				
	WTLW	44	I					
	WTLW	44.2	I-M	LIMA OHIO				
	WTOL	11	N	TOLEDO OHIO				
	WTOL	11.2	I-M	TOLEDO OHIO				

LEGAL NAME OF F J COMMU			YSTEM:					SYSTEM ID 6320
	t every radio s	tation ca	rried on a separate and discre					н
receivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati	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 t each station carried. n is AM or FM. nal was electronically processes (mark in the "S/D" column.	the system's hea system's FM anter his point, see pag	adend, and (2) nna, during ce je (v) of the ge	it can b rtain sta eneral in	be expected, ated intervals. structions in the.	Primary Transmitters: Radio
Column 4: G	ive the station	n's locatio	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	
		+						
							1	

Accounting Perio						FOF	RM SA1-2E. PAGE 5.	
News	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				SYSTEM ID#	
Name	F J COMMUNICATION	S, INC					63206	
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	3			
Substitute	In General: In space I, identi substitute basis during the are explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or authorizations.	For a further	
Carriage:	1. SPECIAL STATEMENT				o gonoral mour			
Special	During the accounting per	-			sis. anv nonne	twork television program	n	
Statement and Program Log	broadcast by a distant sta		······		, ,	YES	XNO	
	Note: If your answer is "No	" leave the	rest of this pac	e blank If your answer is	"Yes " vou mi		_	
	log in block 2.	, 10010 110	root of the pag	jo blank. Il your anowor lo	roo, you m			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	ssible, if their meaning is	6	
	clear. If you need more spa Column 1: Give the title			ision program ("substitute	program") that	at, during the accounting	1	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	ed for the prog	ramming of another sta	ition	
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."		r "Yes." Otherwise enter "	-			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	am.			
	the case of Mexican or Can			e community to which the community with which the				
	Column 5: Give the mor	th and day		tem carried the substitute			nth	
	first. Example: for May 7 giv		s substituto pro	gram was carried by your	cable system	List the times accurate	sh.	
	to the nearest five minutes.						ery	
	stated as "6:00–6:30 p.m."	"D" : (()						
	to delete under FCC rules a	er "R" if the and regulation	listed program	was substituted for progr	amming that y d: enter the let	our system was <i>require</i> ter "P" if the listed prog	ed ram	
	was substituted for program	nming that y						
	effect on October 19, 1976.							
	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7. F		
	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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						_		
					-			
					-			
			+					
						———		

Accounting Period:	2023/2			FORM	SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: F J COMMUNICATIONS, INC			:	8YSTEM ID# 63206				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanation 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	system's see on of how to	condary transmi compute this a	ssion service mount, see \$ 3					
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less tha	n \$527,600	63,800					
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	ESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	/ fee that you	u must pay for th	is 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 LE	SS (but mo	ore than \$137,1	00)					
	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								
	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 \$26	3,800 (but l	ess than \$527	,600)					
	1. Enter the amount of gross receipts from space K	. \$	305,253.00						
	2. Base amount under statutory formula	\$	263,800.00						
	3. Subtract line 2 from line 1	\$	41,453.00						
	4. Multiply line 3 by .01		\$	414.53					
	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		¢	1,733.53				
				Ŧ	.,				
	FILING FEE AND TOTAL REMITTANCE DU	JE							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,733.53	-				
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			\$	1,753.53				
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				yhts!				

Accounting Period:	2023/2				FORM SA1-2E. PAGE 7			
Name		OWNER OF CABLE SYSTEM: ICATIONS, INC			SYSTEM ID# 63206			
M Channels	to its subscrib 1. Enter the to system carr 2. Enter the to on which th	ers, and (2) the cable system's tal number of channels on whic ied television broadcast station tal number of activated channe e cable system carried televisio	ıs	accounting period.	11 46			
N Individual to Be Contacted		O BE CONTACTED IF FURTH t about this statement of accou	HER INFORMATION IS NEEDED (Identify an in unt.)	ndividual to whom				
for Further Information	Name	Michael A Metzger		Telephone 419-28	6-2181			
	Address	65 W Third St. PO Bo (Number, street, rural route, apartr Fort Jennings, OH 4 (City, town, state, zip)	ment, or suite number)					
	Email	mike@fjtelepho	one.com	Fax (optional 419-286-2193				
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)							
O Certification	(Owr (Age X (Offi • I have examine are true, comp	nt of owner other than corpora in line 1 of space B and that the cer or partner) I am an officer (i in line 1 of space B. ed the statement of account and f	ne, <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 ag we owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the hereby declare under penalty of law that all statem by knowledge, information, and belief, and are made	ent of the owner of the cable system as ne legal entity identified as owner of the o nents of fact contained herein				
		Typed or printed Title:	X /s/ Michael A Metzger Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/ signature: (e.g., /s/ signature: definition of the second					
		Date:		August 29, 2023				

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ccounting Period: 2023/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
J COMMUNICATIONS, INC	63206
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? NO YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
X	
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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