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 COPYRIG	Return completed workbook by email to:		
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>	
General instructions are located in the first tab of this workbook	2-29-24	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A ACCOUNTING PERIOD COVERE	ED BY THIS STATEMENT: (YY	'YY/(Period))		

		2023/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20232 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	
D		the subsidiary, not that of the parent corporation.	
Owner			
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.	
			63750
		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	
		QCOL, Inc. / 213 Main St. Markleysburg, PA 15459	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		213 Main St	
		[2 10 WCHI OL (Number, street, rural route, apartment, or suite number)	
		Markleysburg, PA 15459 (City, town, state, zip)	
		Lease of the second	
С	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un	less these
	names	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	pace B.
System		IDENTIFICATION OF CABLE SYSTEM:	
System	1	DENTIFICATION OF CABLE STSTEM.	
	-		
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
	-	(Venition, succe, rener route, apendition, of Suite Runiber)	
		(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 sufficiency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	QCOL, Inc. / 213 Main St. Markleysburg, PA 15459	637
_	Instructions: List each separate community served by the cable system. A "communit	
D	separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser	
	community." Please use it as the first community on all future filings.	ve as a form of system identification hereafter known as the fin
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	na navio shavid ha yanavtad in navanthaasa halaw tha idantifi
Area		ome parks should be reported in parentneses below the identifi
Served	city.	
	CITY OR TOWN	STATE
First	Markleysburg	PA
Community	Farmington	PA
e e i i i i i i i i i i i i i i i i i i	Chalk Hill	<u>PA</u>
Rows as Necessary	Ohiopyle	
	Confluence	PA
	Gibbon Glade	PA
	Mill Run	PA
	Friendsville	MD
	McHenry	MD
	Oakland	MD
	Bruceton Mills	WV
	Hazelton	WV
	Addison	PA

	FC LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	QCOL, Inc. / 213 Main St		burg, P	A 15459					STEM ID 6375		
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES 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 printed in block 1 (for example, tiers of services that include one or more secondary transmission with the number of subscribers and rates, in the right-hand block. A two- or three-word descript sufficient.							m, together ervice is			
	BLU	DCK 1 NO. OF	- 1				BLOCK	NO. OF	T		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEE	RVICE	SUBSCRIBERS	RAT		
	Residential:										
	Service to first set		579	\$37/mth							
	 Service to additional set(s) FM radio (if separate rate) 										
	Motel, hotel										
	Commercial										
	Converter			••••••							
	Residential										
	Non-residential										
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib nose services t e two exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charg tion and includ	ber) inform that are n ns: you d nished to usually b he cable stem furni le was ma le the rate	nation with resp ot offered in cor o not need to giv nonsubscribers. illed. If any rates system for each ished or offered ade or established	nbinatior ve rate ir Rate inf are cha of the a during th	n with any secon nformation conc ormation should rged on a varia pplicable service ne accounting p	ndary trans erning (1) s I include bo ble per-pro es listed. eriod that v	mission services oth the gram basis, vere not form of a			
	CATEGORY OF SERVICE	BLO RATE	-	ORY OF SERVI	<u> </u>	RATE		BLOCK 2 DRY OF SERVICE	RAT		
	Continuing Services:	NATE		tion: Non-resid		NATE	CATEGO	JAT OF SERVICE	. RAI		
	• Pay cable	\$82		el, hotel			нво		19.		
	Pay cable—add'l channel		• Com	imercial		\$250	Cinema	1X	16.0		
	Fire protection		•Pay	cable			Showti		10.9		
	 Burglar protection 			cable-add'l char	nnel		Starz E	ncore	7.:		
	Installation: Residential			protection			Starz		8.		
	• First set	\$75		lar protection							
	Additional set(s) EM radio (if concrete rate)			ervices:		¢00					
	 FM radio (if separate rate) Converter 			onnect onnect		\$30					
	Converter			et relocation		\$35/hr					
				e to new addres	S	\$35					

unting Period:	-			FORM SA1-2E. PA						
Name	LEGAL NAME OF OWNER O			SYSTEM 63						
		n St. Markleysburg, PA 15459		63						
	PRIMARY TRANSMITTERS:									
G	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]									
	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									
Primary ansmitters:	substitute program basis, as explained in the next paragraph.									
elevision	Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program									
		ules, regulations, or authorizations: e in space G—but do list it in space I (the	Special Statement and Program L	Log)—if the						
	• 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.									
	· · · · · · · · · · · · · · · · · · ·	also in space I, if the station was carried on concerning substitute basis stations, s								
		n's call sign. <i>Do not</i> report origination pro	-	-						
	"WETA-2" as the same on	d with a station according to its over-the-a the form.	air designation. For example, repo	ort multistream						
		el number the FCC assigned to the televi	sion station for broadcasting over	the air in its community						
		/RC is channel 4 in Washington, D.C. n case whether the station is a network st	ation, an independent station, or a	noncommercial						
		ering the letter "N" (for network), "N-M" (for								
	· · ·	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruct		onal multicast).						
	Column 4: Give the location	on of each station. For U.S. stations, list t	ne community to which the station	2						
	FCC. For Mexican or Cana	dian 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						
	KDKA	2	N	Pittsburgh, PA						
	KDKA-2	2-1	N-M	Pittsburgh, PA						
	KDKA-3	2.2	N-M	pittsburgh, PA						
ws as Necessary	WTAE	4	N	Pittsburgh, PA						
	WTAE-2	4.1	N-M	Pittsburgh, PA						
	WPGH	53	N	Pittsburgh, PA						
	WPGH-2	53-1	N-M	Pittsburgh, PA						
	WPGH-3	53-2	N-M	Pittsburgh, PA						
	WPXI	11	N	Pittsburgh, PA						
	WPXI-2	11-1	N-M	Pittsburgh, PA						
	WPXI-3	11-2	N-M	Pittsburgh, PA						
	WQED	13	E	Pittsburgh, PA						
	WQED-2	13-1	E-M	Pittsburgh, PA						
	WQED-3	13-2	E-M	Pittsburgh, PA						
	WGPT	36	E	Oakland, MD						
	WGPT-2	36-1	E-M	Oakland, MD						
	WGPT-3	36-2	E-M	Oakland, MD						
	WINP	16	N	Pittsburgh, PA						
	WPCW	19	N	Jeannette, PA						
	WPNT	22	N	Pittsburgh, PA						
	WPNT-2	22-2	N-M	Pittsburgh, PA						
	WPNT-3	22-3	N-M	Pittsburgh, PA						
		22-4	N-M	Pittsburgh, PA						
	WPNT-4									
	WPNT-4 WNPB	24	E	Morgantown, WV						
			E E-M	Morgantown, WV Worgantown, WV						
	WNPB	24								

ccounting Period:	2023/2			FORM SA1-2E. PAGE
Norma	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM II
Name	QCOL, Inc. / 213 Mai	n St. Markleysburg, PA 15459		6375
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	lentify every television station (including t em during the accounting period, except in effect on June 24, 1981, permitting the	(1) stations carried only on a part-time	basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61 substitute program basis, a	(e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s : With respect to any distant stations ca	(e)(2) and (4))]; and (2) certain station	ns carried on a
		rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis.	e Special Statement and Program Log	g)—if the
	basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eace educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the locati	also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the- the form. nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. th case whether the station is a network s tering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct on of each station. For U.S. stations, list adian stations, if any, give the name of th	see page (v) of the general instruction ogram services such as HBO, ESPN, air designation. For example, report in vision station for broadcasting over the tation, an independent station, or a no or network multicast), "I" (for independent "E-M" (for noncommercial educationant ctions in the paper SA1-2 form. the community to which the station is	is. etc. Identify each multistream e air in its community pncommercial dent), "I-M" al multicast). licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Accounting P			OTEM					FORM	M SA1-2E. PAGE 4.
LEGAL NAME OF QCOL, Inc. /			kleysburg, PA 15459						SYSTEM ID# 63750
 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. 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, 								H Primary Transmitters:	
on the basis of For detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If signal, indicate Column 4: C	monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Give the station	be recei it the Co sign of e the statio ion's sign g a check n's locatio	ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	s tr se	ystem's FM anten nis point, see pa ed by the cable s e station is licens	enna, during c ge (v) of the g system as a se sed by the FC	ertain st eneral ii eparate	ated intervals. nstructions in the. and discrete	Radio
				1					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
·									
							·		
					·				
				L					

Accounting Perio	d: 2023/2						FORM	A SA1-2E. PAGE 5.				
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#				
Name	QCOL, Inc. / 213 Main	St. Markle	eysburg, PA	15459				63750				
	SUBSTITUTE CARRIAGE	E: SPECIA		IT AND PROGRAM LOG								
Substitute	substitute basis during the a	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a 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 STATEMEN				- 3	<u></u> r						
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				
Frogram Log	Note: If your answer is "No		rest of this na	ne blank. If your answer is	"Ves " vou m	ust complete t						
	log in block 2.	, leave the	i est or triis pa	ge blattk. It your allswel is	res, you in	usi complete	ine progra					
	2. LOG OF SUBSTITUTE	PROGRA	MS									
	In General: List each subs	eral: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is you need more space, please add additional rows to the tables.										
	Column 1: Give the title	of every no	onnetwork telev	vision program ("substitute	program") th	at, during the	accounting	g				
	period, was broadcast by a under certain FCC rules, re											
	Do not use general catego	ries like "mo	ovies" or "bask	etball." List specific progra	m titles, for ex	kample, "I Lov	e Lucy" or	л.				
	"NBA Basketball: 76ers vs.	Bulls."										
				er "Yes." Otherwise enter " asting the substitute progr								
	Column 4: Give the broa	adcast stati	on's location (t	he community to which the	e station is lice		CC or, in					
	the case of Mexican or Car			community with which the stem carried the substitute			ith the mo	nth				
	first. Example: for May 7 gi		when your sys		program. Os							
				ogram was carried by your				ely				
	to the nearest five minutes stated as "6:00–6:30 p.m."		a program carr	led by a system from 6:01	: 15 p.m. to 6:	28:30 p.m. sno	buid be					
	Column 7: Enter the let	ter "R" if the		n was substituted for progr								
	to delete under FCC rules was substituted for prograr							ram				
	effect on October 19, 1976		,			and regulation						
						N SUBSTITU	тс					
	S	SUBSTITUT	E PROGRAM	l		AGE OCCUR		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. TIMI FROM —	ES TO	DELETION				
						_						
					·							
		+										
		+										
		+										
		+										
						_						
						_						
		1				_						

Accounting Period:	2023/2	FORM S/	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: QCOL, Inc. / 213 Main St. Markleysburg, PA 15459	S	+YSTEM ID 63750
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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.	ssion service mount, see	1,434.00 pss 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 than or equal to \$20 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	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for thi accounting period is \$52.00	s six-month	
	Line 1. Royalty fee for accounting period	\$	52.00 0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	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		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		
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 76650583699		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2023/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: QCOL, Inc. / 213 Main St. Markleysburg, PA 15459	SYSTEM ID# 63750
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . on which the cable system carried television broadcast stations and nonbroadcast services .	27 212
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Brian Frazee Telephone 7	724.329.1121 x103
	Address 213Main St. (Number, street, rural route, apartment, or suite number) Markleysburg, PA 15459 (City, town, state, zip)	
	Email bfrazee@qcol.net Fax (optional	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	m as identified
	X /s/ Brian Frazee Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Brian Frazee Title: President (Title 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.

AL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 8
OL, Inc. / 213 Main St. Markleysburg, PA 15459	6375
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 fol- lowing 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- scribers 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	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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
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	.00 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	.52
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	.52
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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.

Cable Worksheet		ble rksheet	Total amount of remittance	Number of SAs re	er of SAs rec'd Initials		
			Date of remittance	Check EFT	FILING FEES		
Cable ID #					Amount Initials		
Examined by		Reviewed by	Date examination completed	Allocation number			
Space A Accounting Period							
	🗌 Janu	ary 1 - June 30, 2017	[July 1 - December 31, 2017			
	Lette	er sent	[Information received			
	Acce	pted		Phone call/Date/Contact			
Space B Owner							
	Lette	er sent	[Information received			
	Acce	epted		Phone call/Date/Contact			
Space D Area Served							
	Lette	er sent	Γ	Information received			
	Acce	epted		Phone call/Date/Contact			
Space E Secondary Transission							
Service Subscribers:	Lette	er sent		Information received			
and Rates	Acce	pted		Phone call/Date/Contact			
Space G Primary Transmitters:							
Television	Lette	er sent		Information received			
	Acce	pted		Phone call/Date/Contact			
Space H Primary Transmitters:							
Radio	Acce	pted	Γ	Phone call/Date/Contact			

		Space I Substitute Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
✓ Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	