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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	2/6/2024	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	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				
	Instructions:			
В			iary of another corporation, give the full corp	porate title of
Owner	List any other name or names under whi	ch the owner conducts the business of the	e cable system.	
	-	e accounting period, only the owner on th ment covering the entire accounting peri	e last day of the accounting period should su iod.	bmit a single
	Check here if this is the system's first filin	ng. If not, enter the system's ID number a	ssigned by the Licensing Division.	63858
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	SVE Connect, LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)		
	Sequachee Valley Electric Coopera	ative		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	512 S Cedar Ave PO Box 3 (Number, street, rural route, apartment, or suite			
	South Pittsburg, TN 37380 (City, town, state, zip))		
	INSTRUCTIONS: In line 1, give any busi	ness 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			
	MAILING ADDRESS OF CABLE SYSTE	М:		
	2 (Number, street, rural route, apartment, or suite	number)		
	(City, town, state, zip code)			

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Nume	SVE Connect, LLC	63858
D	Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated communicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will see community." Please use it as the first community on all future filings.	nunities within unincorporated areas and including single, discrete rve as a form of system identification hereafter known as the "firs
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h city.	ome parks should be reported in parentheses below the identifier
	CITY OR TOWN	STATE
First	South Pittsburg	TN
Community	Pikeville	TN
	Whitwell	TN
dd Rows as Necessary	Dunlap	TN
	Kimball	TN
	Jasper	TN

	LEGAL NAME OF OWNER OF C	BIE SVOTEMA						FORM SA1	TEM IC
Name		ABLE SYSTEM:						313	6385
	SVE Connect, LLC								
Е	SECONDARY TRANSMISSION								
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period	, , ,	,		,				
Service: Sub-	Number of Subscribers: Both	n blocks in spa	ce E call	for the numb	er of subso	ribers to the ca	ble system	n, broken	
scribers and	down by categories of secondary			•		•			
Rates	each category by counting the n separately for the particular serv	•		•••		•		scharged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc								
	Block 1: In the left-hand block	•		•					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	ble service to	additiona	I sets would I	pe included	I in the count ur	nder "Servi	ce to the	
	first set" and would be counted o					ann dea that an	different	fue we there a	
	Block 2: If your cable system printed in block 1 (for example, t	0		,					
	with the number of subscribers a								
	sufficient.		0			•			
	BLC	DCK 1 NO. OF	· · ·				BLOC		
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		1,152	25.99					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	 Non-residential 								
	SERVICES OTHER THAN SEC		Nemice		c				
-	In General: Space F calls for rate					ll your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t	hose services	that are	not offered in	combinatio	on with any sec	ondary trai	nsmission	
Comilana	service for a single fee. There and	•			•		0 (,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		acaanj .			algou on a rui	anie hei h	egiani zaolo,	
ransmissions:	Block 1: Give the standard rat			•					
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip		,		ISNEU. LISI	these other ser		e ionn or a	
	CATEGORY OF SERVICE	BLO RATE	-	ORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:			tion: Non-res			UAILO		1041
	• Pay cable			el, hotel					
	• Pay cable—add'l channel			mercial					
	• Fire protection		•Pay						
	•Burglar protection		-	cable-add'l cl	hannel				
	Installation: Residential		-	protection					
	• First set			lar protection	1				
	 Additional set(s) 		Other s	-					
	• FM radio (if separate rate)		• Reco	onnect					
	• Converter		• Disc	onnect					
	0011101101			onnoot					
				et relocation					

unting Period: 2	2023/2				FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM ID
	SVE Connect, LLC				63858
G Primary ansmitters: Felevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, With Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ntify every television station (including the n during the accounting period, <i>except</i> in n effect on June 24, 1981, permitting the ()(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. : With respect to any distant stations ca les, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. Ilso in space I, if the station was carried n concerning substitute basis stations, s i's call sign. <i>Do not</i> report origination pr I with a station according to its over-the-	(1) stations carried only on a part-time e carriage of certain network program 1(e)(2) and (4))]; and (2) certain statio irried by your cable system on a subst e Special Statement and Program Lo both on a substitute basis and also o see page (v) of the general instructior rogram services such as HBO, ESPN -air designation. For example, report vision station for broadcasting over the station, an independent station, or a me for network multicast), "I" (for indepen r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station is	e basis under ns [sections ons carried on a titute program g)—if the on some other ns. I, etc. Identify each multistream e air in its community oncommercial ident), "I-M" nal multicast).	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION C	OF STATION
	WRCB	3	N	CHATTANOOGA,TN	
	WTCI	5	Е	CHATTANOOGA,TN	
s as Necessary	WFLI	6	N-M	CHATTANOOGA,TN	
	WTVC FOX HD	7	N-M	CHATTANOOGA,TN	
	WTVC MYTV	8	N-M	CHATTANOOGA,TN	
	WTVC ABC HD	9	N	CHATTANOOGA,TN	
	WDEF	12	N	CHATTANOOGA,TN	
	WDEF.2	165	N-M	CHATTANOOGA,TN	
	WFLI.2	167	N-M	CHATTANOOGA,TN	
	WDEF.3	169	N-M	CHATTANOOGA,TN	
	WTVC.4	170	N-M	CHATTANOOGA,TN	
	WDEF	171	N-M	CHATTANOOGA,TN	
	WTVC	172	N-M	CHATTANOOGA,TN	

EGAL NAME OF SVE Connec								SYSTEM I 638
	-, = - -							030
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to ormation abou m. entify the call tate whether t the radio stati this by placing	y the sys be recei t the Co sign of e he statio on's sigr g a check	-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. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which th	t the system's hea system's FM ante his point, see pag his point, see pag ed by the cable s	adend, and (2) nna, during ce ge (v) of the ge ystem as a se) it can b ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
lexican or Can	adian stations	s, if any,	the community with which the	station is identifie	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		·						

Accounting Perio	d: 2023/2						FOR	M SA1-2E. PAGE 5
Nome	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	SVE Connect, LLC							63858
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	ì			
I	In General: In space I, identi substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or auth	orizations.	For a further
Substitute Carriage:	explanation of the programm	-			e general instru	actions in the	paper SAT-	2 101111.
Special	1. SPECIAL STATEMENT							
Statement and	During the accounting per		r cable system	carry, on a substitute bas	is, any nonne	twork televisi		X
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mi	ust complete	the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE			ta lina. Llas abbraviations	wherever	aible if their	meening is	
	In General: List each subst clear. If you need more spa				wherever pos	sidle, il their	meaning is	6
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	guiations, o ies like "mo	vies" or "baske	s. See page (V) of the gen tball " List specific progra	eral instructio	ns for further	information	n.
	"NBA Basketball: 76ers vs.	Bulls."		"Yes." Otherwise enter "			o _uoj o.	
		•		sting the substitute progra				
	the case of Mexican or Can			e community to which the			-CC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your				ely
	stated as "6:00–6:30 p.m."		i program cam		10 p.m. to 0.2	.0.00 p.m. 3n		
				was substituted for progr				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa			ind regulation		
	s	UBSTITUT	E PROGRAM			EN SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI	MES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
					-		-	
					-		-	
					-		-	
					.		-	
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		+			• +			
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					-			
					-		-	
							-	
							-	

ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:				A1-2E. PAGE
Name	SVE Connect, LLC				6385
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (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.	stem's sec of how to	condary transmi compute this a	ission service mount, see	9,640.00
	IMPORTANT: You must complete a statement in space P concerning gross rec			•	ross 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 bit Use block 3 if the amount of gross receipts in space K is more than \$263,800 bit See page (vi) of the general instructions located in the paper SA1-2 form for more information of the space of t	ut less tha	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty f accounting period is \$52.00	fee that you	u must pay for th	is six-month	
	Line 1. Royalty fee for accounting period				
					0.00
	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 line	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	ore than \$137,1	100)	
	1. Base amount under statutory formula	\$	263,800.00	-	
	2. Enter amount of gross receipts from space K		179,640.00	-	
	3. Subtract line 2 from line 1	\$	84,160.00	-	
	4. Enter the amount of gross receipts from space K			179,640.00	
	5. Enter the amount from line 3		\$	84,160.00	
	6. Subtract line 5 from line 4		\$	95,480.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	477.40
	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 a	and 8		\$	477.40
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263.	800 (but I	less than \$527	600)	
		000 (but i		,0007	
	1. Enter the amount of gross receipts from space K			-	
	2. Base amount under statutory formula	\$	263,800.00	-	
	3. Subtract line 2 from line 1			-	
	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)		. \$	477.40	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \dots		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	497.40
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-				hts!
	1.0 0				

Accounting Period:	2023/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SVE Connect, LLC	SYSTEM ID# 63858
M	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.	i
	1. Enter the total number of channels on which the cable system carried television broadcast stations	13
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	. 30
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 Terri K. Firestein Telephone	301-788-6889
	Address 10806 Garrison Hollow Rd (Number, street, rural route, apartment, or suite number) Clear Spring, MD 21722 (City, town, state, zip)	
	Email tfireccg@myactv.net Fax (optional	
•	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• 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
	X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.	ner of the cable system
	 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)] 	
	X /s/ Terri K. Firestein	-
	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: Terri K. Firestein	
	Title: Sr. Director Regulatory Compliance (Title of official position held in corporation or partnership)	
	Date: February 6, 2024	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
E Connect, LLC	6385
 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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
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
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q 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.	
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	
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
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	
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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	

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