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

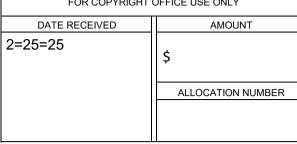
Return completed workbook by email to:

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

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coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2024-2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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	
		FBN Indiana, Inc.	
		FBN Indiana, Inc.	
		FBN Indiana, Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		FBN Indiana, Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) NITCO	
		FBN Indiana, Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) NITCO MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		FBN Indiana, Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) NITCO MAILING ADDRESS OF OWNER OF CABLE SYSTEM P O Box 461 (Number, street, rural route, apartment, or suite number) Hebron In 46341	
		FBN Indiana, Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) NITCO MAILING ADDRESS OF OWNER OF CABLE SYSTEM P O Box 461 (Number, street, rural route, apartment, or suite number) Hebron In 46341 (City, town, state, zip)	
С		FBN Indiana, Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) NITCO MAILING ADDRESS OF OWNER OF CABLE SYSTEM P O Box 461 (Number, street, rural route, apartment, or suite number) Hebron In 46341	
C System	names	FBN Indiana, Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) NITCO MAILING ADDRESS OF OWNER OF CABLE SYSTEM P O Box 461 (Number, street, rural route, apartment, or suite number) Hebron In 46341 (City, town, state, zip) TRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the	
-		FBN Indiana, Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) NITCO MAILING ADDRESS OF OWNER OF CABLE SYSTEM P O Box 461 (Number, street, rural route, apartment, or suite number) Hebron In 46341 (City, town, state, zip) TRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the es already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
-	names	FBN Indiana, Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) NITCO MAILING ADDRESS OF OWNER OF CABLE SYSTEM P O Box 461 (Number, street, rural route, apartment, or suite number) Hebron In 46341 (City, town, state, zip) TRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless thes already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space E IDENTIFICATION OF CABLE SYSTEM:	
-	names 1	FBN Indiana, Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) NITCO MAILING ADDRESS OF OWNER OF CABLE SYSTEM P O Box 461 (Number, street, rural route, apartment, or suite number) Hebron In 46341 (City, town, state, zip) RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless thes already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B IDENTIFICATION OF CABLE SYSTEM: Rensselaer System	
-	names	FBN Indiana, Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) NITCO MAILING ADDRESS OF OWNER OF CABLE SYSTEM P O Box 461 (Number, street, rural route, apartment, or suite number) Hebron In 46341 (City, town, state, zip) RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless thes already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B IDENTIFICATION OF CABLE SYSTEM: Rensselaer System	
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-	names 1	FBN Indiana, Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) NITCO MAILING ADDRESS OF OWNER OF CABLE SYSTEM P O Box 461 (Number, street, rural route, apartment, or suite number) Hebron In 46341 (City, town, state, zip) TRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B IDENTIFICATION OF CABLE SYSTEM: Rensselaer System MAILING ADDRESS OF CABLE SYSTEM:	

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	FBN Indiana, Inc.	4039
	Instructions: List each separate community served by the cable system. A "d	
D	separate and distinct community or municipal entity (including unincorporal unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or	ted communities within unincorporated areas and including single, discrete st will serve as a form of system identification hereafter known as the "first
Served	city.	
	CITY OR TOWN	STATE
First	Rensselaer	IN
Community	Jasper County	IN
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
Name	FBN Indiana, Inc.						403	
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 different from those							
	printed in block 1 (for example, ti with the number of subscribers a sufficient.	iers of services and rates, in the	ore secondary transmission	ons), list them, to ion of the service	ogether			
	BLC	OCK 1 NO. OF	-		BLOCK 2	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		CATEGORY OF SE	RVICE S	UBSCRIBERS	RATE	
	Residential: • Service to first set		488 51.95					
	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 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.							
		BLO	•			BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEGORY OF SER		CATEGORY	OF SERVICE	RATE	
	Continuing Services: Pay cable	90.00	• Motel, hotel	dentia	Pay cable	Add'l Ch	12.9	
	• Pay cable—add'l channel	101.00	Commercial		Pay cable		10.9	
	Fire protection		• Pay cable		Pay cable		13.9	
	•Burglar protection		 Pay cable-add'l ch 	annel	Pay cable		19.9	
	Installation: Residential		Fire protection		Pay cable		12.9	
	First set	125.00	Burglar protection		Pay cable	AddiCh	9.9	
	 Additional set(s) 		Other services:					
	. ,		• Reconnect					
	• FM radio (if separate rate)	10.95	Reconnect Disconnect					
	. ,	10.95	 Reconnect Disconnect Outlet relocation 					

iting Period: 2	2024-2			FORM SA1-2E. PAG				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
	FBN Indiana, Inc.							
	PRIMARY TRANSMITTERS:							
G	carried by your cable system	entify every television station (including tr m during the accounting period, <i>except</i> (1) stations carried only on a part-tin	ne basis under				
Primary	5	n effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61		-				
nsmitters: elevision		s explained in the next paragraph. : With respect to any distant stations car	ried by your cable system on a sub	stitute program				
	basis under specific FCC ru	les, regulations, or authorizations: e in space G—but do list it in space I (the						
	station was carried only on	a substitute basis.	, v					
		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 d with a station according to its over-the-a						
	"WETA-2" as the same on	the form.						
	of license. For example, W	el number the FCC assigned to the telev RC is channel 4 in Washington, D.C.	C C					
		case whether the station is a network st ring the letter "N" (for network), "N-M" (for						
	(for independent multicast),	"E" (for noncommercial educational), or	"E-M" (for noncommercial educatio					
		erms, see page (iv) of the general instruc n of each station. For U.S. stations, list t		s licensed by the				
	FCC. For Mexican or Cana	dian stations, if any, give the name of the	e community with which the station i	is identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WBBM	2.1	N	Chicago IL				
	WMAQ	5.1	N	Chicago IL				
ws as Necessary	WLS	7.1	N	Chicago IL				
	WGN	9.1	<u>I</u>	Chicago IL				
	WTTW	11.1	E	Chicago IL				
	WNDU	16.1	I	South Bend IN				
	WLFI	18.1	I	LaFayette IN				
	WCIU	26.1	I	Chicago IL				
	WCPX							
		38.1	<u>I</u>	Chicago IL				
	WSNS	38.1 44.1	<u> </u>					
			 	Chicago IL				
	WSNS	44.1	 E	Chicago IL Chicago IL				
	WSNS WPWR	44.1 50.1	 	Chicago IL Chicago IL Chicago IL				
	WSNS WPWR WYIN	44.1 50.1 56.1	 E N-M	Chicago IL Chicago IL Chicago IL Gary IN				
	WSNS WPWR WYIN WJYS	44.1 50.1 56.1 62.1	I	Chicago IL Chicago IL Chicago IL Gary IN Chicago IL				
	WSNS WPWR WYIN WJYS WBBM-2.2	44.1 50.1 56.1 62.1 2.2	l N-M	Chicago IL Chicago IL Chicago IL Gary IN Chicago IL Chicago IL				
	WSNS WPWR WYIN WJYS WBBM-2.2 WMAQ-5.2	44.1 50.1 56.1 62.1 2.2 5.2	I N-M N-M	Chicago IL Chicago IL Chicago IL Gary IN Chicago IL Chicago IL Chicago IL				
	WSNS WPWR WYIN WJYS WBBM-2.2 WMAQ-5.2 WLS-7.2	44.1 50.1 56.1 62.1 2.2 5.2 7.2	I N-M N-M N-M	Chicago IL Chicago IL Chicago IL Gary IN Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL				
	WSNS WPWR WYIN WJYS WBBM-2.2 WMAQ-5.2 WLS-7.2 WGN-9.2	44.1 50.1 56.1 62.1 2.2 5.2 7.2 9.2	I N-M N-M I-M	Chicago IL Chicago IL Chicago IL Gary IN Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL				
	WSNS WPWR WYIN WJYS WBBM-2.2 WMAQ-5.2 WLS-7.2 WGN-9.2 WGN-9.3	44.1 50.1 56.1 62.1 2.2 5.2 7.2 9.2 9.3	I N-M N-M N-M I-M I-M	Chicago IL Chicago IL Chicago IL Gary IN Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL				
	WSNS WPWR WYIN WJYS WBBM-2.2 WMAQ-5.2 WLS-7.2 WGN-9.2 WGN-9.3 WTTW-11.2	44.1 50.1 56.1 62.1 2.2 5.2 7.2 9.2 9.3 11.2	I N-M N-M I-M I-M E-M	Chicago IL Chicago IL Chicago IL Gary IN Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL				
	WSNS WPWR WYIN WJYS WBBM-2.2 WMAQ-5.2 WLS-7.2 WGN-9.2 WGN-9.3 WTTW-11.2 WTTW-11.3	44.1 50.1 56.1 62.1 2.2 5.2 7.2 9.2 9.3 11.2 11.3	I N-M N-M I-M I-M E-M E-M	Chicago IL Chicago IL Chicago IL Gary IN Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL				

ng Period: 2	2024-2			SYSTEM I				
ame	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
	FBN Indiana, Inc.							
	PRIMARY TRANSMITTERS:							
G mary	carried by your cable syste FCC rules and regulations	entify every television station (including tra m during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61() stations carried only on a part-tin carriage of certain network program	ne basis under ms [sections				
mitters: vision	substitute program basis, a Substitute Basis Stations	s explained in the next paragraph. With respect to any distant stations carr ules, regulations, or authorizations:						
	• Do not list the station her station was carried only on	e in space G—but do list it in space I (the a substitute basis.						
	basis. For further information Column 1: List each station	also in space I, if the station was carried b on concerning substitute basis stations, se n's call sign. <i>Do not</i> report origination pro	ee page (v) of the general instruction gram services such as HBO, ESPI	ons. N, etc. Identify each				
	"WETA-2" as the same on Column 2: Give the chann	el number the FCC assigned to the televis	.					
		/RC is channel 4 in Washington, D.C. n case whether the station is a network state	ation, an independent station, or a	noncommercial				
	educational station, by ente	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or "	r network multicast), "I" (for indepe	endent), "I-M"				
	For the meaning of these te	erms, see page (iv) of the general instruct	ions in the paper SA1-2 form.					
		on of each station. For U.S. stations, list the dian stations, if any, give the name of 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				
	WCIU-26.2	26.2	I-M	Chicago IL				
as Necessary	WCIU-26.2	26.2	I-M	Chicago IL				
as Necessary	WCIU-26.2 WCIU-26.3	26.2 26.3	I-M	Chicago IL Chicago IL				
as Necessary	WCIU-26.2 WCIU-26.3 WCIU-26.4	26.2 26.3 26.4	I-M I-M I-M	Chicago IL Chicago IL Chicago IL Chicago IL				
as Necessary	WCIU-26.2 WCIU-26.3 WCIU-26.4 WCIU-26.5	26.2 26.3 26.4 26.5	I-M I-M I-M I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL				
as Necessary	WCIU-26.2 WCIU-26.3 WCIU-26.4 WCIU-26.5 WJYS-62.2	26.2 26.3 26.4 26.5 62.2	I-M I-M I-M I-M I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL				
as Necessary	WCIU-26.2 WCIU-26.3 WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3	26.2 26.3 26.4 26.5 62.2 62.3	I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL				
as Necessary	WCIU-26.2 WCIU-26.3 WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4	26.2 26.3 26.4 26.5 62.2 62.3 62.4	I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL				
as Necessary	WCIU-26.2 WCIU-26.3 WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2	26.2 26.3 26.4 26.5 62.2 62.3 62.4 38.2	I-M I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL Chicago IL				
as Necessary	WCIU-26.2 WCIU-26.3 WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.3	26.2 26.3 26.4 26.5 62.2 62.3 62.4 38.2 38.3	I-M I-M I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL				
as Necessary	WCIU-26.2 WCIU-26.3 WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.3 WCPX-38.4	26.2 26.3 26.4 26.5 62.2 62.3 62.4 38.2 38.3 38.4	I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL				
as Necessary	WCIU-26.2 WCIU-26.3 WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.3 WCPX-38.4 WCPX-38.5	26.2 26.3 26.4 26.5 62.2 62.3 62.4 38.2 38.3 38.4 38.5	I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL				
as Necessary	WCIU-26.2 WCIU-26.3 WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.3 WCPX-38.4 WCPX-38.5 WFLD-32.1	26.2 26.3 26.4 26.5 62.2 62.3 62.4 38.2 38.3 38.4 38.5 32.1	I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL				
as Necessary	WCIU-26.2 WCIU-26.3 WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.3 WCPX-38.4 WCPX-38.5 WFLD-32.1 WYIN-56.2	26.2 26.3 26.4 26.5 62.2 62.3 62.4 38.2 38.3 38.4 38.5 32.1 56.2	I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL				
as Necessary	WCIU-26.2 WCIU-26.3 WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.3 WCPX-38.4 WCPX-38.5 WFLD-32.1 WYIN-56.2 WLFI-18.2	26.2 26.3 26.4 26.5 62.2 62.3 62.4 38.2 38.3 38.4 38.5 32.1 56.2 18.2	I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL Lafayette IN				
as Necessary	WCIU-26.2 WCIU-26.3 WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.3 WCPX-38.4 WCPX-38.5 WFLD-32.1 WYIN-56.2 WLFI-18.2 WBBM-2.3	26.2 26.3 26.4 26.5 62.2 62.3 62.4 38.2 38.3 38.4 38.5 32.1 56.2 18.2 2.3	I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL				
as Necessary	WCIU-26.2 WCIU-26.3 WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.3 WCPX-38.4 WCPX-38.5 WFLD-32.1 WFLD-32.1 WYIN-56.2 WLFI-18.2 WBBM-2.3 WBBM-2.4	26.2 26.3 26.4 26.5 62.2 62.3 62.4 38.2 38.3 38.4 38.5 32.1 56.2 18.2 2.3 2.4	I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL				
as Necessary	WCIU-26.2 WCIU-26.3 WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.4 WCPX-38.4 WCPX-38.5 WFLD-32.1 WFLD-32.1 WFLD-32.1 WFLD-32.1 WFLD-32.1 WFLD-32.1 WFLD-32.1 WFLD-32.1 WFLD-32.1 WFLD-32.1	26.2 26.3 26.4 26.5 62.2 62.3 62.4 38.2 38.3 38.4 38.5 32.1 56.2 18.2 2.3 2.4 2.5	I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL				
as Necessary	WCIU-26.2 WCIU-26.3 WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.3 WCPX-38.4 WCPX-38.5 WFLD-32.1 WYIN-56.2 WLFI-18.2 WBBM-2.3 WBBM-2.4 WBBM-2.5 WLFD	26.2 26.3 26.4 26.5 62.2 62.3 62.4 38.2 38.3 38.4 38.5 32.1 56.2 18.2 2.3 2.4 2.5 32.1	I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	Chicago IL Chicago IL				
as Necessary	WCIU-26.2 WCIU-26.3 WCIU-26.4 WCIU-26.5 WJYS-62.2 WJYS-62.3 WJYS-62.4 WCPX-38.2 WCPX-38.2 WCPX-38.4 WCPX-38.5 WFLD-32.1	26.2 26.3 26.4 26.5 62.2 62.3 62.4 38.2 38.3 38.4 38.5 32.1 56.2 18.2 2.3 2.4 2.5 32.1 9.4	I-M I I I I-M I I I-M	Chicago IL Chicago IL				

Accounting P							FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF FBN Indiana		CABLE S	YSTEM:					SYSTEM ID# 4039
	, 110.							403:
	t every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing	y the sys be recei t the Co sign of e he statio ion's sign g a check	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. n is AM or FM. hal was electronically process k mark in the "S/D" column.	at the system's he system's FM ante this point, see pa this point, see pa sed by the cable s	adend, and (2 enna, during ce ge (v) of the ge system as a se) it can l ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters: Radio
			on (the community to which th the community with which the			C or, in f	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					 			

Accounting Perio	d: 2024-2					FOR	M SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	FBN Indiana, Inc.						4039
					_		
	SUBSTITUTE CARRIAGE						
•	In General: In space I, identi substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMENT				ie general mear		
Special	During the accounting per				sis anv nonne	twork television program	n
Statement and	broadcast by a distant star			ourry, on a substitute ba	bio, any nonne		
Program Log	broadcast by a distant sta	uon?				YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	։ "Yes," you mւ	ust complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst				wherever pos	sible, if their meaning is	6
	clear. If you need more spa Column 1: Give the title				program") the	t during the accounting	,
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categor		vies" or "baske	tball." List specific progra	im titles, for ex	ample, "I Love Lucy" or	
	"NBA Basketball: 76ers vs.			")/ " Othermuine entern	(NI - 7		
	Column 2: If the program Column 3: Give the call						
	Column 4: Give the broa					nsed by the FCC or, in	
	the case of Mexican or Can						
	Column 5: Give the mor		when your syst	em carried the substitute	program. Use	numerals, with the mor	nth
	first. Example: for May 7 giv					1	
	Column 6: State the time to the nearest five minutes.						ely
	stated as "6:00–6:30 p.m."		i piogram cam	ed by a system nom 0.01	. 15 p.m. to 0.2	.o.ou p.m. should be	
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for prog	ramming that y	our system was <i>require</i>	d
	to delete under FCC rules a						am
	was substituted for program		our system wa	s permitted to delete und	er FCC rules a	nd regulations in	
	effect on October 19, 1976.						
					WHF	N SUBSTITUTE	
	s	UBSTITUT	E PROGRAM			AGE OCCURRED	7. REASON FOR
	1. 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 — TO	
		_				_	
						_	
		+	1				
		+	<u> </u>				.+
		+					
						_	
		<u>†</u>	1				
		+				—	.+
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1						—	

Accounting Period:	2024-2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FBN Indiana, Inc.		S	YSTEM ID# 4039
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amou all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary transmi compute this a	ssion service mount, see	5,954.00 oss 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 tha • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less tha See page (vi) of the general instructions located in the paper SA1-2 form for more information.	n \$527,600	63,800	
	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 that yo accounting period is \$52.00 Line 1. Royalty fee for accounting period		is six-month	
	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 LESS (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	155,954.00		
	3. Subtract line 2 from line 1	107,846.00		
	4. Enter the amount of gross receipts from space K	.\$ 1	155,954.00	
	5. Enter the amount from line 3	\$	107,846.00	
	6. Subtract line 5 from line 4	\$	48,108.00	
	7. Multiply line 6 by .005 (enter figure here)		\$	240.54
	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		\$	240.54
	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	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			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6.			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	240.54	
Total Remittance 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		\$	260.54
	Important: Your remittance must be in the form of an electronic payment payal See page i of the general instructions in the paper SA1-2 form for			hts!

Accounting Period:	2024-2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF	OWNER OF CABLE SYSTEM: Inc.			SYSTEM ID# 4039
M Channels	to its subscrit 1. Enter the t system car 2. Enter the t on which th	bers, and (2) the cable system's to otal number of channels on which ried television broadcast stations otal number of activated channels he cable system carried television	5	accounting period.	37 131
N Individual to Be Contacted		TO BE CONTACTED IF FURTHE ct about this statement of account	ER INFORMATION IS NEEDED (Identify an i t.)	ndividual to whom	
for Further Information	Name	Eric Galbreath		Telephone 219-8	66-7101
	Address	P O Box 41 (Number, street, rural route, apartme Hebron, In. 46341 (City, town, state, zip)	ent, or suite number)		
	Email	egalbreath@nitco	o.com	Fax (optional 219-866-5785	
O Certification	I, the undersig (Ow (Age X (Of I have examinare true, com	ned, hereby certify that (Check one ner other than corporation or par ent of owner other than corporatio in line 1 of space B and that the ficer or partner) I am an officer (if a in line 1 of space B. ed the statement of account and he	st be certified and signed in accordance with (e, <i>but only one</i> , of the boxes.) rtnership) I am the owner of the cable system (ion or partnership) I am the duly authorized ag owner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of t ereby declare under penalty of law that all stater knowledge, information, and belief, and are ma	as identified in line 1 of space B; or gent of the owner of the cable system as the legal entity identified as owner of the ments of fact contained herein	
		E Typed or printed n	X /s/ Eric Galbreath Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/ mame: Eric Galbreath VP of Rensselaer Operations		
			of official position held in corporation or partnership)	02-25-2025	

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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
I Indiana, Inc.	403
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. Name Mailing Address	P Special Statement Concerning Gross Receipts Exclusion
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	·····
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x	_
	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x days 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 \$ - -	_
x	
x days 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 \$ - -	
x	
x	
x	
x	
x	
x	
x	

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		Total amount of remittance	Initials			
			Date of remittance	Check EFT		G FEES
Cable ID #					Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	🗆 Janua	ary 1 - June 30, 2017		July 1 - December 31, 2017		
	🗆 Letter	r sent		Information received		
		oted		Phone call/Date/Contact		
Space B Owner						
	🗆 Letter	r sent		Information received		
		oted		Phone call/Date/Contact		
Space D Area Served						
	🗆 Letter	r sent		Information received		
		oted		Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	🗆 Letter	r sent		Information received		
and Rates		oted		Phone call/Date/Contact		
Space G Primary Transmitters:						
Television		r sent		Information received		
		oted		Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio	□ Accep	oted	C	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 Fee
□ 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	