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							
AMOUNT							
\$ ALLOCATION NUMBER							

Return completed workbook by email to:

coplicsoa@copyright.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))						
		2024/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		20242 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 CHARLED WALL THE APPRECA OF CARLE OVERTER						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	KALIDA TELEPHONE COMPANY INC							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	PO BOX 267 (Number, street, rural route, apartment, or suite number)							
		KALIDA, OH 45853 (City, town, state, zip)						
		tony, rown, state, zp)						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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		IDENTIFICATION OF CABLE SYSTEM:						
- Cyololii	1	IDEAN IGATION OF GALLETINE						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or suite number)						
		(City, town, state, zip code)						
	•							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2024/2	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	KALIDA TELEPHONE COMPANY INC	63229
	Instructions: List each separate community served by the cable system. A "communi	
D	separate and distinct community or municipal entity (including unincorporated community or municorporated 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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nunities within unincorporated areas and including single, discrete ve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	KALIDA	OH
Community	GREENSBURG TWP	OH
	JACKSON TWP	OH
Add Rows as Necessary	JENNINGS TWP	OH
	PERRY TWP	OH
	SUGAR CREEK TWP	OH
	UNION TWP	OH

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63229

KALIDA TELEPHONE COMPANY INC

E

Secondary Transmission Service: Subscribers 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, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	520	95.20	IPTV	355	106.00		
 Service to additional set(s) 							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
		T			T		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	10.99	Motel, hotel		EXPANDED BASIC	2.25
 Pay cable—add'l channel 	18.99	Commercial		DIGITAL EXPANDED	10.50
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set	24.50	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		 Move to new address 			

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63229

4. LOCATION OF STATION

KALIDA TELEPHONE COMPANY INC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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

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

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

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

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

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

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

2. B'CAST CHANNEL NUMBER

WBGU 27 Ε **BOWLING GREEN - LIMA, OH WBGU** 27.2 E-M **BOWLING GREEN - LIMA. OH WBGU BOWLING GREEN - LIMA, OH** 27.3 E-M WLIO 8.1 Ν LIMA, OH WOHL 8.2 LIMA, OH ı **WLQP** 35.1 Ν LIMA, OH **WLMO** 35.2 Ν LIMA, OH WTLW 44 LIMA, OH Т WTLW 44.2 I-M LIMA, OH WTOL 11 Ν TOLEDO, OH

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

KALIDA TELEPHONE COMPANY INC

63229

PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

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

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

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

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

CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF S NONE NON	
NONE	TATION

Accounting Day's	d. 2024/2						F05	M CA1 OF DAGE 5
Accounting Perio	d: 2024/2 LEGAL NAME OF OWNER OF (CABLE SYST	EM:				FOR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	KALIDA TELEPHONE							63229
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, repont use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call second the case of Mexican or Can	fy every non- counting pe- ing that muse CONCER iod, did you- cion? ', leave the EPROGRA itute progra- ce, please a of every no- distant stat gulations, oo- ies like "mo Bulls." n was broad sign of the siddcast staticadian statica	L STATEMEN Intervork televis eriod, under spe et be included in NING SUBST r cable system rest of this pag MS Im on a separa add additional in nnetwork telev ion authorization vies" or "baske dcast live, ente station broadca on's location (the ons, if any, the	cition program, broadcast by secific present and former FC this log, see page (v) of the ITUTE CARRIAGE acarry, on a substitute base ge blank. If your answer is the line. Use abbreviations rows to the tables. Is ision program ("substitute bur cable system substitute bur cable system substitute system substitute actions. See page (v) of the general strains of the substitute program of the substitute program of the community to which the	a distant statio CC rules, regula e general instru is, any nonnet "Yes," you mu wherever pos program") tha ad for the prog eral instruction m titles, for exa No." am. e station is lice station is iden	titions, or authoritions in the provided in th	on program YES the program meaning is accounting inother station of Lucy" or	n carried on a For a further 2 form. NO m
	first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE SUBSTITUTE PROGRAM WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FOR							
	1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY FROM TO						DELETION	

Accounting Period:	2024/2				SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: KALIDA TELEPHONE COMPANY INC				SYSTEM ID 6322
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 s	secondary transm to compute this a	nission service amount, see	
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 in	but less th	nan \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	you must pay for t	his 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 li	nes 1 and 2	2	- <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,1	00)	
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	Enter the amount of gross receipts from space K		- <u></u>		
	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 \$26:				
	BLOCK 3. GROSS RECEIFTS OF MORE THAN \$20.	5,000 (bui	liess than \$527	,600)	
	Enter the amount of gross receipts from space K	\$	522,518.94		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	258,718.94		
	4. Multiply line 3 by .01		\$	2,587.19	
	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		\$	3,906.19
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and					
otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,906.19	
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			\$	3,926.19
	EFT Trace # or TRANSACTION ID #	27	7LO7GKT		
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2024/2				FORM SA1-2E. PAGE 7.		
Name		WNER OF CABLE SYSTEM: HONE COMPANY INC			SYSTEM ID# 63229		
M Channels	to its subscriber	s, and (2) the cable system's I number of channels on whic	of channels on which the cable system carried te total number of activated channels during the ac ch the cable		8		
	on which the	I number of activated channe cable system carried television deast services	on broadcast stations		47		
N Individual to Be Contacted		BE CONTACTED IF FURTI	HER INFORMATION IS NEEDED (Identify an indunt.)	lividual to whom			
for Further Information	Name	Dave Hunt		Telephone	419-532-3218		
	Address	121 E. Main Street, P (Number, street, rural route, aparts Kalida, OH 45853					
	Email	(City, town, state, zip) daveh@kalidate	el.com	Fax (optional 419-532-330	00		
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)						
Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)						
			oartnership) I am the owner of the cable system as				
			ation or partnership) I am the duly authorized ager ne owner is not a corporation or partnership; or	nt of the owner of the cable s	ystem as identified		
		er or partner) I am an officer (in line 1 of space B.	(if a corporation) or a partner (if a partnership) of the	e legal entity identified as own	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/ Dave Hunt				
			Enter an electronic signature on the line above to ce Enter signature using an "/s/ signature" (e.g., /s/ Jo				
		Typed or printed	d name: Dave Hunt				
		Title:	Treasurer (itle of official position held in corporation or partnership)				
		Date:		2-18-2025			

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FORM SA1-2E. PAGE 8 Accounting Period: 2024/2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 63229 KALIDA TELEPHONE COMPANY INC SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement Concerning Gross** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Receipts Exclusion** For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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

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First community served Accounting period