This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

# SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
02/26/2025	\$				
	ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Ronan Telephone Company
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM  312 Main St SW
		(Number, street, rural route, apartment, or suite number)  Ronan, MT 59864
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM:
	•	Ronan 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 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 filing, a determination that would be made by a court of law.

		FORM SA1-2E. PAGI						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I						
Nume	Ronan Telephone Company 6337							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holidentified city.	ome parks should be reported in parentheses below the						
	CITY OR TOWN	STATE						
First Community	Ronan	MT						
d Rows as Necessary								
a nows as inecessary								

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63377

## Ronan Telephone Company

Ε

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	124	47.40				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel	18	1,998.00				
Commercial						
Converter						
Residential						
Non-residential						
		T 1				

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		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	50.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	24.95	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	50.00		
Converter		Disconnect			
		Outlet relocation	50.00		
		Move to new address	50.00		

nting Period:	2024/2			FORM SA1-2E	E. PAGE 3			
N	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYST	TEM ID#			
Name	Ronan Telephone C	ompany			63377			
	PRIMARY TRANSMITTERS	: TELEVISION						
•		dentify every television station (including t						
G		em during the accounting period, except in effect on June 24, 1981, permitting the	• •					
Primary	<u> </u>	(e)(2) and (4), or 76.63 (referring to 76.61						
Transmitters: Television		as explained in the next paragraph.	mind by your pable systems as a	u la atitu da coma sua sua				
		<ul><li>with respect to any distant stations can rules, regulations, or authorizations:</li></ul>	med by your cable system on a s	substitute program				
	Do not list the station he	ere in space G—but do list it in space I (th	e Special Statement and Progra	m Log)—if the				
	station was carried <i>only</i> of	on a substitute basis. d also in space I, if the station was carried	I hoth on a substitute basis and a	lso on some other				
	basis. For further informat	tion concerning substitute basis stations,	see page (v) of the general instru	ictions.				
		on's call sign. <i>Do not</i> report origination pred with a station according to its over-the-	_	•				
	"WETA-2" as the same or	•	-all designation. Tot example, re	port mulistream				
		nel number the FCC assigned to the telev	vision station for broadcasting ov	er the air in its community				
		VRC is channel 4 in Washington, D.C. ch case whether the station is a network s	station, an independent station, o	r a noncommercial				
	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.							
	(for independent multicas	t), "E" (for noncommercial educational), or	r "E-M" (for noncommercial educ					
	(for independent multicast For the meaning of these	t), "E" (for noncommercial educational), or	r "E-M" (for noncommercial educ ctions in the paper SA1-2 form.	ational multicast).				
	(for independent multicast For the meaning of these <b>Column 4:</b> Give the locat	t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc	r "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the statio	ational multicast). on is licensed by the				
	(for independent multicast For the meaning of these <b>Column 4:</b> Give the locat	t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list t	r "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the statio	ational multicast). on is licensed by the				
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## **Ronan Telephone Company**

63377

### 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 STATION
						<b> </b>	
					<del> </del>		

Accounting Danie	nd: 2024/2						FOD!	484125 04055	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FURI	M SA1-2E. PAGE 5.  SYSTEM ID#	
Name	Ronan Telephone Cor							63377	
	SUBSTITUTE CARRIAG	F: SPECIA	AL STATEME	NT AND PROGRAM I	ng				
1	In General: In space I, ident					ation, that v	our cable svs	tem carried on a	
-	substitute basis during the a								
Substitute	explanation of the programn	ning that mu	st be included i	in this log, see page (v) of	the general ir	structions in	n the paper S	A1-2 form.	
Carriage:	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Special Statement and	<ul> <li>During the accounting pe</li> </ul>	riod, did you	ır cable syster	n carry, on a substitute b	asis, any nor	network tel	evision prog		
Program Log	broadcast by a distant sta	ition?					YES	X NO	
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the progr							gram	
	log in block 2.								
	2. LOG OF SUBSTITUT	E PROGRA	AMS						
	In General: List each subs				ns wherever p	oossible, if t	heir meanin	g is	
	clear. If you need more spa			rows to the tables. vision program ("substitu	te nrogram")	that during	the account	ina	
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progi	ram titles, for	example, "l	Love Lucy"	or	
			dcast live, ente	er "Yes." Otherwise enter	· "No."				
				asting the substitute prog			500		
	the case of Mexican or Car			the community to which to			the FCC or,	in	
				stem carried the substitu		,	ls, with the n	nonth	
	first. Example: for May 7 gi		1 22 4			1			
	to the nearest five minutes			ogram was carried by you				ately	
	stated as "6:00-6:30 p.m."	. Lxampic.	a program can	ica by a system from o.c	71.10 p.iii. to	0.20.00 p.ii	i. Siloulu be		
				n was substituted for pro					
	to delete under FCC rules was substituted for prograr							ogram	
	effect on October 19, 1976	•	your system w	as permitted to delete un	idei FCC idie	s and regul	auons m		
					П			T	
		LIDOTITLIT		•		EN SUBST		7. REASON FOR	
	5	2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH	RIAGE OCC	TIMES	DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM	— то		
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Accounting Period:	2024/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Ronan Telephone Company	SYSTEM ID# 63377
	Tonan Telephone company	03377
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (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.	sion service nount, se
_	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 \$26.  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.	3,800
	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 you must pay for this accounting period is \$52.00.	six-month
	Line 1. Royalty fee for accounting period	\$ 52.00
	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 lines 1 and 2	\$ 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	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	0)
	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)	,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	
	TIERO LE ARIO TOTAL REMITTANOL DOL	
Filing Fee and Total Remittance	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 #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2024/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Ronan Telephone Company	SYSTEM ID# 63377
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	15
	on which the cable system carried television broadcast stations and nonbroadcast services	116
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name Michelle Marengo Telephone 406-67  Address 312 Main St SW	(6-9218
	(Number, street, rural route, apartment, or suite number)  Ronan, MT 59864  (City, town, state, zip)	
	Email michellem@ronan.net Fax (optional) 406-676-8889	
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, but only one, 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 a in line 1 of space B and that the owner is not a corporation or partnership; or	s identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the 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)]	e cable system
	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: Michelle Marengo	
	Title: VP (Title of official position held in corporation or partnership)	
	Date: February 26, 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 filing, a determination that would be made by a court of law.

ccounting Period: 2024/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
onan Telephone Company	63377
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	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?  NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address  Name 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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 First community served Accounting period	

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