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					
3-3-25	\$					
	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	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2024/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	<u></u>	
	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 OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	BEACON BROADBAND, INC.	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	PO BOX 1268 (Number, street, rural route, apartment, or suite number)	
	PORT ORFORD, OR 97465 (City, town, state, zip)	
	ISTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
С	ames 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	1 IDENTIFICATION OF CABLE SYSTEM:	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 (Number, street, rural route, apartment, or suite number).	
	(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.

Accounting Period:	2024/2	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
- Tunio	BEACON BROADBAND, INC.	63958
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 serve community." Please use it as the first community on all future filings.	unities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	BROOKINGS	OR
Community		
Add Rows as Necessary		

Accounting Period: 2024/2

FORM SA1-2F PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63958

### **BEACON BROADBAND, 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:						
<ul> <li>Service to first set</li> </ul>	825	55.00	Plus	378	35.00	
<ul> <li>Service to additional set(s)</li> </ul>			Premium	336	65.00	
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel	2	\$36/mo/unit				
Commercial						
Converter						
<ul> <li>Residential</li> </ul>						
<ul> <li>Non-residential</li> </ul>						
		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 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel				
Pay cable—add'l channel		Commercial				
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
First set		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# 63958

# BEACON BROADBAND, INC. PRIMARY TRANSMITTERS: TELEVISION



### Primary Transmitters: Television

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KDRV	12	N	MEDFORD, OR
KDRV-2	12.2	N-M	MEDFORD, OR
KDRV-3	12.3	N-M	MEDFORD, OR
KFBI-LD	19	N	MEDFORD, OR
KFBI-2	19.2	N-M	MEDFORD, OR
KMVU-DT	26	N	MEDFORD, OR
KMVU-2	26.2	N-M	MEDFORD, OR
KOBI	5	N	MEDFORD, OR
KOBI-2	5.2	N-M	MEDFORD, OR
KOBI-3	5.3	N-M	MEDFORD, OR
KOBI-4	5.4	N-M	MEDFORD, OR
KSYS	8	N	MEDFORD, OR
KSYS-2	8.2	N-M	MEDFORD, OR
KSYS-3	8.3	N-M	MEDFORD, OR
KSYS-4	8.4	N-M	MEDFORD, OR
KTVL	10	N	MEDFORD, OR
KTVL-2	10.2	N-M	MEDFORD, OR
KTVL-3	10.3	N-M	MEDFORD, OR
KTVL-4	10.4	N-M	MEDFORD, OR

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

BEACON BROADBAND, INC.

63958

### 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).

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Accounting Perio	<u> </u>						RM SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	BEACON BROADBAND	), INC.						63958
1	SUBSTITUTE CARRIAGE	_	-					
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							For a further
Carriage:	1. SPECIAL STATEMENT							
Special	During the accounting period	_			sis anv nonn	etwork tele	vision progra	am
Statement and	broadcast by a distant stati				, and			X NO
Program Log								
	<b>Note:</b> If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever po	ssible, if th	eir meaning	is
	clear. If you need more spart Column 1: Give the title				nrogram") th	at during t	he accountir	na
	period, was broadcast by a	distant stati	on and that yo	ur cable system substitute	ed for the pro	gramming	of another st	tation
	under certain FCC rules, re							
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	etball." List specific progra	m titles, for e	xample, "I I	Love Lucy" c	or
	Column 2: If the program		dcast live. ente	r "Yes." Otherwise enter "	No."			
	Column 3: Give the call s	sign of the s	station broadca	asting the substitute progr	am.			
	Column 4: Give the broat						ne FCC or, ir	า
	the case of Mexican or Can Column 5: Give the mon						s, with the mo	onth
	first. Example: for May 7 giv	e "5/7."	, ,					
	Column 6: State the time							tely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	ı program carrı	ed by a system from 6:01	:15 p.m. to 6:	28:30 p.m.	snould be	
	Column 7: Enter the letter	er "R" if the	listed program	was substituted for progr	amming that	your syster	m was <i>requii</i>	red
	to delete under FCC rules a							gram
	was substituted for program effect on October 19, 1976.	ming that y	our system wa	s permitted to delete unde	er FCC rules	and regula	tions in	
	Check on October 15, 1576.				П			
	e	I IDOTITI IT	E PROGRAM			EN SUBST IAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
	1. TITLE OF TROOKAW	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
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Accounting Period:	2024/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BEACON BROADBAND, INC.		S	43958 YSTEM
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's si (as identified in space E) during the accounting period. For a further explanation of how 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.	econdary transmi to compute this a	ission service mount, see	1,586.00 pss receipts)
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 the Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less the See page (vi) of the general instructions located in the paper SA1-2 form for more information.	an \$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 ye accounting period is \$52.00.	ou must pay for th	is 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 lines 1 and 2  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m			
	Base amount under statutory formula	263,800.00	,	
	·	•	-	
	2. Enter amount of gross receipts from space K		-	
	3. Subtract line 2 from line 1		-	
	4. Enter the amount of gross receipts from space K	<b>\$</b>	191,586.00	
	5. Enter the amount from line 3	\$	72,214.00	
	6. Subtract line 5 from line 4	\$	119,372.00	
	7. Multiply line 6 by .005 (enter figure here)		\$	596.86
	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		\$	596.86
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	t less than \$527	,600)	
	Enter the amount of gross receipts from space K		-	
	Base amount under statutory formula	263,800.00	-	
	3. Subtract line 2 from line 1		_	
	4. Multiply line 3 by .01			
	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	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$	596.86	
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		\$	616.86
	EFT Trace # or TRANSACTION ID #	7M4DLJH	]	
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form and the Excel instr			_