This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:		
	ary Transmissions by ems (Short Form)	DATÉ RECEIVED		coplicsoa@loc.gov	
	uctions are located of this workbook	02/27/2018	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	'YY/(Period))		
	2017/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		

Accounting Period		20172 Barcode Data Filing Period (optional - see instructions)	
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 the subsidiary, not that of the parent corporation.	of
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 sing 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.	e 61096
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CLEAR CREEK MUTUAL TELEPHONE CO BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 18238 S FISCHERS MILL RD (Number, street, rural route, apartment, or suite number) OREGON CITY OR 97045-9612 (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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	2	MAILING ADDRESS OF CABLE SYSTEM: (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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:		FORM SA1-2E, PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CLEAR CREEK MUTUAL TELEPHONE CO	61096
D Area Served	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or r city.	ed communities within unincorporated areas and including single, discrete t will serve as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	OREGON CITY	OR
Community		
dd Rows as Necessary		
		-

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID
	CLEAR CREEK MUTUA	L TELEPHC	NE CO						6109
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissi about other services (including p last day of the accounting period Number of Subscribers: Bot down by categories of secondar each category by counting the m separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provid that applies to your system. Not categories, that person or entity subscriber who pays extra for ca first set" and would be counted Block 2: If your cable system	I SERVICE: SU space E should on of television bay cable) in sp d (June 30 or D h blocks in spa y transmission umber of billing vice at the rate charged for eac charged for eac counts allowed k in space E, th e to their subsc e: Where an in should be cour able service to once again und	JBSCRIBEI cover all ca and radio b pace F, not l pecember 3' ce E call for service. In s in that ca indicated— the category 20/mth"). Su for advance e form lists ribers. Give dividual or o nted as a su additional se	ategories of s proadcasts by here. All the f I, as the case the number general, you tegory (the number of service. In ummarize any e payment. the categorie the number organization i ubscriber in e ets would be to additional	econdary f y your syst acts you s e may be). of subscril can compo- umber of p er of sets clude both v standard s of secor of subscril s receiving ach applic included in set(s)."	em to subscri tate must be t bers to the cal ute the numbe versons or org receiving serv the amount of rate variations dary transmiss bers and rate g service that i able category in the count un	bers. Give in hose existing ble system, t of subscrib anizations cl ice). If the charge s within a part sion service for each liste falls under di Example: a der "Service	formation g on the proken pers in harged and the rticular rate that cable ed category fferent residential to the	
	printed in block 1 (for example, t with the number of subscribers a sufficient.	and rates, in the					on of the se	vice is	
	BL	OCK 1					BLOCK		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	GORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		1,030		PLUS			489	20.8
	Service to additional set(s)			*********************	*********	VERTER		603	7.0
	FM radio (if separate rate)					NVERTER		312	7.0
	Motel, hotel Commercial				DVR SE	C NO DIGIT		281 32	5.5 12.5
	Converter				DVK SV		AL SVC	32	12.5
	Residential		799	3.00					
	Non-residential			h			1		
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscrit hose services i re two exceptio or facilities furr hit in which it is rate column. te charged by ti t your cable sys separate charg	er) informa that are not ns: you do r nished to no usually bille he cable sys stem furnish e was made	tion with resp offered in co not need to gi nsubscribers ed. If any rate stem for each ed or offered e or establish	mbination ive rate info . Rate info s are char n of the ap during the	with any seco ormation cond rmation shoul ged on a varia plicable service accounting p	ndary transm cerning (1) so d include bo able per-prog ces listed. ceriod that we	nission ervices th the ram basis, ere not	
		BLO	СК 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		Y OF SERV		RATE	CATEGO	RY OF SERVICE	RATE
	Continuing Services:			n: Non-resid	lential			CED SVC	E 4 E 4
	Pay cable Pay cable—add'l channel		Motel, Comme				HBO PK		54.5 21.5
	• Fire protection		• Pay ca		-		***************************************		20.83
	•Burglar protection		1 '	ble-add'i cha	nnel		CINEMA		22.50
	Installation: Residential		• Fire pro				STARZ		10.00
		29.95	• Burglar						***************
	First set			protection					
	• First set • Additional set(s)	19.95	Other serv						
			Other server of the other	vices:		19.95	•••••		
	Additional set(s)			vices: nect	-	19.95			
	 Additional set(s) FM radio (if separate rate) 		• Reconr • Discon	vices: nect		19.95 29.95			
	 Additional set(s) FM radio (if separate rate) 		• Reconi • Discon • Outlet i	rices: nect nect	ss				

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM					
Name	CLEAR CREEK MUTUAL TELEPHONE CO								
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eace educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried to on concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination pro id with a station according to its over-the-a) stations carried only on a part-t carriage of certain network progr e)(2) and (4))]; and (2) certain statistic ied by your cable system on a su Special Statement and Program both on a substitute basis and als be page (v) of the general instruc- gram services such as HBO, ESI ir designation. For example, rep- sion station for broadcasting over ation, an independent station, or ar network multicast), "I" (for indep E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station	ime basis under ams [sections ations carried on a ubstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial pendent), "I-M" ional multicast). n is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	κάτυ	2	N	PORTLAND OR					
	KOIN	6	N	PORTLAND OR					
Rows as Necessary	KGW	8	N	PORTLAND OR					
	КОРВ	10	E	PORTLAND OR					
	KRCW	11	N	SALEM OR					
	KPTV	12	N	PORTLAND OR					
	KPDX	13	N	PORTLAND OR					
	KNMT	17	N	PORTLAND OR					
	KPXG	-19	N	SALEM OR					

									SYSTEM
	EK MUTUA		EPHONE CO	_					610
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cat						н
eceivable if (1) in the basis of or detailed info aper SA1-2 for Column 1: Io Column 2: S Column 3: If ignal, indicate Column 4: G) it is carried b monitoring, to ormation abou rm. dentify the call State whether f f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of the station g a check n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. In is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the	at s tr se	the system's he ystem's FM ante als point, see pa ed by the cable s e station is licen	eadend, and (enna, during c ge (v) of the g system as a so	2) it can certain s general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D			CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0		Π	U. LE UIUN		0,0		

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		and the second second	A CONTRACTOR OF A CONTRACTOR O						

Accounting Perio	d: 2017/2					FOR	M SA1-2E. PAGE 5.				
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#				
Name	CLEAR CREEK MUTU	AL TELEP	PHONE CO				61096				
I	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a 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.										
Substitute		11.5			le general mst	uctions in the paper SA	-2 10/111.				
Carriage:	1. SPECIAL STATEMENT										
Special Statement and	 During the accounting per 	riod, did you	ur cable system	i carry, on a substitute ba	sis, any nonne	etwork television progra					
Program Log	roadcast by a distant station?										
		" Iooyo filoo		a blank. If your onours is	"Nee" year						
	Note: If your answer is "No	", leave the	rest of this page	je blank. If your answer is	s "Yes," you m	ust complete the progr	am				
	log in block 2.										
	2. LOG OF SUBSTITUTE										
	In General: List each subs				s wherever po	ssible, if their meaning	is				
	clear. If you need more spa										
	period, was broadcast by a	of every no	onnetwork telev	ision program ("substitute	e program") the	at, during the accounting	ng Instian				
	under certain FCC rules, re										
	Do not use general categor										
	"NBA Basketball: 76ers vs.		JVIES OF DASKE	toali. List specific progra		ample, reoveredey c					
			dcast live, ente	r "Yes." Otherwise enter '	'No."						
				asting the substitute progr							
	Column 4: Give the broa	adcast station	on's location (tl	ne community to which th	e station is lice		1				
	the case of Mexican or Car	nadian statio	ons, if any, the	community with which the	e station is ide	ntified).					
			when your sys	tem carried the substitute	e program. Use	e numerals, with the mo	onth				
	first. Example: for May 7 gi										
				gram was carried by your			ely				
	to the nearest five minutes.	. Example: a	a program carr	ed by a system from 6:01	1:15 p.m. to 6:2	28:30 p.m. snould be					
	stated as "6:00-6:30 p.m."	*D# 16.0									
			listed program	was substituted for prog	ramming that y	Jour evetors was romin	bo				
				was substituted for prog							
	to delete under FCC rules a	and regulati	ions in effect du	uring the accounting period	d; enter the le	tter "P" if the listed pro					
		and regulati nming that y	ions in effect du	uring the accounting period	d; enter the le	tter "P" if the listed pro					
	to delete under FCC rules a was substituted for program	and regulati nming that y	ions in effect du	uring the accounting period	er FCC rules a	tter "P" if the listed pro- and regulations in					
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulati nming that y	ions in effect du	uring the accounting periods as permitted to delete und	er FCC rules a	tter "P" if the listed pro	gram 7. REASON FOR				
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulati nming that y UBSTITUT 2. LIVE?	ions in effect du your system wa IE PROGRAM 3. STATION'S	uring the accounting periods a permitted to delete und	WHE CARRI 5. MONTH	tter "P" if the listed pro- and regulations in N SUBSTITUTE AGE OCCURRED 6. TIMES	gram				
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Accounting Period:				FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CLEAR CREEK MUTUAL TELEPHONE CO			β.	61096
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a 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 explanat 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 se ion of how	econdary transm to compute this	ission service amount, see \$ 31	
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	but less th	an \$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 royalty accounting period is \$52.00	fee that yo	u must pay for this	s 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 lin	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,1	00)	
	1. 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				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4	3575			
	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	3,800 (but	less than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	314,031.72		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	50,231.72		
	4. Multiply line 3 by .01		\$	502.32	
	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	<u>a</u>	7	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 6		\$	1,821.32
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)			1,821.32	
	2. Filing Fee (See the instructions for more information on filing fee calculations)		<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		[\$	1,841.32
	Important: Your remittance must be in the form of an electronic pay. See page i of the general instructions in the paper SA1		-		ntsl

Accounting Period:	2017/2				FORM SA1-2E, PAGE 7
Name	1	FOWNER OF CABLE SYSTEM: EK MUTUAL TELEPHONE	со		SYSTEM ID# 61096
M Channels	to its subscril 1. Enter the t	bers, and (2) the cable system's	r of channels on which the cable sy s total number of activated channel ich the cable ns	s during the accounting period.	stations
	on which the	otal number of activated chann he cable system carried televisi oadcast services			157
N Individual to Be Contacted		TO BE CONTACTED IF FURT tot about this statement of acco	THER INFORMATION IS NEEDED	(Identify an individual to whom	
for Further Information	Name	DIANE ORI		Τ.	elephone (503) 845-4442
	Address	PO BOX 1189 (Number, street, rural route, apar MT ANGEL OR 9736			
	Email	(City, town, state, zip) dori@cbsoreg	on.com	Fax (optional 50	3 845-4445
O Certification	I, the undersig (Ow (Age X (Off I have examinare true, comp	ned, hereby certify that (Check or ner other than corporation or p ent of owner other than corpora in line 1 of space B and that th ficer or partner) I am an officer (in line 1 of space B. ed the statement of account and	partnership) I am the owner of the ca ation or partnership) I am the duly a ne owner is not a corporation or partn (if a corporation) or a partner (if a part hereby declare under penalty of law t hy knowledge, information, and belief, X /s/ Mitchell Moore	ble system as identified in line 1 of uthorized agent of the owner of the arship; or nership) of the legal entity identified nat all statements of fact contained and are made in good faith.	space B; or cable system as identified as owner of the cable system herein
		Typed or printed Title: (T	d name: Mitchell Moore President itle of official position held in corporation of	r partnership)	

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.

Accounting Period: 2017/2	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CLEAR CREEK MUTUAL TELEPHONE CO	61096
 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 	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Q 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	
Owner Address ID number First community served Accounting period	
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. Pll is any personal information that can be used to identify or trace an individual, such as name, address and tel	

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.