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							
	FOR COPYRIGHT OFFICE USE ONLY						
	DATE RECEIVED	AMOUNT					
02/06/2018 ALLOCATION NUMBER	02/06/2018	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.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))
		Delate Invested Invested Intelligence Control Intelligence Intelligenc
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
		-around summing to the department of the medical summing to the department of the dep
Accounting Period		
		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
В		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.
		Cheel have if this is the system's first filling If not contact the system's ID grapher assigned by the Licensian Division
		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
		NEP Datavision, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box D
		(Number, street, rural route, apartment, or suite number)
		Forest City, PA 18421 ((City, town, state, zip)
	INCTO	h w
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:
		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.

NEP Datavision, Inc. New Journal of the Common Service of the Com		LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE SYSTEM II						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC n. "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas)." A 7 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter the 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 identified city. CITY OR TOWN STATE Community First First Forest City Borough PA Ararat Township PA Benton Township PA Bridgewater Township PA Fell Township PA Fell Township PA Franklin Township PA Gibson Township PA Great Bend Township PA Harford Township PA Harford Township PA Harford Township PA Harford Township PA Lebanon Township PA Lebanon Township PA Lebanon Township PA New Milford Borough PA New Milford Borough PA Scott Township PA Starrucca Borough PA Thompson Township PA Thompson Township PA Thompson Township PA Sundand Township PA Scott Township PA Scott Township PA Scott Township PA Thompson Township PA Thompson Township PA Scott Township PA Scott Township PA Scott Township PA Thompson Township PA	Name	NEP Datavision, Inc.							
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Accounting Period: 2017/2

FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NEP Datavision, Inc.

SYSTEM ID#

61662

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.

BLO	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	3,878	20.50				
 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.

	BLOCK 1			BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	PP	Motel, hotel		NEP Plus	55.00
 Pay cable—add'l channel 		Commercial		NEP Popcorn	6.95
Fire protection		Pay cable		Nep Nite	9.95
 Burglar protection 		Pay cable-add'l channel		Nep Movie One	17.95
Installation: Residential		Fire protection		Nep Cinema	12.95
First set		Burglar protection		Nep Six	12.95
 Additional set(s) 		Other services:		NEP HBO/Max	24.95
• FM radio (if separate rate)		Reconnect		NEP Movie Pass	45.95
Converter		Disconnect		Nep Explorer	49.10
		Outlet relocation		STARZ Super Pk	14.99
		Move to new address		Showtime	16.99
				HBO/MAX (6)	26.99

ENCORE (7) 7.99
Movie Pass 51.99
Expanded TV 50.49
Expanded TV Plus 63.49

Accounting Period: 2017/2 FORM SA1-2E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61662

NEP Datavision, Inc.

PRIMARY TRANSMITTERS: TELEVISION

G

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
WNEP	16.1	N	Scranton, PA
WYOU	22.1	N	Scranton, PA
WBRE	28.1	N	Wilkes-Barre, PA
WOLF	56.1	N	Hazelton, PA
WSWB	38.1	l	Scranton, PA
WQMY	53.1	I	Williamsport, PA
WVIA	44.1	E	Scranton, PA
WSKG	46.1	E	Binghamton, PA
WQPX	64.1	l	Scranton, PA
WBNG	12.1	N	Binghamton, PA
WNEP1	16.2	l	Scranton, PA
WSWB2	38.2	I	Scranton, PA

Accounting Period: 2017/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

61662

NEP Datavision, Inc.

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
			 				
			 				
			 				
			L				
		_ _					

ccounting Perio	od: 2017/2						FOR	M SA1-2E. PAGE 5	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	NEP Datavision, Inc.							61662	
Name Substitute Carriage: Special Statement and Program Log	0.0.1=111.15.11								
	stated as "6:00-6:30 p.m."	er "R" if the and regulat nming that	e listed prograr	n was substituted for prog luring the accounting perio	ramming that od; enter the l	t your syst letter "P" i	tem was <i>requ</i> f the listed pr		
		•			WHE	N SUBS1	TITUTE		
	S	UBSTITUT	E PROGRAM	1		AGE OC	CURRED	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION	
							_		
								"	
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		 						"	
		 				 		"	

Accounting Period:	2017/2		FORM S	SA1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEP Datavision, Inc.			61662					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of he 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.	s secondary transm w to compute this a	ission service amount, see						
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informa	than \$527,600	263,800						
	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 th accounting period is \$52.00	at you must pay for	this six-mon						
	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 ar	nd 2							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137,1	00)	_					
	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								
		· · · · · <u> </u>							
	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 (t	out less than \$527	,600)						
	Enter the amount of gross receipts from space K	465,288.00							
	2. Base amount under statutory formula	263,800.00	-						
	3. Subtract line 2 from line 1	201,488.00	-						
	4. Multiply line 3 by .01		2,014.88						
	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	\$	3,333.88					
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	3,333.88						
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		\$	3,353.88					
	Important: Your remittance must be in the form of an electronic payment possible. See page i of the general instructions in the paper SA1-2 form			ghts!					

Accounting Period:	2017/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF NEP Datavision, Inc.	CABLE SYSTEM:				SYSTEM ID# 61662
M Channels	_			s on which the cable system carried tele per of activated channels during the acco		
Chamers	Enter the total number of system carried television			e		12
	Enter the total number of on which the cable system and nonbroadcast services.	m carried television	broadcas			168
N Individual to Be Contacted	INDIVIDUAL TO BE CON- we can contact about this s			RMATION IS NEEDED (Identify an indiv	vidual to whom	
for Further Information	Name Miche	le			Telephone	570-785-2255
	(Number, s	ain Street street, rural route, apartr City, PA 1842		te number)		
	Email	mkotcho@nep.i	net		Fax (optional) 570-785-9299	
0	CERTIFICATION (This state	ement of account mu	ust be cer	rtified and signed in accordance with Cop	pyright Office regulations)	
Certification	• I, the undersigned, hereby	certify that (Check o	ne,but or	oly one, of the boxes.)		
	(Owner other tha	an corporation or p	artnershi	ip) I am the owner of the cable system as	identified in line 1 of space E	3; or
	(Agent of owner in line 1 of sp	other than corpora ace B and that the o	ation or p wner is n	artnership) I am the duly authorized ager ot a corporation or partnership; or	nt of the owner of the cable s	ystem as identified
	in line 1 of sp	ace B.		ration) or a partner (if a partnership) of the		
		ect to the best of my	-	eclare under penalty of law that all statem ge, information, and belief, and are made		
			X			
		- 0		electronic signature on the line above to ce nature using an "/s/ signature" (e.g., /s/ Joh		
		Typed or printed	I name:	Steven D. Tourje		
		Title: (Title of of	Presic	dent on held in corporation or partnership)		
		Date:			2/6/18	

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.

ounting Period: 2017/2	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
P Datavision, Inc.	61662
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?	P Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	_
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.	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 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	_
* 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@loc.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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