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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	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.	63489
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Vermont Telephone Company, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	-		
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 354 River St	
		(Number, street, rural route, apartment, or suite number) Springfield, VT 05156 (City, town, state, zip)	
С		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system	
System		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in IDENTIFICATION OF CABLE SYSTEM:	space в.
	1		
		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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name	Vermont Telephone Company, Inc.	634
	Instructions: List each separate community served by the cable system. A "community'	
	"a separate and distinct community or municipal entity (including unincorporated comm	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	
	as the "first community." Please use it as the first community on all future filings.	·
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	ne parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Springfield	VT
Community	Andover	VT
	Athens	VT
d Rows as Necessary	Baltimore	VT
	Bridgewater	VT
	Chester	VT
	Clarendon	VT
	Danby	VT
	Dorset	VT
	Grafton	VT
	Hartland	VT
	Ira	VT
	Killington	VT
	Middletown Springs	VT
	Mount Tabor	VT
	Pawlet	VT
	Plymouth	VT
	Rockingham	VT
	Rupert	VT
	Saxtons River	VT
	Shrewsbury	VT
	Tinmouth	VT
	Townshend	VT
	Wallingford	VT
	Weathersfield	VT
	Wells	VT
	West Windsor	VT
	Westminster	VT
	Windham	VT
	Woodstock	VT

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name	Vermont Telephone Cor							010	6348
		iipaily, iiic.							
Е	SECONDARY TRANSMISSION			-	-				
<b>L</b> _	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Fransmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the ne								
Rates	separately for the particular serv							chargeo	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed				ny standar	d rate variation	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block	ounts allowed t	for adv	ance payment.	ios of soci	andary transmis	sion convic	o that cable	
	systems most commonly provide								
	that applies to your system. <b>Note</b>								
	categories, that person or entity								
	subscriber who pays extra for ca					in the count un	ider "Servio	ce to the	
	first set" and would be counted of Block 2: If your cable system I					service that are	different fr	rom those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.				1			<u> </u>	
	BLC	OCK 1 NO. OF					BLOCH	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		3,800	15.84					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel		~ ·						
	Commercial		61	13.03					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
Б	In General: Space F calls for rat					l your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
ransmissions:	Block 1: Give the standard rat Block 2: List any services that							woro not	
Rates	listed in block 1 and for which a	• •			-	• •			
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	24.93		otel, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>	34.62		mmercial, Per ?	15 mins	15.00			ļ
	Fire protection			y cable	-	20.22			
	•Burglar protection			y cable-add'l ch	annel	20.39			
	Installation: Residential			e protection					
	First set	-		rglar protection					
			Other	services:					
	Additional set(s), Per 15min	15.00							
	<ul> <li>Additional set(s), Per 15min</li> <li>FM radio (if separate rate)</li> </ul>	15.00	•Re	connect		-			
	Additional set(s), Per 15min	15.00	• Re • Dis	connect sconnect		-			
	<ul> <li>Additional set(s), Per 15min</li> <li>FM radio (if separate rate)</li> </ul>	15.00	• Re • Dis • Ou	connect		- - 15.00 13.50			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:			SYSTEM
Name	Vermont Telephone				634
	PRIMARY TRANSMITTERS:				
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 <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatii <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in eacl educational station, by entu (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location	also in space I, if the station was carried bo on concerning substitute basis stations, see on's call sign. <i>Do not</i> report origination prog ed with a station according to its over-the-air	) stations carried only on a part-ti carriage of certain network progra )(2) and (4))]; and (2) certain stat ed by your cable system on a sub Special Statement and Program L oth on a substitute basis and also e page (v) of the general instruction fram services such as HBO, ESP r designation. For example, report on station for broadcasting over the tion, an independent station, or a network multicast), "I" (for independent E-M" (for noncommercial education ons in the paper SA1-2 form.	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATIO	N OF STATION
	WETK	32 E		BURLINGTON, VT	
	WETK-2	32.2 E-M		BURLINGTON, VT	
Rows as Necessary	WETK-3	32.3 E-M		BURLINGTON, VT	
	WETK-4	32.4 E-M		BURLINGTON, VT	
	WETK-SIMUL	32 E		BURLINGTON, VT	
	WETK-2-SIMUL	32.2 E-M		BURLINGTON, VT	
	WCAX	2 N		BURLINGTON, VT	
	WCAX-2	2.2 N-W	1	BURLINGTON, VT	
	WCAX-SIMUL	2 N		BURLINGTON, VT	
	WPTZ	14 N		NORTH POLE, NY	
	WPTZ-2	14.2 N-M			
			1	NORTH POLE, NY	
	WPTZ-3	14.3 N-M		NORTH POLE, NY NORTH POLE, NY	
	WPTZ-3 WPTZ-SIMUL			•	
	-	14.3 N-N		NORTH POLE, NY	
	WPTZ-SIMUL	14.3 N-M 14 N		NORTH POLE, NY NORTH POLE, NY	
	WPTZ-SIMUL WFFF	14.3 N-M 14 N 43 N		NORTH POLE, NY NORTH POLE, NY BURLINGTON, VT	
	WPTZ-SIMUL WFFF WFFF-SIMUL	14.3 N-M 14 N 43 N 43 N		NORTH POLE, NY NORTH POLE, NY BURLINGTON, VT BURLINGTON, VT	
	WPTZ-SIMUL WFFF WFFF-SIMUL WNNE	14.3 N-M 14 N 43 N 43 N 25 N		NORTH POLE, NY NORTH POLE, NY BURLINGTON, VT BURLINGTON, VT HARTFORD, VT	
	WPTZ-SIMUL WFFF WFFF-SIMUL WNNE WNNE-SIMUL	14.3 N-M 14 N 43 N 43 N 25 N 25 N		NORTH POLE, NY NORTH POLE, NY BURLINGTON, VT BURLINGTON, VT HARTFORD, VT HARTFORD, VT	
	WPTZ-SIMUL WFFF WFFF-SIMUL WNNE WNNE-SIMUL WVNY	14.3 N-M 14 N 43 N 43 N 25 N 25 N 13 N		NORTH POLE, NY NORTH POLE, NY BURLINGTON, VT BURLINGTON, VT HARTFORD, VT BURLINGTON, VT	
	WPTZ-SIMUL WFFF WFFF-SIMUL WNNE WNNE-SIMUL WVNY WVNY-SIMUL	14.3 N-M 14 N 43 N 43 N 25 N 25 N 13 N 13 N		NORTH POLE, NY NORTH POLE, NY BURLINGTON, VT BURLINGTON, VT HARTFORD, VT BURLINGTON, VT BURLINGTON, VT	
	WPTZ-SIMUL WFFF WFFF-SIMUL WNNE WNNE-SIMUL WVNY WVNY-SIMUL WCVB	14.3 N-M 14 N 43 N 43 N 25 N 25 N 13 N 13 N 20 N		NORTH POLE, NY NORTH POLE, NY BURLINGTON, VT BURLINGTON, VT HARTFORD, VT BURLINGTON, VT BURLINGTON, VT BOSTON, MA	
	WPTZ-SIMUL WFFF WFFF-SIMUL WNNE WNNE-SIMUL WVNY WVNY-SIMUL WCVB WCVB-SIMUL	14.3 N-M 14 N 43 N 43 N 25 N 25 N 13 N 13 N 20 N 20 N	1	NORTH POLE, NY NORTH POLE, NY BURLINGTON, VT BURLINGTON, VT HARTFORD, VT BURLINGTON, VT BURLINGTON, VT BOSTON, MA	
	WPTZ-SIMUL WFFF WFFF-SIMUL WNNE WNNE-SIMUL WVNY WVNY-SIMUL WCVB WCVB-SIMUL WHDH	14.3 N-M 14 N 43 N 43 N 25 N 25 N 13 N 13 N 20 N 20 N 20 N 20 N	1	NORTH POLE, NY NORTH POLE, NY BURLINGTON, VT BURLINGTON, VT HARTFORD, VT BURLINGTON, VT BURLINGTON, VT BOSTON, MA BOSTON, MA	

					OVOTEM
Name	LEGAL NAME OF OWNER OF				SYSTEM
	Vermont Telephone C	ompany, Inc.			634
	PRIMARY TRANSMITTERS:	TELEVISION			
~	In General: In space G, ide	ntify every television station (including tra	anslator stations and low power tel	evision stations)	
G		n during the accounting period, except (	, , ,		
D!		n effect on June 24, 1981, permitting the $1/2$ and $(4)$ or $76$ 62 (referring to $76$ 61)			
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76.61( s explained in the next paragraph.	e)(2) and (4))]; and (2) certain stat	ions carried on a	
Television		: With respect to any distant stations carri	ied by your cable system on a sub	stitute program	
10.0.0.0	basis under specific FCC rul	les, regulations, or authorizations:			
		e in space G—but do list it in space I (the	Special Statement and Program L	.og)—if the	
	station was carried only on a		- the second along		
		also in space I, if the station was carried b n concerning substitute basis stations, se			
		i's call sign. Do not report origination pro			
		I with a station according to its over-the-a			
	"WETA-2" as the same on the				
		el number the FCC assigned to the televis	sion station for broadcasting over t	he air in its community	
		RC is channel 4 in Washington, D.C.	ation on independent station or a	noncommoroial	
		case whether the station is a network sta ring the letter "N" (for network), "N-M" (for	•		
	mor independent multicast),	"F" (for noncommercial educational), or "	F-IVI nor noncommercial educatio		
		"E" (for noncommercial educational), or " rms, see page (iv) of the general instructi			
	For the meaning of these ter	"E" (for noncommercial educational), or " rms, see page (iv) of the general instructi n of each station. For U.S. stations, list th	ions in the paper SA1-2 form.		
	For the meaning of these ter <b>Column 4:</b> Give the location	rms, see page (iv) of the general instructi	ions in the paper SA1-2 form. he community to which the station i	s licensed by the	
	For the meaning of these ter <b>Column 4:</b> Give the location	rms, see page (iv) of the general instructi n of each station. For U.S. stations, list th	ions in the paper SA1-2 form. he community to which the station i	s licensed by the	
	For the meaning of these ter <b>Column 4:</b> Give the location	rms, see page (iv) of the general instructi n of each station. For U.S. stations, list th	ions in the paper SA1-2 form. he community to which the station i	s licensed by the	
	For the meaning of these ter <b>Column 4:</b> Give the location	rms, see page (iv) of the general instructi n of each station. For U.S. stations, list th	ions in the paper SA1-2 form. he community to which the station i	s licensed by the	OF STATION
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instructi n of each station. For U.S. stations, list th dian stations, if any, give the name of the	ions in the paper SA1-2 form. the community to which the station i community with which the station	s licensed by the is identified.	OF STATION
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b>	ions in the paper SA1-2 form. the community to which the station i community with which the station	s licensed by the is identified. 4. LOCATION CAMBRIDGE, MA	OF STATION
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad <b>1. CALL SIGN</b> WLVI-SIMUL WFXT	rms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b> 41 N 31 N	ions in the paper SA1-2 form. the community to which the station i community with which the station	s licensed by the is identified.	OF STATION
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	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad <b>1. CALL SIGN</b> WLVI-SIMUL WFXT WFXT-SIMUL WGBH	rms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b> 41 N 31 N 31 N 19 E	ions in the paper SA1-2 form. the community to which the station i community with which the station	s licensed by the is identified.	OF STATION
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	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad <b>1. CALL SIGN</b> WLVI-SIMUL WFXT WFXT-SIMUL WGBH WGBH-SIMUL WGBX	rms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b> 41 N 31 N 31 N 19 E 19 E 43 E	ions in the paper SA1-2 form. the community to which the station i community with which the station	s licensed by the is identified. CAMBRIDGE, MA BOSTON, MA BOSTON, MA BOSTON, MA BOSTON, MA BOSTON, MA	OF STATION
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad <b>1. CALL SIGN</b> WLVI-SIMUL WFXT WFXT-SIMUL WGBH WGBH-SIMUL WGBX WGBX-SIMUL	rms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b> 41 N 31 N 31 N 19 E 19 E 43 E 43 E	ions in the paper SA1-2 form. the community to which the station is community with which the station <b>3. TYPE OF STATION</b>	s licensed by the is identified. CAMBRIDGE, MA BOSTON, MA BOSTON, MA BOSTON, MA BOSTON, MA BOSTON, MA BOSTON, MA	OF STATION
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad <b>1. CALL SIGN</b> WLVI-SIMUL WFXT WFXT-SIMUL WGBH WGBH-SIMUL WGBX WGBX-SIMUL WBTS	rms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b> 41 N 31 N 31 N 31 N 19 E 19 E 43 E 43 E 46 N-T	ions in the paper SA1-2 form. the community to which the station is community with which the station 3. TYPE OF STATION	s licensed by the is identified. CAMBRIDGE, MA BOSTON, MA BOSTON, MA BOSTON, MA BOSTON, MA BOSTON, MA BOSTON, MA BOSTON, MA	OF STATION
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Accounting Period:	2017/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Vermont Telephone C	ompany, Inc.		63489
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, ider carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do not list the station here station was carried only on a • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channer of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast),	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.1 is explained in the next paragraph. : With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I ( a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations i's call sign. <i>Do not</i> report origination I with a station according to its over-th he form. e I number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M"	g translator stations and low power tele of (1) stations carried only on a part-tim the carriage of certain network program 61(e)(2) and (4))]; and (2) certain statio carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also of s, see page (v) of the general instruction program services such as HBO, ESPN le-air designation. For example, report evision station for broadcasting over th station, an independent station, or a n (for network multicast), "I" (for indepen or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	ne basis under ns [sections ons carried on a titute program bg)—if the on some other ns. I, etc. Identify each : multistream ue air in its community noncommercial ident), "I-M"
			It the community to which the station is the community with which the station is	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Accounting P							FORM	I SA1-2E. PAGE
LEGAL NAME OF Vermont Tel								SYSTEM ID
	ephone co	mpany	/, IIIC.					6348
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of if For detailed info paper SA1-2 for <b>Column 1:</b> Io <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under of the whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						L		

Name         ECAL IMAG OF OWNER OF CABLE SYSTEM.         SYSTEM IDUE           SUBSTTUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG         n. General: in space 1; dentify every nonveloxibility program, fundates by a disker station, that your cable system cannot on a substrative additionation. For a substrative additionation of the programming that multi be included in this tog, see page (y) of the general instructions in the page SAL2 form.           Substration at the programming that multi be included in this tog, see page (y) of the general instructions in the page SAL2 form.         Substrative additionation of the programming that multi be included in this tog, see page (y) of the general instructions in the page SAL2 form.           Substration at the programming that multi be included in this tog, see page (y) of the general instructions in the page SAL2 form.         Substrationation of the programming that multi be included in this tog.           Substration at the programming that multi be included in this tog.         Substrationationationation and that your cable system substrationation.         Substrationationationationation and that your cable system substration for the programming of another station and that your cable system substration is learned to an under the station is the page (y) of the general instructions of the tradient information. Dro to a substrational station is stated additional to program.         Could be accounting period, was broadcast by a distant station and that your cable system substrational state program. The cable system substrate program intege for the station is information. Substrational state system that substrate program. The cable system substrate program. The cable system substrate program. The cable system substrate program is that and to account prove the that th	Accounting Perio						FOI	RM SA1-2E. PAGE 5.
Vermont releptione Company, Inc.         63459           I         SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG         In General: In space 1, 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.           1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE         • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?         • No           Note: 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.         • Co of SUBSTITUTE PROGRAMS           In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: TGCr vies, regulations, or authorizations. See page (v) of the general instructions for uther information. Do not use general categories like "movies" or "basketball." List specific program. Use authorizations. See page (v) of the general instructions for uther information. Do not use general categories like "movies" or "basketball." List specific program. Use numerals, with the month first. Example: a forgam was broadcast time, enter "Yes." Otherwise enter "No."           Column 2: If	News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
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.         1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE         * During the accounting period, idid your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?         * During the accounting period, idid your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?         * During the accounting period, idid your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?         Note: 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 PROGRAMS         In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.         Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast bite "movies" or "bask fastion is dentifyed.         Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."         Column 3: Give the call sign of the station is obactive program.         Column 3: Give the call sign of the station	Name	Vermont Telephone Co	ompany, l	nc.				63489
Substitute Carriage: Special statement and Program Lo       I.SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?         Note: 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 PROGRAMS         In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station our der certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball." Genum 3: Give the call sign of the station broadcast gram (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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57."         Column 6: State the times when the substitute program was carried by a system from 60:115 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p								
Substitute Carriage: Special Statement and Program Log <ul> <li>SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?</li> <li>VES NOC</li> </ul> Note: 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 PROGRAMS         In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please and additional rows to the tables.         Column 1: Give the title of every nonnetwork television program "substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute program") that, during the accounting period, was broadcast bike "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: Toker vs. Bulls."         Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. "Goil the case of Mexican or Canadian stations, if any, the community with 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with 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 licensed by the FCC or, in the case of Mexican or Canadian stations in effect during the accounting period, enter the li	•							
Special Statement and Program Log       • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?       • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?         Note: 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 PROGRAMS         In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.       Column 1: Give the title of every nonnetwork television program "isubstitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program.         Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community with 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations in a substitute program. Use numerals, with the month first. Example: for May 7 give "57."         Column 6: State the times when the substitu	Substitute							
Statement and Program Log       bond use distant station?       Image: Statement and broadcast by a distant station?       Image: Statement and broadcast by a distant station?         Note: 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.       Image: Statement and broadcast by a distant station on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.         Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."         Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."         Column 3: Give the broadcast station's location (the community with which the station is identified).         Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57."         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 "F" if the listed program was substituted for programming that your system was required to delet		1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE			
Program Log         broadcast by a distant station?         YES         NO           Note: 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 PROGRAMS         In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.         Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."         Column 2: Give the call sign of the station broadcasting the substitute program.           Column 3: Give the call sign of the station is 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations are carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57."         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 list		During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork telev <u>ision</u> progra	m
Note: 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 PROGRAMS         In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.         Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."         Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community tho which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community tho which the station is identified).         Column 6: Slate 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 <i>required</i> 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		broadcast by a distant sta	tion?				YES	NO
log in block 2.         2. LOG OF SUBSTITUTE PROGRAMS         In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.         Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: The program was broadcast live, enter "Yes." Otherwise enter "No."         Column 3: Give the call sign of the station broadcasting the substitute program.         Column 4: Give the broadcast station's location (the community to which the station is identified).         Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month 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 was substituted for programming that your system was <i>required</i> 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 <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete under FCC rules and regulations in effect during the accounting period; enter th	l rogiani Log	Note: If your answer is "No	' leave the	rest of this pao	e blank If your answer is '	Yes " vou mu		am
2. LOG OF SUBSTITUTE PROGRAMS         In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.         Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."         Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."         Column 3: Give the call sign of the station broadcasting the substitute program.         Column 4: Give the broadcast 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).         Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."         Column 6: State the times when the substitute 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 substituted for programming that your system was substituted for roles and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for Programming that your system w		-	, 10010 110	root of the pag		roo, you me	ier complete the progre	
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.         Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: T6ers vs. Bulls."         Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."         Column 3: Give the call sign of the station broadcasting the substitute program.         Column 4: Give the broadcast 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).         Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57."         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 was substituted for programming that your system sequired 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.         Image: Column 7: Title OF PROGRAM       2. LIVE?				MS				
Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."         Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."         Column 3: Give the call sign of the station broadcasting the substitute program.         Column 4: Give the broadcast 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 to which the station is identified).         Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month 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 substituted for program was substituted for program substitute program was substituted for program may substitute for order program system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.		In General: List each subst	itute progra	m on a separa		wherever pos	sible, if their meaning i	s
period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: Tders vs. Bulls."         Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."         Column 3: Give the call sign of the station broadcasting the substitute program.         Column 4: Give the broadcast 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).         Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month 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 substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.         TITLE OF PROGRAM       2. LIVE?       3. STATION'S       5. MONTH       6. TIMES       7. REASON FOR DELETION								-
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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         1. TITLE OF PROGRAM       2. LIVE?       3. STATION'S       5. MONTH       6. TIMES			er "R" if the	listed program	was substituted for progra	mming that v	our svstem was <i>requir</i>	ed
effect on October 19, 1976.       WHEN SUBSTITUTE         SUBSTITUTE PROGRAM       WHEN SUBSTITUTE         1. TITLE OF PROGRAM       2. LIVE?         3. STATION'S       5. MONTH         6. TIMES		to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the listed prog	
SUBSTITUTE PROGRAM     WHEN SUBSTITUTE       1. TITLE OF PROGRAM     2. LIVE?     3. STATION'S     5. MONTH     6. TIMES				our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
SUBSTITUTE PROGRAM     CARRIAGE OCCURRED     7. REASON FOR DELETION       1. TITLE OF PROGRAM     2. LIVE?     3. STATION'S     5. MONTH     6. TIMES								
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION		s	UBSTITUT	E PROGRAM	l			7. REASON FOR
Tes or No       CALL SIGN       4. STATION S LOCATION       AND DAY       FROM       —       —         Image: Analytic stress of No			2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
Image: second			Yes of No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM - TO	
Image: second							<u>—_</u>	
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Accounting Period:	2017/2			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vermont Telephone Company, Inc.			;	8YSTEM ID# 63489
	verniont relephone company, inc.				63489
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file 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 explana 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	e system's stition of how	secondary trans to compute this	mission serv s amount, ser \$ 38	ice
	COPYRIGHT ROYALTY FEE				
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,10</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,80</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more</li> </ul>	0 but less t	than \$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 royal accounting period is \$52.00	lty fee that y	you must pay for	this six-month	ı
	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	ines 1 and 2	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,	100)	
	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				-
	7. Multiply line 6 by .005 (enter figure here)				<u> </u>
	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	\$	384,088.56		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1	\$	120,288.56		
	4. Multiply line 3 by .01		. \$	1,202.89	
	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 .		\$	2,521.89
	FILING FEE AND TOTAL REMITTANCE DI	JE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,521.89	-
	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			\$	2,541.89
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA?		-		ights!

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vermont Telephone Company, Inc.		SYSTEM ID# 63489
M Channels	<ul> <li>CHANNELS</li> <li>Instructions: You must give (1) the number of channels to its subscribers, and (2) the cable system's total number</li> <li>1. Enter the total number of channels on which the cable system carried television broadcast stations</li> <li>2. Enter the total number of activated channels on which the cable system carried television broadcast</li> </ul>		35 510
	and nonbroadcast services		510
<b>N</b> Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFOR</b> we can contact about this statement of account.)	MATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Gordon Mathews	Telephone	802-885-7712
	Address 354 River St (Number, street, rural route, apartment, or suite	number)	
	City, town, state, zip)		
	Email gmathews@vermontel.co	m Fax (optional)	
	CERTIFICATION (This statement of account must be certii	fied and signed in accordance with Copyright Office regulations)	
O Certification	• 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
		tnership) I am the duly authorized agent of the owner of the cable sy	stem as identified
	in line 1 of space B and that the owner is not	a corporation or partnership; or ion) or a partner (if a partnership) of the legal entity identified as owne	er of the cable system
	in line 1 of space B.	are under penalty of law that all statements of fact contained herein	
		/s/ Fran Stocker	
		lectronic signature on the line above to certify this statement. ature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name:	Fran Stocker	
		inancial Officer held in corporation or partnership)	
	Date:	2/28/2018	

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 the 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 telephon 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lave

unting Period: 2017/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
nont Telephone Company, Inc.	6348
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Mailing Address	
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	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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