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	IT OFFICE USE ONLY	Return completed workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov For additional information,
General instructions are located in the first tab of this workbook	8/20/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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.	1049
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		C & W CABLE INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 490 (Number, street, rural route, apartment, or suite number)	
		ANNVILLE KY 40402-0490 (City, town, state, zip)	
		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	inless these
С		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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	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.

News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	C & W CABLE INC	1049
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First		
Community		
Add Rows as Necessary		
	PEOPLES	
	BOND	КҮ КҮ
	ANNVILLE	KI KY
	GREENMOUNT	KY

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM II
Name	C & W CABLE INC	ADLE STOTEIVI.						515	104
E Secondary	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p	pace E should on of television ay cable) in sp	cover all c and radio ace F, not	ategories of s broadcasts b here. All the	secondary by your system facts you	stem to subscr state must be	ibers. Give	information	
Transmission Service: Sub- scribers and Rates	last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity	blocks in space transmission umber of billing ice at the rate harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc where an inc	ce E call for service. In gs in that c ndicated— h category 20/mth"). S for advance for advance form lists ribers. Giv dividual or	or the number general, you ategory (the r -not the numb of service. Ir ummarize an e payment. the categoric e the number organization	r of subsc i can com number of ber of sets nclude bo ny standar es of seco r of subsc is receivin	ribers to the ca pute the numb f persons or or s receiving ser th the amount d rate variation ondary transmi ribers and rate ng service that	er of subsc ganizations vice). of the charg ns within a p ssion servic for each lis falls under	ribers in charged ge and the particular rate ce that cable sted category different	
	subscriber who pays extra for cat first set" and would be counted of Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	ble service to a nce again und nas rate catego ers of services	additional a er "Service ories for se that inclu	sets would be to additiona condary tran de one or mo	e included I set(s)." smission re second	in the count u service that an lary transmissi	nder "Servio e different fi	ce to the rom those em, together	
	BLO	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	ERVICE	NO. OF SUBSCRIBERS	RAT
	Residential: • Service to first set		128	18.00			-		
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	 Residential Non-residential 								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar 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	e (not subscrib hose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	per) inform that are no ns: you do iished to n usually bil he cable s stem furnis e was man le the rate	ation with res t offered in co not need to g onsubscriber led. If any rat ystem for eac hed or offere de or establis	pect to al ombinatio give rate i s. Rate in tes are ch ch of the a d during t	n with any sec nformation cor formation shou arged on a var applicable serv he accounting	ondary tran ncerning (1) uld include t riable per-pr ices listed. period that	smission services ooth the rogram basis, were not	
		BLO			105	DATE		BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		RY OF SER\ on: Non-resi		RATE	CATEG	ORY OF SERVICE	RA
	Pay cable	18.00	Motel						
	1		• Comn	nercial					[
	 Pay cable—add'l channel 		• Pay c	able					
	Fire protection		,				1.1		
	Fire protection Burglar protection		• Pay c	able-add'l cha	annel				
	Fire protection Burglar protection Installation: Residential		• Pay c • Fire p	able-add'l cha rotection	annel				
	Fire protection Burglar protection Installation: Residential First set		• Pay c • Fire p • Burgla	able-add'l cha rotection ar protection	annel				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay c • Fire p	able-add'l cha rotection ar protection 'vices:	annel				
	Fire protection Burglar protection Installation: Residential First set		• Pay c • Fire p • Burgla Other se	able-add'l cha rotection ar protection 'vices: nnect	annel		· · · · · · · · · · · · · · · · · · ·		

	LEGAL MANE OF OWNER OF			FORM SA1-2E. PAGE
е	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID 104
	C & W CABLE INC PRIMARY TRANSMITTERS:			
ry iters: ion	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 ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, Wi Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a fulfor independent (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WTVQ	36	N	LEXINGTON, KY
	WKYT	27	N	LEXINGTON, KY
	WKLE	46	E	LEXINGTON, KY
Nai V				
ary	WLEX	18	Ν	
di y		<u>18</u> 56	N	LEXINGTON, KY
ary	WLEX			
ai y	WLEX WDKY	56		LEXINGTON, KY DANVILLE, KY
55di y	WLEX WDKY WYMT	56 57	I N	LEXINGTON, KY DANVILLE, KY HAZARD, KY
55di y	WLEX WDKY WYMT	56 57	I N	LEXINGTON, KY DANVILLE, KY HAZARD, KY
55di y	WLEX WDKY WYMT	56 57	I N	LEXINGTON, KY DANVILLE, KY HAZARD, KY
	WLEX WDKY WYMT	56 57	I N	LEXINGTON, KY DANVILLE, KY HAZARD, KY
ssai y	WLEX WDKY WYMT	56 57	I N	LEXINGTON, KY DANVILLE, KY HAZARD, KY
essaiy	WLEX WDKY WYMT	56 57	I N	LEXINGTON, KY DANVILLE, KY HAZARD, KY
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essaiy	WLEX WDKY WYMT	56 57	I N	LEXINGTON, KY DANVILLE, KY HAZARD, KY
essaiy	WLEX WDKY WYMT	56 57	I N	LEXINGTON, KY DANVILLE, KY HAZARD, KY
Jessal y	WLEX WDKY WYMT	56 57	I N	LEXINGTON, KY DANVILLE, KY HAZARD, KY
essaiy	WLEX WDKY WYMT	56 57	I N	LEXINGTON, KY DANVILLE, KY HAZARD, KY
UCSSGI Y	WLEX WDKY WYMT	56 57	I N	LEXINGTON, KY DANVILLE, KY HAZARD, KY
ecessary	WLEX WDKY WYMT	56 57	I N	LEXINGTON, KY DANVILLE, KY HAZARD, KY

Accounting P LEGAL NAME OF			(STEM:					SYSTEM I
C & W CABL	E INC							104
	every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) on the basis of f for detailed info paper SA1-2 for Column 1: lo	it is carried by monitoring, to prmation abou m. lentify the call	y the sys be recei It the Cc	I-Band FM Carriage: Under of stem whenever it is received a wed at the headend, with the opyright Office regulations on each station carried. on is AM or FM.	it the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 3: If ignal, indicate Column 4: G	the radio stat this by placing ive the station	ion's sig g a checl n's locati	nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	ne station is licens	sed by the FC			
		-						
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2018/1						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	C & W CABLE INC							1049
<u> </u>	SUBSTITUTE CARRIAGE				6			
I I						on that your	achla avata	m corried on a
•	In General: In space I, identi substitute basis during the ad							
Substitute	explanation of the programmi							
Carriage:					general motio			2 101111.
Special	1. SPECIAL STATEMENT							
Statement and	During the accounting peri		r cable system	carry, on a substitute basi	s, any nonnei	work televisio	on program	
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	ist complete t	the progran	n
	log in block 2.		1 0	, , , , , , , , , , , , , , , , , , ,			1 0	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible. if their i	meaning is	
	clear. If you need more space					,	J	
	Column 1: Give the title	of every no	nnetwork televi	ision program ("substitute	program") tha	t, during the a	accounting	
	period, was broadcast by a							
	under certain FCC rules, reg							l.
	Do not use general categori "NBA Basketball: 76ers vs.		vies or baske	tball." List specific program	i titles, for exa	ample, "I Love	e Lucy or	
			lcast live enter	r "Yes." Otherwise enter "N	lo "			
				sting the substitute progra				
				e community to which the			CC or, in	
	the case of Mexican or Can							
			when your sys	tem carried the substitute	program. Use	numerals, wi	ith the mon	th
	first. Example: for May 7 giv		substituto pro	aram was carried by your (cablo system	List the time	e accuratol	V
	to the nearest five minutes.			gram was carried by your of the system from 6:01:2				у
	stated as "6:00–6:30 p.m."		program oann		10 p.m. to 0.2	0.00 p.m. one		
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	as required	d
	to delete under FCC rules a							am
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulation	s in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	IITE	
	s	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	- то	
						_	-	
							-	
						_	-	
							-	
						_	-	
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Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: C & W CABLE INC	S	/STEM ID# 1049
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service	.00
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 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$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 that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	-	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	-
	1. Base amount under statutory formula \$ 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)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8.		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2018/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C & W CABL	OWNER OF CABLE SYSTEM: INC		SYSTEM ID 1049
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	You must give (1) the number of channels on whi rs, and (2) the cable system's total number of act al number of channels on which the cable d television broadcast stations	5	8 28
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATIC about this statement of account.)	ON IS NEEDED (Identify an individual to whom	
for Further Information	Name	VEOLA R WILLIAMS	Telephone 6	06) 364-5357
	Address	PO BOX 490 (Number, street, rural route, apartment, or suite number)	
		ANNVILLE, KY 40402-0490 (City, town, state, zip)		
	Email	vbwilliams@prtcnet.org	Fax (optional) (606) 364-2138	
O Certification	I, the undersig (Own (Age (Age) (Alge) (Alge)	ned, hereby certify that (Check one, <i>but only one</i> , of er other than corporation or partnership) I am th net of owner other than corporation or partnershi in line 1 of space B and that the owner is not a corpor cer or partner) I am an officer (if a corporation) or a in line 1 of space B.	e owner of the cable system as identified in line 1 of space B; or p) I am the duly authorized agent of the owner of the cable system ration or partnership; or a partner (if a partnership) of the legal entity identified as owner of er penalty of law that all statements of fact contained herein	
		Enter an electroni	eola R Williams c signature on the line above to certify this statement. ing an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: VEO	LA R WILLIAMS	
		Title: VICE-PRESI (Title of official position held in		

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unting Period: 2018/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
W CABLE INC	1049
 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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mame 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
	Q Interest Assessment
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
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
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