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	Return completed workbool by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	08/13/2018	S ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACCO	OUNTING 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.	
		2 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	25408
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		SWAYZEE COMMUNICATIONS	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		214 S WASHINGTON ST, PO BOX 97 (Number, street, rural route, apartment, or suite number)	
		SWAYZEE, IN 46986 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
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)	
		עסוני, ונשוו, סגמוב, בוף טטעבן	

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	SWAYZEE COMMUNICATIONS	25408
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, c identified city.	or mobile home parks should be reported in parentheses below the
First	CITY OR TOWN SUMMITVILLE	STATE IN
Community		
Add Rows as Necessary		

Name SWAYZEE COMMUNICATIONS E Secondary Secondary Secondary Transmission SECONDARY TRANSMISSION SERVICE: SUBSCRIEERS AND RATES Research Transmission Secondary Secondary Secondary Transmission Secondary Secondary Transmission Retes Secondary Secondary Transmission Secondary Secondary Secondary Transmission Secondary Secondary Secondary Transmission Retes Secondary Secondary Transmission Secondary Secondary Secondary Transmission Secondary Secondary Secondary Transmission Rete Secondary Secondary Transmission Secondary Secondary Transmission Secondary Secondary Transmission Rete Secondary Secondary Transmission Secondary Secondary Transmission Secondary Secondary Transmission Secondary Secondary Transmission Rete Secondary Secondary Transmission Secondary Secondary Transmission Secondary Secondary Transmission Secondary Secondary Transmission Bock 1: In the left-hard block in space E, the form lists the calegory block on the spectra block on the spec									FORM SA1	TEM IC
F SECONDARY TRANSMISSION SERVICE: SUBSCRIEERS 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 and branchasts by your system to addite strain the transmission service in formation in space E. not here. All the facts you state must be those existing on the cable system. That is, the retransmission service in general you can compute the number of subscribers in sections and should other services. Both blocks in space E. (all for the number of subscribers in the cable system. Torkin, the retransmission service in general you can compute the number of subscribers in sequence of secondary transmission service. In general you can compute the number of subscribers in the cable system most commonly privete to include discound and the cable system. That is, the standard rate charged for each category of service. Indue both the anomoly privete in the runther of subscribers and rate for each category be service. Indue both the anomoly privete in their subscriber. Soft the number of subscribers and rate or ange and the number of subscribers and rate or ange and the number of subscribers and rate or ange and the number of subscribers and rate or ange and the number of subscribers and rate or ange and the number of subscribers and rate or ange and the number of subscribers and rate or ange and the number of subscribers and rate or ange sevice that fails under the number of subscribers and rate or ange and the number of subscribers and rate or ange and the number of subscribers and rate or ange and the number of subscribers and rate or ange and the number of subscribers in ange and the number of subscribers and rate or ange and the number of subscribers and rate or ange and the number of subscribers and rate or ange and the number of subscribers and rate or anger and the number or subscribers and rate or ange and the number or subscribers	Name								513	2540
E In General: The information in space E should cover all categories of secondary transmission service the cable system, that is, the retransmission is quice 13, as the case may be). Service: Sub- strings: Sub- Rates Number of Subscribers: Both blocks in space E, not here. All the facts you state must be those existing on the sach category by counting period (use 30 or December 31, as the case may be). Rates Number of Subscribers: Both blocks in space E, not here. All the facts you state must be those existing on the sach category by counting the number of billings in that category (the number of subscribers in each category by counting the number of billings in that category (the number of subscribers in each category by counting the number of billings in that category (the number of subscribers in each category by counting the number of billings in that category (the number of subscribers in each category by counting the number of billings in that category (the number of subscribers and rate (or reach each category by counting the number of billings in that category (the number of subscribers and rate (or reach listed category that applies to your system. Note: Where an individual or organization is receiving service that fails under different subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first et al would be counted one of service shall nucle and or more secondary transmissions). Bit them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is subscriber to first set -Service to first set										2340
Secondary Transmission Rates Secondary abult other services (including paye table) in space F. In othere. All the facts you state must be those existing on the source Sub- sortices and Rates Number of subscribers in the subscribers. Subscribers in development of you adaptites of secondary transmission service. In general, you can compute the number of subscribers to the cable adaptites of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of subscribers in development of building in the number of subscribers in development adaptites of secondary transmission service. In general, you can compute the number of subscribers and rate cable the standard rate charged for each category general induce both the amount of the charge and the unit in which it is generally billed. (Example: "\$200mth"). Summarize any standard rate variations within a particular rate category, but on include discound be counted as a subscriber in sections general to the cable separate to non-trade discound be counted as a subscriber in section specification can be added and the state state cable to your system. Note: Where an individual or organization is receiving service that fails under different disports. In the left hand block in space E. Left form insist the categories of secondary transmission service that are different from those printed in block 1 for example, ters of services that include one or more secondary transmission service in a sufficient. Bick 21: type: cable to subscribers and rates, in the right hand block. A bwo- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 File additional set(s) - FM radio (if separate rate) NO. OF NO. OF NO. OF Service to additional set(s) - FM radio (if separate rate) Service to additional set(s) - FM radio (F	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES								
Secondary Transmission Bervice: Sub- scripting and Rates about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the sample service: Sub- scripting and Rates Rates Including pay cable) in space F, not here. All the facts you state must be those existing on the cable degrey by counting then (unknet 30 or December 31, as the case may be). Rates Rate cable degrey by counting then (unknet 30 or December). In synch, the particular service is each category by counting then (unknet or billings in that category (the number of subscripters in each category by counting then (unknet or billings in that category (the number of subscripters and the each category by counting then (unknet or billings in that category (the number of subscripters and the categories, that perical service). Summing any stander rate variations within a particular rate Biock 11: In the left hand block in space F. the form lists the categories of secondary transmissions exist that fast and work of the cable subscripter who pays exist for cable service to additional sets would be included in the count under "Service to the first at" and would be counted one or services that include one or more secondary transmissions), list them, together with the number of subscripters and rates, in the right-hand block. A two- or time- word description of the service is sufficient. BLOCK 1 BLOCK 1 BLOCK 2 NO. OF CATEGORY OF SERVICE NO. OF Service is additional set(s). Service to first set -Service to first set	E									
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Services Sub- Rates Number of Subscriber's: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondry transmission service. In general, you can compute the number of subscribers in each category by counting the number of subscribers. In general, you can compute the number of subscribers and each category, but do not include discounts allowed for advance payment. Block 11: 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 fails under different categories, that person or entity should be counted as a subscriber in each applicable category. Each list were first set and would be counted once again under "Service to additional sets (would be linked) and the count under "Service to the first set and would be counted once again under "Service to additional sets." In the provide or subscribers and lates, in the right-hand block. A low or three-word description of the service is a sufficient. Block 21: Hoy cash system has also categories for secondary transmissions service in the transmission service to additional set(s): - First act (assecription and lates, in the right-hand block. A low or three-word description of the service is sufficient. Block 11: In the provide system is service static service to first set - Service to additional set(s): - First addit channel - Fire										
Rates 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 indicate—not the number of sets receiving service). Rate: Give the standard rate charged or each category of service. Include both the arrout of the charge and the unit which it is generally billed. (Example: 320 millist the categories of secondary transmission service that catele systems most commonly provide to their subscribers. Give the number of subscribers and rate or each listed category that applies to your system. Note: Where an individual or organization is receiving service that fails under different (categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber whore all each during of secondary transmissions aervice that are different from those printed in block 1 (for example, isen cate categories for secondary transmission service in service is a sufficient. BLOCK 1 BLOCK 1 BLOCK 2 NO. OF CATEGORY OF SERVICE sugscribers RATE CATEGORY OF SERVICE sugscribers Service to first set 32 21.99MO. Service to additional sets (wild be combined on with respect to all your cable system's services that were not combination with respect to all your cable system's services that were not covered in page atter (or to black services). NO. OF Final defination SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In Generat: Space F calls for rate (not subscribers in deniholiton with respect to all your cable system's services that were not covered in p								ole system,	broken	
Separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate totalized (Example: \$20/mth'). Summarize any standard rate variations within a particular rate category, but of on include dottomal solved 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 additional sets 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 transmissions. Jlist them, together with the number of subscribers and rates. In the right-hand block. A two- or three-word description of the service is subscribers and rates. In the right-hand block. A two- or three-word description of the service is subscribers. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE subscribers Service to difficit set 32 21 service ·Service to difficit set 32 21 service ·Service to first set 32 21 service ·Service to first set 32 21 service ·Service to first set 32 21 service	scribers and	down by categories of secondary	rtransmission	service	. In general, yo	u can com	pute the numbe	r of subscri	bers in	
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Biock 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, lies of services that include one or more secondary transmission). Net then, upgether with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 1 BLOCK 2 NO, OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS Residential: • Service to additional set(s) • Service to 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 trunshed to nonsubscribers. Rate information services first set services in the service services in the form of a brief (two- or three-word) description and include the rate for each. Services in the form of a brief (two- or three-word) description and include the rate for each. Servic										
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Services Other Than Secondary Transmissions Rates Services other services in the lock 1 and or which a separate charge do the cable system for each of the applicable services listed. Services other services: Services other services other services in the services other services of the services of ser										
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F Services other than secondary transmission services in a single fee. There are two exceptions: you do not need to give rate information with mespect to all your cable system's services that were not covered in space E, that is, those services that are not offered unroug needed to an variable per-program basis, enter only the letters -PP' in the rate column. Biock 1: Give the standard rate charged by billed. If any rates are charged on a variable per-program basis, enter only the letters -PP' in the rate column. Biock 1: Give reservices in the form of a bird (two reservices in the form of a bird (two reservices) in the letters -PP' in the rate column. Biock 1: Give the standard rate charged by binck 1 information with a separate charge was made or established. List these other services in the form of a bird (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 Isted in block 1 and for which a separate charge was made or established. List these other services in the form of a bird (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 Fire protection BLOCK 1 BLOCK 2 BLOCK 2 CATEGORY OF SERVICE RATE Original of the sender trate Commercial Origina theacond in the due in theacond in th						1			2	
Residential: -Service to first set 32 21.98/MO. Service to additional set(s)								BLOCK		
• Service to first set 32 21.98/MO. • Service to additional set(s) - - • FM radio (if separate rate) - - Motel, hotel - - - Converter - - - - • Residential - - - - - • Non-residential - - - - - - Services 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 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: 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. Elock 1 ELOCK 1 BLOCK 2 EATEGORY OF SERVICE RATE CATEGORY OF SERVICE CATEGORY OF SERVICE Installation: Non-reside			SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI
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•FM radio (if separate rate) Motel, hotel Commercial Converter				32	21.98/MO.					
Motel, hotel Commercial Converter		()								
Commercial Converter Image: Converter • Residential • Non-residential • Non-residential Image: Converter • Continuing Services Image: Converter • Fary cable Image: Converter • Fire protecti		· · · /								
Converter Residential · Residential · Non-residential · Non-residential		,								
• Residential • Non-residential • Non-residential • Non-residential • Non-residential • Non-residential F 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 for each of the applicable services listed. Block 1: Give the standard rate 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. E E E CATEGORY OF SERVICE RATE CATEGORY OF SERVICE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE P ay cable 64.95 • Motel, hotel • Pay cable • Pay cable • Pay cable • Pay cable 64.9		Commercial								
• Non-residential 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 furnismed 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: Clive the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each. Block 1: Continuing Services: Pay cable Pay cable Pay cable Pay cable Pay cable Fire protection Butallation: Residential Fire protection Pay cable Additional set(s) Fir ation (if separate rate) Converter Motel, hotel Pay cable Pay ca		Converter								
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 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 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 for each of the applicable services listed. Block 1: Give the standard rate charged by the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each. Image: Continuing Services: Imatalation: Residential Imatalation: Standard rate Imatalation: Standard Imatalation: Residential Imatalation: Residential Imatalatio		Residential								
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F 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 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. Extreme Continuing Services: 0 • Pay cable 64.95 • Pay cable • Pay cable • Fire protection • Pay cable • Fire protection • Pay cable • Fire protection • Pay cable • Fire set 20.00 • Additional set(s) 50.00 • Fire protection • Burglar protection • Fire rotection										
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Services 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, error only the letters "PP" in the rate column. Transmissions: 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 1 CATEGORY OF SERVICE RATE Ontinuing Services: Installation: Non-residential • Pay cable 64.95 • Notel, hotel • Ocommercial • Fire protection • Pay cable • Fire protection • Pay cable • Fire protection • Pay cable • Fire set 20.00 • Fire rotection • Burglar protection • Fire rotect	F	-	•	,		•	• •			
Other Than Secondary Transmissions: 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: Installation: Non-residential • Pay cable 64.95 • Pay cable 64.95 • Pay cable • Motel, hotel • Pay cable • Pay cable • Fire protection • Burglar protection • First set 20.00 • Fire protection • Burglar protection • Fire additional set(s) 50.00 • FM radio (if separate rate) • Reconnect • Reconnect 40.00										
Secondary ransmissions: Rates 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 Ontinuing Services: Installation: Non-residential Installation: Non-residential • Pay cable 64.95 • Motel, hotel • Pay cable 64.95 • Motel, hotel • Fire protection • Pay cable • Pay cable • Burglar protection • Pay cable • Pay cable • Fire st set 20.00 • Burglar protection • Pay cable • Fire protection • Burglar protection • Burglar protection • Burglar protection • Fire rotection • Burglar protection • Burglar protection • Burglar protection • Fire rotection • Reconnect 40.00 • Reconnect 40.00										
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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 Continuing Services: Installation: Non-residential ATE CATEGORY OF SERVICE Pay cable 64.95 • Motel, hotel • Motel, hotel • Motel, hotel • Pay cable 64.95 • Motel, hotel • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Pay cable • Pay cable • Fires protection • Pay cable • Pay cable • Pay cable • Pay cable • First set 20.00 • Burglar protection • Fire protection • Fire protection • First set 20.00 • Burglar protection • Burglar protection • Reconnect 40.00 • Fird radio (if separate rate) • Reconnect • Disconnect • Disconnect • Disconnect	•			ne cabl	e system for ea	ch of the a	applicable servic	es listed		
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 CATEGORY OF SERVICE Continuing Services: Installation: Non-residential • Pay cable 64.95 • Motel, hotel									were not	
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CATEGORY OF SERVICERATECATEGORY OF SERVICERATECATEGORY OF SERVICEContinuing Services:Installation: Non-residentialMotel, hotelInstallation: Non-residential• Pay cable64.95• Motel, hotel• Commercial• Commercial• Pay cable• Commercial• Pay cable• Pay cable• Commercial• Burglar protection• Pay cable• Pay cable• Pay cable• Burglar protection• Pay cable-add'l channel• Fire protection• Fire protection• First set20.00• Burglar protection• Burglar protection• Additional set(s)50.00Other services:• Reconnect• Converter• Disconnect40.00		brief (two- or three-word) description and include the rate for each.								
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• Pay cable64.95• Motel, hotelImage: Commercial of the second se		CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
• Pay cable—add'l channel • Commercial • Fire protection • Pay cable • Burglar protection • Pay cable-add'l channel • Installation: Residential • Fire protection • First set 20.00 • Additional set(s) • Solution • FM radio (if separate rate) • Reconnect • Converter • Disconnect		Continuing Services:		Install	ation: Non-res	idential				
• Fire protection • Pay cable • Pay cable • Burglar protection • Pay cable-add'l channel • Pay cable-add'l channel Installation: Residential • Fire protection • Burglar protection • First set 20.00 • Burglar protection • Additional set(s) 50.00 Other services: • FM radio (if separate rate) • Reconnect 40.00 • Converter • Disconnect • Disconnect		• Pay cable	64.95	• Mo	tel, hotel					
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• Additional set(s) 50.00 Other services: • FM radio (if separate rate) • Reconnect 40.00 • Converter • Disconnect		• First set	20.00	• Bu	rglar protection					[
Converter Disconnect		 Additional set(s) 	50.00							
		• FM radio (if separate rate)		•Re	connect		40.00			
		· · · /		• Dis	connect					
• Outlet relocation 50.00				• Ou	tlet relocation		50.00			
• Move to new address 20.00										

	I			OVOTENID
Name				SYSTEM ID# 25408
	SWAYZEE COMMUNI PRIMARY TRANSMITTERS:			۵٫۰۰۷ کار ۲۰۰۰ کار ۲۰۰
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter 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 I with a station according to its over-the	<i>t</i> (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat 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, ESP e-air designation. For example, repo- evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station i	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. LOCATION OF STATION
	WFYI	20	Е	INDIANAPOLIS
	WHMB	40	<u> </u>	INDIANAPOLIS
ws as Necessary	WTTV	4	Ν	INDIANAPOLIS
	WRTV	6	Ν	INDIANAPOLIS
	WISH	8	N	INDIANAPOLIS
	WCLJ	42	l	BLOOMINGTON
	WNDY	23	I	INDIANAPOLIS
	WXIN	59	N	INDIANAPOLIS
	WTHR	13	Ν	INDIANAPOLIS

EGAL NAME OF								SYSTEM I 254
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation abou- rm. dentify the cal tate whether the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of the static tion's sig g a checl n's locati	I-Band FM Carriage: Under stem whenever it is received a ived 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 anto this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ige (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		+						

	d: 2018/1						FORM SA1	-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				SY	STEM ID#
Name	SWAYZEE COMMUNIC	ATIONS						25408
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LOO	G			
	In General: In space I, identi	fy every nor	nnetwork televis	ion program, broadcast by	a distant stati	on, that your cable	system car	ried on a
	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instru	uctions in the pape	r SA1-2 forr	n.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting period 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work television pro	ogram	
Statement and Program Log	broadcast by a distant stat	tion?				YE	ES X	NO
r rogram Log	Note: If your answer is "No'	loovo tho	rost of this pag	o blank. If your answor is "				
	-	, leave life	rest of this pag	e blank. Il your answer is	res, you mu	ist complete the pi	logiani	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible if their mean	nina is	
	clear. If you need more spa				nie or or or poor			
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							
	"NBA Basketball: 76ers vs.		vies of baske	ibali. List specific program			y Ol	
			lcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute program				
				e community to which the			or, in	
	the case of Mexican or Can	th and day	when your sys	tem carried the substitute p	station is iden	tified).	e month	
	first. Example: for May 7 giv		when your sys			numerais, with the	c monur	
			substitute pro	gram was carried by your o	cable system.	List the times acc	urately	
	to the nearest five minutes.							
	stated as "6:00-6:30 p.m."		Refer de la ser avecara	and the state of the second second				
	to delete under FCC rules a			was substituted for progra				
	was substituted for program						program	
	effect on October 19, 1976.	5,	· · · , · · · ·					
	s	UBSTITUT	E PROGRAM	l		N SUBSTITUTE AGE OCCURRE	D 7. R	EASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	D	ELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
							10	
		··						

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SWAYZEE COMMUNICATIONS	SI	/STEM ID# 25408
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 s amount, see	, 077.95
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	7,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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		F OWNER OF CABLE SYSTEM:		SYSTEM ID 25408
M Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	ers, and (2) the cable system's t otal number of channels on which ed television broadcast stations otal number of activated channel e cable system carried television		9
N Individual to Be Contacted		TO BE CONTACTED IF FURTH ct about this statement of accourt	ER INFORMATION IS NEEDED (Identify an individual to whom t.)	
for Further Information	Name	TIM MILES		Telephone 765-922-7916
	Address	214 S WASHNIGTON (Number, street, rural route, apart SWAYZEE, IN 46986 (City, town, state, zip)		
	Email		Fax (optional)	
O Certification	• I, the undersig	gned, hereby certify that (Check or	st be certified and signed in accordance with Copyright Office r e, <i>but only one</i> , of the boxes.) rtnership) I am the owner of the cable system as identified in line ion or partnership) I am the duly authorized agent of the owner of	1 of space B; or
	I have examinare true, comp	in line 1 of space B and that the o ficer or partner) I am an officer (i in line 1 of space B. ned the statement of account and I	vner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity iden ereby declare under penalty of law that all statements of fact conta knowledge, information, and belief, and are made in good faith.	tified as owner of the cable system
			X /s/ Audra Hicks Enter an electronic signature on the line above to certify this statem Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	nent.
		Typed or printed		
		Title: (Title of c	OFFICE MANAGER ficial position held in corporation or partnership)	
		Date:	8/13/18	

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 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 fling, a determination that would be made by a court of lave

NAME OF OWNER OF CABLE SYSTEM: YZEE COMMUNICATIONS 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 fol- owing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	sysтем II 2540 Р
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For more information on when to exclude these amounts, see the note on page (vii) of the general instructions ocated 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?	Special Statement Concerning Gross Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
	-
Name Name Name 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	1
X	-
- ine 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	
- ine 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
ine 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	_
(interest charge)	
* 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 ist below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
OwnerAddress	"
Address	

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