This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

| FOR COPYRIGHT OFFICE USE ONLY | | | | | |
|-------------------------------|----------------------|--|--|--|--|
| DATE RECEIVED | AMOUNT | | | | |
| 8/15/2018 | \$ ALLOCATION NUMBER | | | | |

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

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| Α | ACCO | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) | | | |
| | | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 | | | |
| | | 20181 Barcode Data Filing Period (optional - see instructions) | | | |
| Accounting Period | | | | | |
| | | to the other transfer of the contract of the c | | | |
| 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. | | | |
| | | | | | |
| | | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | |
| | | CLEAR CREEK MUTUAL TELEPHONE CO | | | |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) | | | |
| | | | | | |
| | | MAILING ADDRESS OF OWNER OF CABLE SYSTEM | | | |
| | | 18238 S FISCHERS MILL RD (Number, street, rural route, apartment, or suite number) | | | |
| | | OREGON CITY OR 97045-9612 | | | |
| | | (City, town, state, zip) | | | |
| С | | UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. | | | |
| System | IDENTIFICATION OF CABLE SYSTEM: | | | | |
| | 1 | | | | |
| | | MAILING ADDRESS OF CABLE SYSTEM: | | | |
| | 2 | (Number, street, rural route, apartment, or suite number) | | | |
| | | (City, town, state, zip code) | | | |
| I | 1 | Norty, totalle, zip oode) | | | |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

| • · · · · · · · · · · · · · · · · · · · | 2040./4 | | | | | | | |
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| Accounting Period: | 2018/1 | FORM SA1-2E. PAGE 1b. | | | | | | |
| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | | | | | | |
| Name | CLEAR CREEK MUTUAL TELEPHONE CO | 61096 | | | | | | |
| | Instructions: List each separate community served by the cable system. A "community served by the cable system." | | | | | | | |
| D | "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the | | | | | | | |
| Area | identified city. | | | | | | | |
| Served | | | | | | | | |
| | | | | | | | | |
| | CITY OR TOWN | STATE | | | | | | |
| First | OREGON CITY | OR | | | | | | |
| Community | | | | | | | | |
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| Add Rows as Necessary | | | | | | | | |
| Add Nows as Necessary | | | | | | | | |
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Accounting Period: 2018/1

FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

*SYSTEM ID 61096

CLEAR CREEK MUTUAL TELEPHONE CO

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

| BL | BLOCK 1 BLOCK 2 | | | | |
|--------------------------------------------------|-----------------------|-------|-------------------------------|-----------------------|-------|
| CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE |
| Residential: | | | | | |
| Service to first set | 1,001 | 36.00 | PLUS | 465 | 21.71 |
| Service to additional set(s) | | | HD CONVERTER | 581 | 7.00 |
| FM radio (if separate rate) | | | DVR CONVERTER | 272 | 7.00 |
| Motel, hotel | | | DVR SERVICE | 243 | 5.50 |
| Commercial | | | DVR SVC NO DIGITAL SVC | 28 | 12.50 |
| Converter | | | | | |
| Residential | 772 | 3.00 | | | |
| Non-residential | | | | | |

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

| BLOCK 1 | | | | | BLOCK 2 | |
|---------------------------------------------|-------|---------------------------------------------|-------|---|---------------------|-------|
| CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE | | CATEGORY OF SERVICE | RATE |
| Continuing Services: | | Installation: Non-residential | | | | |
| Pay cable | | Motel, hotel | | | ENHANCED SVC | 56.28 |
| Pay cable—add'l channel | | Commercial | | | HBO PKG | 21.50 |
| Fire protection | | • Pay cable | | | SHOWTIME PKG | 20.83 |
| Burglar protection | | Pay cable-add'l channel | | | CINEMAX PKG | 22.50 |
| Installation: Residential | | Fire protection | | | STARZ PKG | 10.00 |
| • First set | 29.95 | Burglar protection | | | | |
| Additional set(s) | 19.95 | Other services: | | | | |
| • FM radio (if separate rate) | | Reconnect | 19.95 | | | |
| Converter | | Disconnect | | ĺ | | |
| | | Outlet relocation | 29.95 | ı | | |
| | | Move to new address | 29.95 | ı | | |
| | | | | | | |

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 61096

CLEAR CREEK MUTUAL TELEPHONE CO

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

| KATU 2 | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|--------------------|------------------------|
| KGW 8 N PORTLAND OR KOPB 10 E PORTLAND OR KRCW 11 N SALEM OR KPTV 12 N PORTLAND OR KPDX 13 N PORTLAND OR KNMT 17 N PORTLAND OR | KATU | 2 | N | PORTLAND OR |
| KOPB 10 E PORTLAND OR KRCW 11 N SALEM OR KPTV 12 N PORTLAND OR KPDX 13 N PORTLAND OR KNMT 17 N PORTLAND OR | KOIN | 6 | N | PORTLAND OR |
| KRCW 11 N SALEM OR KPTV 12 N PORTLAND OR KPDX 13 N PORTLAND OR KNMT 17 N PORTLAND OR | KGW | 8 | N | PORTLAND OR |
| KPTV 12 N PORTLAND OR KPDX 13 N PORTLAND OR KNMT 17 N PORTLAND OR | КОРВ | 10 | E | PORTLAND OR |
| KPDX 13 N PORTLAND OR KNMT 17 N PORTLAND OR | KRCW | 11 | N | SALEM OR |
| KNMT 17 N PORTLAND OR | KPTV | 12 | N | PORTLAND OR |
| | KPDX | 13 | N | PORTLAND OR |
| KPXG 19 N SALEMOR | KNMT | 17 | N | PORTLAND OR |
| | KPXG | 19 | N | SALEM OR |
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

61096

CLEAR CREEK MUTUAL TELEPHONE CO

PRIMARY TRANSMITTERS: RADIO

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION |
|-----------|----------|-----|---------------------|-----------|----------|-----|---------------------|
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| Accounting Perio | LEGAL NAME OF OWNER OF | CABLE SYS | TFM: | | | | FURI | M SA1-2E. PAGE 5. SYSTEM ID# |
| Name | CLEAR CREEK MUTU | | | | | | | 61096 |
| Substitute Carriage: Special Statement and Program Log | period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program | ify every noneccounting pring that mu T CONCEFTION, did you tion? ", leave the titute progratice, please of every not distant state gulations, or ies like "mo Bulls." m was broad sign of the addrast stating addrast stating that and day we "5/7." es when the Example: a er "R" if the and regulation ming that the state of the and regulation in the state of the state | eriod, under spet be included RNING SUBS ur cable system e rest of this paradd additional additional that your authorizatio by a location (froms, if any, the when your system a program care listed program care inside in effect of the station broadd on's location (froms, if any, the when your system as a listed program care listed program care inside in effect of the station broadditional that is the system of the sy | ision program, broadcast by becific present and former F in this log, see page (v) of the thing that log, see page (v) of the transport of the | a distant sta CC rules, reg he general ins sis, any nonr s "Yes," you r s wherever po e program") the defor the pro- neral instruct am titles, for e "No." ram. e station is lide e program. Use r cable system 1:15 p.m. to 6 ramming that id; enter the li- | ulations, of structions network to must compossible, if that, during the beautified by entified), see numers. m. List the cite of the cit | relevision progente the progente the progente the progente the progente the progente their meaning of another urther information of the FCC or, als, with the relevant the times accurrented the progente tem was required the listed principle of the listed principle in the progente the progente tem was required to the progente tem | ns. For a further A1-2 form. ram X NO gram g is ting station stion. or in month ately |
| | effect on October 19, 1976 | • | | | 1 | | | |
| | SUBSTITUTE PROGRAM WHEN SUBSTITUTE CARRIAGE OCCURRED 7- | | | | | | 7. REASON FOR | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | | TIMES | DELETION |
| | 1. THEE OF TROOPS | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM | <u>— то</u> | |
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| Accounting Period: | 2018/1 | | | FORM S | A1-2E. PAGE 6. |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------|-----------------------------|----------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CLEAR CREEK MUTUAL TELEPHONE CO | | | \$ | 61096 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatio 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. | ystem's sec n of how to | condary transmi compute this a | ssion service mount, see | 20,187.56 |
| 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 b Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in | out less tha | n \$527,600 | 63,800 | |
| | BLOCK 1: GROSS RECEIPTS OF \$137 | ,100 OR L | .ESS | | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00 | y fee that yo | ou must pay for t | his six-mon | |
| | Line 1. Royalty fee for accounting period | | | | |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | | | | 0.00 |
| | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin | es 1 and 2 | | | |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES | S (but mo | re than \$137,1 | 00) | |
| | Base amount under statutory formula | \$ | 263,800.00 | | |
| | 2. Enter amount of gross receipts from space K | | | | |
| | 3. Subtract line 2 from line 1 | | | | |
| | 4. Enter the amount of gross receipts from space K | | | | |
| | 5. Enter the amount from line 3 | | | | |
| | 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 le | ess than \$527, | 600) | |
| | Enter the amount of gross receipts from space K | \$ | 320,187.56 | | |
| | 2. Base amount under statutory formula | \$ | 263,800.00 | | |
| | 3. Subtract line 2 from line 1 | \$ | 56,387.56 | | |
| | 4. Multiply line 3 by .01 | | \$ | 563.88 | |
| | 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 | · · · · · · · · · · · · · · · · · · · | \$ | 1,882.88 |
| | FILING FEE AND TOTAL REMITTANCE DU | E | | | |
| | | | | | |
| Filing Fee and Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | | \$ | 1,882.88 | |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) . | •••••• | \$ | 20.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \dots | | | \$ | 1,902.88 |
| | Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1 | | _ | | ghts! |

| Accounting Period: | 2018/1 | FORM SA1-2E. PAGE 7 |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CLEAR CREEK MUTUAL TELEPHONE CO | SYSTEM ID# 61096 |
| M Channels | CHANNELS Instructions: You must give (1) the number of channels on which the cable system its subscribers, and (2) the cable system's total number of activated channels. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. | g during the accounting period. |
| N Individual to | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED we can contact about this statement of account.) | (Identify an individual to whom |
| for Further Information | Name DIANE ORI | Telephone 503 845-4442 |
| | Address PO BOX 1189 (Number, street, rural route, apartment, or suite number) MT ANGEL OR 97362 (City, town, state, zip) Email dori@cbsoregon.com | Fax (optional) 503 845-4445 |
| | | |
| 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 in line 1 of space B and that the owner is not a corporation or partnership in I am an officer (if a corporation) or a partner (if a pin line 1 of space B. I have examined the statement of account and hereby declare under penalty of lare true, complete, and correct to the best of my knowledge, information, and belie [18 U.S.C., Section 1001(1986)] | cable system as identified in line 1 of space B; or y authorized agent of the owner of the cable system as identified ership; or artnership) of the legal entity identified as owner of the cable system we that all statements of fact contained herein |
| | Enter an electronic signature on the Enter signature using an "/s/ signature u | e line above to certify this statement. |
| | Title: President (Title of official position held in corporation or part | nership) |
| | 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 this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

| ounting Period: 2018/1 | FORM SA1-2E. PAGE 8. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| EAR CREEK MUTUAL TELEPHONE CO | 61096 |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO | P Special Statement Concerning Gross Receipts Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below | |
| Name Mailing Address Mailing Address | |
| INTEREST ASSESSMENT | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. | Q |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | |
| Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. | |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. | |
| Owner | |
| Address | |
| ID number First community served Accounting period | |

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