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					
05/09/2019	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACC	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.
		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
		Standard Tobacco Company, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Bracken Cablevision
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. Box 100 (Number, street, rural route, apartment, or suite number)
		Maysville, KY 41056 (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 unless these s 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	1	IDENTIFICATION OF CABLE SYSTEM:
	<u> </u>	Bracken Cablevision
		MAILING ADDRESS OF CABLE SYSTEM:
	2	P.O. Box 100 [Number, street, rural route, apartment, or suite number)
		Maysville, KY 41056 (City, town, state, zip code)

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM
Name		
	Standard Tobacco Company, Inc. Instructions: List each separate community served by the cable system. A "commun	8
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you last the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single ist will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Augusta	KY
Community	Brooksville	KY
	Germantown	KY
Rows as Necessary	Mt. Olivet	KY

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

867

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Standard Tobacco Company, Inc.

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	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE	E			
Residential:							
Service to first set	655	38.95					
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
		T					

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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	21.95	Motel, hotel	40.00		
 Pay cable—add'l channel 	21.95	Commercial	40.00		
 Fire protection 		• Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	40.00	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	40.00		
		Move to new address	40.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Standard Tobacco Company, Inc.

867

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WUPX	21	N	Morehead, KY
WUPX-2	21-2	N-M	Morehead, KY
WUPX-3	21-3	N-M	Morehead, KY
WKYT	36	N	Lexington, KY
WKYT-3	36-3	N-M	Lexington, KY
WLEX	39	N	Lexington, KY
WLEX-2	39-2	N-M	Lexington, KY
WKMR	15	E	Lexington, KY
WKMR-2	15-2	E-M	Lexington, KY
WKMR-3	15-3	E-M	Lexington, KY
WLWT	35	N	Cincinnati, OH
WLWT-2	35-2	N-M	Cincinnati, OH
WXIX	29	N	Cincinnati, OH
WXIX-2	29-2	N-M	Cincinnati, OH
WXIX-3	29-3	N-M	Cincinnati, OH
WCPO	22	N	Cincinnati, OH
WCPO-2	22-2	N-M	Cincinnati, OH
WCPO-3	22-3	N-M	Cincinnati, OH
WSTR	33	N	Cincinnati, OH
WSTR-2	33-2	N-M	Cincinnati, OH
WSTR-3	33-3	N-M	Cincinnati, OH
WSTR-4	33-4	N-M	Cincinnati, OH
WKRC	12	N	Cincinnati, OH
WKRC-2	12-2	N-M	Cincinnati, OH
WKRC-3	12-3	N-M	Cincinnati, OH

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 867 Standard Tobacco Company, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** 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. Transmitters: Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION WCET 34 Ε Cincinnati, OH WCET-2 34-2 E-M Cincinnati, OH WCET-3 34-3 E-M Cincinnati, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Standard Tobacco Company, Inc.

867

PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

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

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

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

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

CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION OF	CALL SIGN	AM or EM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
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Accounting Perio	d: 2018/1 LEGAL NAME OF OWNER OF	CADLE CVC	TENA:				FOR	M SA1-2E. PAGE 5.			
Name	Standard Tobacco Cor							SYSTEM ID# 867			
	SUBSTITUTE CAPPIAGE	- SDECIA	N STATEME	NT AND PROGRAM I	26						
Substitute	In General: In space I, identi substitute basis during the a	IBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a betitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further blanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE							
Special	During the accounting periods				sis. anv nonne	etwork telev	ision progran	n			
Statement and	broadcast by a distant state	-		, ,	, - , -						
Program Log						L	YES	<u></u> NO			
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	s "Yes," you m	ust complet	e the progra	m			
	log in block 2.										
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete under FCC rules and regulations in										
	effect on October 19, 1976.				WH	EN SUBST	ITUTE				
	S	UBSTITUT	E PROGRAM	<u> </u>	CARF	RIAGE OCC	URRED	7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES — TO	DELETION			
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ccounting Period:		NAME OF OW	NER OF CABI	LE SYSTEM	Л:									-2E. PAGE STEM II
Name	_	ndard Tob												86
K Gross Receipts	Instru all an (as id page	OSS RECEIL uctions: The mounts (gross dentified in s (vii) of the g Gross receip	e figure you ss receipts) pace E) du general inst ots from sub	paid to y ring the a ructions oscribers	our cabl accounting located in for seco	le system ting period. in the pape ondary tran	by subsci For a fur er SA1-2 esmission	ibers for the her explar form. service(s)	ne system nation of h	n's secon	ndary tran ompute th	ismission se nis amount,	ervice see	
		during the acontrol of the control o										\$ (Amount		459.15 receipts)
Copyright Royalty Fee	Instruc Comp Use to Use to Use to	RIGHT ROY ctions: To co plete block 1 block 1 if the block 2 if the block 3 if the ge (vi) of the	ompute the l, block 2, of amount of amount of amount of amount of	royalty for block gross regross regross re	3. eceipts in eceipts in eceipts in	n space K i n space K i n space K i	s more the	ıan \$137,1 ıan \$263,8	00 but les	ss than s		o \$263,800		
				В	LOCK 1	I: GROSS	RECEIF	TS OF \$1	37,100 C	OR LES	S			
		uctions: As a unting period		m with gr	oss recei	ipts of \$137	7,100 or le	ess, the roy	alty fee th	at you m	nust pay fo	r this six-mo	onth	
	Line 1	1. Royalty fee	e for accour	nting perio	od							· · ·		
	Line 2	2. Interest ch	arge. Enter	r the amo	unt from	line 4, spac	ce Q, pag	e 8						0.00
	Line 3	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2												
	1. Ba:	se amount u							,		3,800.00			
		ter amount o									1,459.15	_		
	3. Sul	btract line 2 t	from line 1 .						\$	11:	2,340.85	_		
	4. En	ter the amou	nt of gross i	receipts fi	rom spac	ce K				\$		151,459.1	15	
	5. Ent	ter the amou	nt from line	3						\$		112,340.8	35_	
	6. Sul	btract line 5 t	from line 4 .							\$		39,118.3	30_	
	7. Mu	ultiply line 6 b	y .005 (ente	er figure h	iere)							\$	•	195.59
	8. Inte	erest charge.	Enter the	amount fr	om line 4	4, space Q,	page 8 .							0.00
	9. TO	TAL ROYAL	TY FEE PA	YABLE	FOR AC	COUNTING	3 PERIOI). Add lines	3 7 and 8 .			. \$		195.59
			BLOCK	3: GRO	SS REC	CEIPTS O	F MORE	THAN \$2	63,800 (I	but less	than \$52	27,600)		
	1. Ent	ter the amou	nt of gross i	receipts fi	rom spac	ce K			·			_		
	2. Ba	se amount u	nder statuto	ry formul	a				\$	26	3,800.00	_		
	3. Sul	btract line 2 t	from line 1 .						-			_		
	4. Mu	ultiply line 3 b	y .01											
	5. Ro	yalty due on	the first \$26	63,800 of	gross red	ceipts (und	er statuto	ry formula)		<u>\$</u>		1,319.0	00_	
	6. Inte	erest charge.	Enter the	amount fr	om line 4	4, space Q,	page 8 .					0.0	00_	
	7. TO	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6												
	1			FILING	FEE A	AND TOTA	L REMI	TANCE [UE					
Filing Fee and														
Total Remittance Due	1. Ro	yalty Fee Pa	yable for Ad	ccounting	Period (1	from Block	1, 2, or 3	above)		<u>\$</u>		195.5		
240	2. Fili	ing Fee (See	the instruct	ions for n	nore info	rmation on	filing fee	calculations	3)	<u>\$</u>		20.0	00_	
	3. TO	TAL AMOU	NT DUE FO	R ACCO	UNTING	PERIOD.	Add line	s 2 and 3 .				\$	- :	215.59
		Important	Your rem	ittance n	nust be i	in the form	of an ele	ectronic pa	yment pa	ayable to	o the Reg	ister of Cop	yright	:s!
			See pa	ge i of th	e genera	al instructi	ons in th	e paper S/	1-2 form	for mo	re informa	ation.		

Accounting Period:	2018/1			FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM:		SYSTEM ID# 867
M Channels	to its subscribers 1. Enter the total system carried to the carried on which the carried to the	, and (2) the cable system's to number of channels on which television broadcast stations . number of activated channels ble system carried television b		10
N Individual to Be Contacted		BE CONTACTED IF FURTHE bout this statement of account	R INFORMATION IS NEEDED (Identify an individual to whom .)	
for Further Information	Name	Jeff Cracraft	Telephone 60	06-564-5678 ext. 316
	Address	P.O. Box 100 (Number, street, rural route, apartm	ent, or suite number)	
		Maysville, KY 41056 (City, town, state, zip)		
	Email	standtob@mays	villeky.net Fax (optional) 866-491-8553	
0	CERTIFICATION (This statement of account mus	st be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check one	e, but only one, of the boxes.)	
	(Owner	other than corporation or par	rtnership) I am the owner of the cable system as identified in line 1 of space B; or	
			on or partnership) I am the duly authorized agent of the owner of the cable systemer is not a corporation or partnership; or	em as identified
		er or partner) I am an officer (if a ine 1 of space B.	a corporation) or a partner (if a partnership) of the legal entity identified as owner o	of the cable system
		, and correct to the best of my k	ereby declare under penalty of law that all statements of fact contained herein nowledge, information, and belief, and are made in good faith.	
			X /s/Jeffery A Cracraft	
			Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name: Jeffery A Cracraft	
			Vice-President icial position held in corporation or partnership)	
		Date:	7/14/18	

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 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

counting Period: 2018/1	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
andard Tobacco Company, Inc.	867
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."	Special Statement Concerning Gross Receipts Exclusion
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.	Receipts Exclusion
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?	
NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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	

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 th 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.