This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook	02/20/2019	S ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2018/2 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
		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
		Haefele TV Inc
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 312
		(Number, street, rural route, apartment, or suite number) Spencer, NY 14883-0312
		(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: Enfield
		MAILING ADDRESS OF CABLE SYSTEM:
	2	same as above (Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

Projections Exercise Second	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
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. Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First Citry or town STATE Community HECTOR TOWN HECTOR NY CATHARINE TOWN NY		Haefele TV Inc	1687
Served identified city. First CITY OR TOWN Community STATE HECTOR TOWN CATHARINE TOWN	D	"a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
City or town STATE First ENFIELD TOWN NY Community HECTOR TOWN NY CATHARINE TOWN NY	Area		bile home parks should be reported in parentheses below the
First ENFIELD TOWN NY Community HECTOR TOWN NY CATHARINE TOWN NY	Served	identified city.	
Community HECTOR TOWN NY CATHARINE TOWN NY			
CATHARINE TOWN NY			
	Community		
		CATHARINE TOWN	NY
	dd Rows as Necessary		
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	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	TEM I
Name	Haefele TV Inc							010	16
Е	SECONDARY TRANSMISSION In General: The information in s	pace E should	cover all	categories of	secondar				
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the nu								
	separately for the particular servi	ice at the rate i	ndicated	-not the num	nber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc	•	,		ny stanuai		s within a p		
	Block 1: In the left-hand block	in space E, the	e form lis	ts the categor					
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count un	der "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	nd rates, in the	right-ha	and block. A tv	vo- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:								
	Service to first set		433	24.95					
	 Service to additional set(s) 		296	1.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat not covered in space E, that is, the	·	,		•	, ,			
-	service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services of								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually i	billed. If any ra	ites are ch	larged on a varia	able per-pr	ogram basis,	
ransmissions:	Block 1: Give the standard rat	e charged by th							
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Installa	tion: Non-res	idential				
	Pay cable	9.00/14.95		el, hotel					
	_			nmercial					
	Pay cable—add'l channel		• Pay	cable					
	Fire protection		• Dov	coble addit -	annal				
	Fire protection Burglar protection			cable-add'l ch	annel				
	Fire protection	30.00	• Fire	protection					
	Fire protection Burglar protection Installation: Residential	<u>30.00</u> 10.00	• Fire • Burg						
	Fire protection Burglar protection Installation: Residential First set		• Fire • Burg Other s	protection glar protection		30.00			
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Fire • Burg Other s • Rec	protection glar protection ervices:		30.00			
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Burg Other s • Rec • Disc	protection glar protection ervices: onnect		30.00			

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Haefele TV Inc			1
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable system FCC rules and regulations in	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61	(1) stations carried only on a part-time carriage of certain network progra	time basis under ams [sections
Transmitters: Television	substitute program basis, as Substitute Basis Stations: basis under specific FCC rul	s explained in the next paragraph. With respect to any distant stations calules, regulations, or authorizations:	arried by your cable system on a sub	bstitute program
	• Do not list the station here station was carried only on a	e in space G—but do list it in space I (the a substitute basis.	e Special Statement and Frogram	Log)—if the
	basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe	el number the FCC assigned to the telev	see page (v) of the general instructior orogram services such as HBO, ESF e-air designation. For example, repo	ions. PN, etc. Identify each ort multistream
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	(RC is channel 4 in Washington, D.C. a case whether the station is a network s rring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list t dian stations, if any, give the name of the stations.	for network multicast), "I" (for indeper or "E-M" (for noncommercial education of the paper SA1-2 form. the community to which the station	endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WSTM DT 3-1	24	Ν	SYRACUSE, NY
	WSTQ DT 3-2	24	N-M	SYRACUSE, NY
Rows as Necessary	WSTM DT 3-3	24	N-M	SYRACUSE, NY
	WSKG DT 46-1	42	E	BINGHAMTON, NY
	WSKG DT 46-2	42	E-M	BINGHAMTON, NY
	WSKG DT 46-3	42	E-M	BINGHAMTON, NY
	WCNY DT 24-1	25	E	SYRACUSE, NY
	WCNY DT 24-2	25	E-M	SYRACUSE, NY
	WCNY DT 24-3	25	E-M	SYRACUSE, NY
	WCNY DT 24-4	25	E-M	SYRACUSE, NY
	WSYR DT 9-1	17	N	SYRACUSE, NY
	WSYR DT 9-2	17	N-M	SYRACUSE, NY
	WSYR DT 9-3	17	N-M	SYRACUSE, NY
	WSYR DT 9-4	17	N-M	SYRACUSE, NY
		· · · · · · · · · · · · · · · · · · ·		
	WTVH DT 5-1	47	Ν	SYRACUSE, NY
	WTVH DT 5-1 WTVH DT 5-2	47 47	N N	SYRACUSE, NY SYRACUSE, NY
		•		
	WTVH DT 5-2	47	N	SYRACUSE, NY
	WTVH DT 5-2 WENY DT 36-1	47 36	N N	SYRACUSE, NY ELMIRA, NY
	WTVH DT 5-2 WENY DT 36-1 WENY DT 36-2 WENY DT 36-3	47 36 36 36 36	N N N N-M	SYRACUSE, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY
	WTVH DT 5-2 WENY DT 36-1 WENY DT 36-2 WENY DT 36-3 WENY DT 36-4	47 36 36	N N N N-M N-M	SYRACUSE, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY
	WTVH DT 5-2 WENY DT 36-1 WENY DT 36-2 WENY DT 36-3 WENY DT 36-4 WSYT DT 68-1	47 36 36 36 36 36 19	N N N N-M N-M N	SYRACUSE, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY SYRACUSE, NY
	WTVH DT 5-2 WENY DT 36-1 WENY DT 36-2 WENY DT 36-3 WENY DT 36-4 WSYT DT 68-1 WSYT DT 68-2	47 36 36 36 36 19 19 19	N N N N-M N-M	SYRACUSE, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY SYRACUSE, NY
	WTVH DT 5-2 WENY DT 36-1 WENY DT 36-2 WENY DT 36-3 WENY DT 36-4 WSYT DT 68-1	47 36 36 36 36 36 19	N N N N-M N-M N-M	SYRACUSE, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY SYRACUSE, NY

					PAG
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE	
Manie	Haefele TV Inc				16
	PRIMARY TRANSMITTERS	: TELEVISION			
G Primary ransmitters: Television	In General: In space G, ic carried by your cable syst FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station here, and basis. For further informat Column 1: List each statii multicast stream associaté "WETA-2" as the same or Column 2: Give the chan of license. For example, V Column 3: Indicate in each educational station, by en	dentify every television station (including t em during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. is: With respect to any distant stations can rules, regulations, or authorizations: re in space G—but do list it in space I (then a substitute basis. I also in space I, if the station was carried ion concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain s rried by your cable system on a s e Special Statement and Program both on a substitute basis and al see page (v) of the general instru- ogram services such as HBO, Es air designation. For example, re- rision station for broadcasting over tation, an independent station, or	t-time basis under grams [sections tations carried on a substitute program m Log)—if the lso on some other ictions. SPN, etc. Identify each iport multistream er the air in its community r a noncommercial	
	For the meaning of these Column 4: Give the location	i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list is adian stations, if any, give the name of th	"E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static	ational multicast). on is licensed by the	
	For the meaning of these Column 4: Give the location	t), "E ["] (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list i	"E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static	ational multicast). on is licensed by the	
	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can	i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list i adian stations, if any, give the name of th	"E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static e community with which the static	ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION	
	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WSPX DT 56-2	 t), "E" (for noncommercial educational), of terms, see page (iv) of the general instruction of each station. For U.S. stations, list if adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 	"E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION I-M	ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION SYRACUSE, NY	
	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN	 t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list if adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 	"E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION	ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION	
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	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WSPX DT 56-2	 t), "E" (for noncommercial educational), of terms, see page (iv) of the general instruction of each station. For U.S. stations, list if adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 	"E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION I-M	ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION SYRACUSE, NY	
	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WSPX DT 56-2	 t), "E" (for noncommercial educational), of terms, see page (iv) of the general instruction of each station. For U.S. stations, list if adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 	"E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION I-M	ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION SYRACUSE, NY	
	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WSPX DT 56-2	 t), "E" (for noncommercial educational), of terms, see page (iv) of the general instruction of each station. For U.S. stations, list if adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 	"E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION I-M	ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION SYRACUSE, NY	

Accounting F			(075) ·				FORM	I SA1-2E. PAGE
LEGAL NAME OF Haefele TV I		ABLE SI	ISIEM:					SYSTEM ID 168
								100
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
ecceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing Sive the station	y the sys be recein t the Co sign of the the static ion's sig g a chech n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on t 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	t the system's he system's FM ante this point, see pa ed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain sl jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
	AN4 514	0/D			AN4 514			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
NA								
					·			

Accounting Perio	od: 2018/2						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Haefele TV Inc						1687
	SUBSTITUTE CARRIAGE				G		
1					•	ion that your cab	lo system carried on a
•	In General: In space I, identi substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMENT						
Special	During the accounting period					work tolovision r	program
Statement and		-	r cable system	carry, on a substitute basi	s, any nonne		
Program Log	broadcast by a distant stat	lion?					YES XNO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete the	program
	log in block 2.						
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst	itute progra	m on a separa	te line. Use abbreviations	wherever pos	sible, if their mea	aning is
	clear. If you need more span						
				sion program ("substitute			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categori						
	"NBA Basketball: 76ers vs.						
				"Yes." Otherwise enter "N			
				sting the substitute progra			
				e community to which the			; or, in
	the case of Mexican or Can			tem carried the substitute			the month
	first. Example: for May 7 giv		when your sys		ologiani. Ose	numerais, with t	
			substitute pro	gram was carried by your	cable system.	List the times ad	ccurately
	to the nearest five minutes.						
	stated as "6:00-6:30 p.m."						
				was substituted for progra			
	to delete under FCC rules a was substituted for program						
	effect on October 19, 1976.		our system wa				1
	,						
						N SUBSTITUTI	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCURR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	TO DELETION
						_	

Accounting Period:	2018/2 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID: Haefele TV Inc 1687
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
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 \$263,800 • 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. 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 this six-mon accounting period is \$52.00 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
	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
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00 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
	EFT Trace # or TRANSACTION ID # 26FI0EGB
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2018/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME C Haefele TV I	DF OWNER OF CABLE SYSTEM: Inc	SYSTEM ID 1687
M Channels	 to its subscrit 1. Enter the tr system carr 2. Enter the tr on which the 	: You must give (1) the number of channels on which the cable system carried television broadcast states, and (2) the cable system's total number of activated channels during the accounting period. otal number of channels on which the cable ried television broadcast stations	ations 27 81
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom act about this statement of account.)	
for Further Information	Name	Lee Haefele Tele	ephone 607-589-6235
	Address	PO Box 312 24 E Tioga Street (Number, street, rural route, apartment, or suite number) Spencer, NY 14883 (City, town, state, zip)	
	Email	htv@htva.net Fax (optional) 607-5	589-7211
O Certification	I, the undersite (Over the original of th	ON (This statement of account must be certified and signed in accordance with Copyright Office regula igned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) wher other than corporation or partnership) I am the owner of the cable system as identified in line 1 of signet of owner other than corporation or partnership) I am the duly authorized agent of the owner of the owner of the cable system as identified in line 1 of signet of owner other than corporation or partnership) I am the duly authorized agent of the owner of the owner of the owner of partner or partner of space B and that the owner is not a corporation or partnership; or	space B; or cable system as identified as owner of the cable system
		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: Lee Haefele Title: President (Title of official position held in corporation or partnership) Date: 2/20/2019	

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 filing, a determination that would be made by a court of law

unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
fele TV Inc	168
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name	P Special Statement Concerning Gross Receipts Exclusion
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.	0
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