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

STATEME		FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	 <u>coplicsoa@copyright.gov</u>
General instruc	<i>ms (Short Form)</i> ctions are located of this workbook	02/12/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y)	/YY/(Period))	
	2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20182	Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full co	rporate title
Owner	List any other name or names under which	the owner conducts the business of t	he cable system.	
	If there were different owners during the a single statement of account and royalty fee		the last day of the accounting period should s ting period.	ubmit 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		
	HunTel CableVision, Inc.			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	)	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	PO Box 400 (Number, street, rural route, apartment, or suite nu			
	(runner, street, tura roue, apartment, or suite no Blair, NE 68008 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busing names already appear in space B. In line 2			
System			-	

System

 1
 IDENTIFICATION OF CABLE SYSTEM:

 020155
 MAILING ADDRESS OF CABLE SYSTEM:

 2
 POP Box 400 (Number, street, rural route, apartment, or suite number)

 Blair, NE 68008 (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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Hamo	HunTel CableVision, Inc.	0				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including si 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 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 Served	Note: Entities and properties such as notels, apartments, condominiums, or identified city.	mobile nome parks should be reported in parentheses below the				
	CITY OR TOWN	STATE				
First	Bassett	NE				
Community						
d Rows as Necessary						
		***************************************				

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	
Name	HunTel CableVision, Inc							010	
Ε	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
	system, that is, the retransmission	•		-		•			
Secondary	about other services (including p	, , ,	,		,		those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla svetor	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n			•		•			
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc				y standa		o widiin d		
	Block 1: In the left-hand block			•					
	systems most commonly provide								
	that applies to your system. <b>Not</b> categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a						,.		
	sufficient.		ongini						
	BLO	DCK 1					BLOC		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		92	61.49					
	<ul> <li>Service to additional set(s)</li> </ul>								I
	• FM radio (if separate rate)								
	Motel, hotel		20	6.25					
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
-	In General: Space F calls for ra				pect to a	Il your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There and furnished at cost or (2) services	•		•			0 (	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
ransmissions:	Block 1: Give the standard rate Block 2: List any services that							wara not	
Rates	listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) description and include the rate for each.								
		BLO	CK 1		BLOCK 2				
	CATEGORY OF SERVICE	RATE		GORY OF SERVI	CE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installa	ation: Non-resid	ential				
	• Pay cable	16.50	• Mo	tel, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Co	mmercial					
	Fire protection		• Pa	y cable					
	<ul> <li>Burglar protection</li> </ul>		• Pa	y cable-add'l chai	nnel				
	Installation: Residential			e protection					
	• First set			rglar protection					
	<ul> <li>Additional set(s)</li> </ul>			services:					
	( )								T
	• FM radio (if separate rate)			connect					
	• FM radio (if separate rate) • Converter		• Dis	connect					
	, , ,		• Dis • Ou						

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	HunTel CableVision, I	nc.		0
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system FCC rules and regulations in	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	t (1) stations carried only on a part-ti he carriage of certain network progra	me basis under ms [sections
rimary smitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain stat	ions carried on a
levision	Substitute Basis Stations:	: With respect to any distant stations ca	arried by your cable system on a sub	stitute program
		lles, regulations, or authorizations: e in space G—but do list it in space I (th	be Special Statement and Program I	aa) if the
	station was carried only on		Ile Special Statement and Frogram 2	
		also in space I, if the station was carried		
		on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p		
	multicast stream associated	d with a station according to its over-the		
	"WETA-2" as the same on the <b>Column 2:</b> Give the channed	he form. el number the FCC assigned to the tele	evision station for broadcasting over t	he air in its community
	of license. For example, WI	RC is channel 4 in Washington, D.C.	5	
		case whether the station is a network ring the letter "N" (for network), "N-M" (	•	
	(for independent multicast),	"E" (for noncommercial educational), c	or "E-M" (for noncommercial educatio	
		erms, see page (iv) of the general instru n of each station. For U.S. stations, list		a licensed by the
		dian stations, if any, give the name of th		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KHGI	9	Ν	
				Kearney, NE
	KOLN	11	Ν	Lincoln, NE
Vecessary	KOLN KMNE	11 12	N E	
cessary				Lincoln, NE
lecessary	KMNE	12	E	Lincoln, NE Lincoln, NE
Necessary	KMNE KFXL	12 23	E	Lincoln, NE Lincoln, NE Grand Island, NE
Necessary	KMNE KFXL	12 23	E	Lincoln, NE Lincoln, NE Grand Island, NE
Necessary	KMNE KFXL	12 23	E	Lincoln, NE Lincoln, NE Grand Island, NE
Necessary	KMNE KFXL	12 23	E	Lincoln, NE Lincoln, NE Grand Island, NE
Necessary	KMNE KFXL	12 23	E	Lincoln, NE Lincoln, NE Grand Island, NE
Necessary	KMNE KFXL	12 23	E	Lincoln, NE Lincoln, NE Grand Island, NE
s Necessary	KMNE KFXL	12 23	E	Lincoln, NE Lincoln, NE Grand Island, NE
as Necessary	KMNE KFXL	12 23	E	Lincoln, NE Lincoln, NE Grand Island, NE
as Necessary	KMNE KFXL	12 23	E	Lincoln, NE Lincoln, NE Grand Island, NE
s as Necessary	KMNE KFXL	12 23	E	Lincoln, NE Lincoln, NE Grand Island, NE
as Necessary	KMNE KFXL	12 23	E	Lincoln, NE Lincoln, NE Grand Island, NE
as Necessary	KMNE KFXL	12 23	E	Lincoln, NE Lincoln, NE Grand Island, NE
as Necessary	KMNE KFXL	12 23	E	Lincoln, NE Lincoln, NE Grand Island, NE
as Necessary	KMNE KFXL	12 23	E	Lincoln, NE Lincoln, NE Grand Island, NE
as Necessary	KMNE KFXL	12 23	E	Lincoln, NE Lincoln, NE Grand Island, NE
as Necessary	KMNE KFXL	12 23	E	Lincoln, NE Lincoln, NE Grand Island, NE
as Necessary	KMNE KFXL	12 23	E	Lincoln, NE Lincoln, NE Grand Island, NE
vs as Necessary	KMNE KFXL	12 23	E	Lincoln, NE Lincoln, NE Grand Island, NE
ws as Necessary	KMNE KFXL	12 23	E	Lincoln, NE Lincoln, NE Grand Island, NE
ws as Necessary	KMNE KFXL	12 23	E	Lincoln, NE Lincoln, NE Grand Island, NE

LEGAL NAME OF HunTel Cabl			ISTEM:					SYSTEM
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing	y the sys be recei t the Co sign of e he static ion's sign g a check	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright 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 th	t the system's he system's FM ante his point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
Aexican or Can	adian stations	s, if any,	the community with which the	station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2018/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	HunTel CableVision, I	nc.						0
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tifv everv no	nnetwork televi	<i>ision program.</i> broadcast b	v a <i>distant</i> sta	tion. that v	our cable svs	tem carried on a
_	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	the general ins	structions in	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any nonr	network te	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" loovo tho	roct of this pa	ao blank if your answor i	s "Voc " vou r	nust comr		
	-	, leave life	rescortins pa	ige blank. Il your answer i	s res, your	nust comp	iete trie proț	gram
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if t	heir meanin	a is
	clear. If you need more spa					,		5
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.			eter opeenie progr		manipio,	Lovo Luoy	01
				er "Yes." Otherwise enter				
				asting the substitute prog				
	the case of Mexican or Car			the community to which th			the FCC or,	IN
				stem carried the substitute			ls. with the r	nonth
	first. Example: for May 7 gi		······					
				ogram was carried by you				ately
	to the nearest five minutes.	. Example: a	a program car	ried by a system from 6:0 <sup>.</sup>	1:15 p.m. to 6	:28:30 p.n	n. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	ter "R" if the	listed program	n was substituted for prog	ramming that	vour syste	em was <i>requ</i>	uired
				luring the accounting perio				
		and regulat						
	was substituted for program				der FCC rules	and regul	ations in	-
		nming that			der FCC rules	and regul	ations in	-
	was substituted for prograr	nming that						-
	was substituted for prograr effect on October 19, 1976	nming that y	your system w	as permitted to delete und	WHE	N SUBST	ITUTE	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	nming that y		as permitted to delete und	WHE	N SUBST	ITUTE	7. REASON FOR DELETION
	was substituted for prograr effect on October 19, 1976	uBSTITUT	your system w	as permitted to delete und	WHE CARRI	N SUBST AGE OCC 6.	ITUTE	
	was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.		
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Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	HunTel CableVision, Inc.		0
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transi (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 amount, se	l,692.00
_	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ <ul> <li>Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ <ul> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> </ul> </li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul></li></ul>	\$263,80(	
	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 t accounting period is \$52.00	his 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 \$137,1	00)	-
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
		1,319.00	
	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	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
	EFT Trace # or TRANSACTION ID # 26FBKGB4		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2018/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWN HunTel CableVisi	NER OF CABLE SYSTEM: ion, Inc.		SYSTEM ID# 0
M Channels	to its subscribers, and 1. Enter the total nu system carried tele 2. Enter the total nu on which the cable	and (2) the cable system's t umber of channels on which evision broadcast stations umber of activated channel e system carried television	s	s 
N Individual to Be Contacted		E CONTACTED IF FURTH but this statement of accourt	IER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name <b>J</b>	Jane Sutherland	Telephor	ne <b>402.426.6242</b>
	(N	638 Lincoln St Number, street, rural route, apart Blair, NE 68008 Dity, town, state, zip)	ment, or suite number)	
	Email	jsutherland@ar	mericanbb.com Fax (optional)	
O Certification	<ul> <li>I, the undersigned,</li> <li>(Owner of (Agent of in line)</li> <li>X (Officer of in line)</li> <li>I have examined the first of the second second</li></ul>	hereby certify that (Check of other than corporation or p f owner other than corpor- e 1 of space B and that the of or partner) I am an officer ( e 1 of space B. he statement of account and and correct to the best of my 1001(1986)]	ust be certified and signed in accordance with Copyright Office regulation: one, <i>but only one</i> , of the boxes.) <b>partnership</b> ) I am the owner of the cable system as identified in line 1 of spar- <b>ation or partnership</b> ) I am the duly authorized agent of the owner of the cab owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the legal entity identified as hereby declare under penalty of law that all statements of fact contained here y knowledge, information, and belief, and are made in good faith.	ce B; or le system as identified owner of the cable system
		Typed or printed Title: (Title of o Date:	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  d name:  Joe Jetensky  President  fficial position held in corporation or partnership)  2/12/19	

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: 2018/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
nTel CableVision, Inc.	
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: <ul> <li>"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 XES. Enter the total here and list the establity entries(a) below.</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
Name Mailing Address Marie Mailing 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 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	_
x 0.00274	
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 \$-	_
Line 4 Multiply line 3 by 0.00274** and enter here	_
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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.