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	ΞΝΤ	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
Cable Syster General instruct in the first tab of	ctions	are located	02/15/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	/YY/(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 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 the	ne cable system.	
		If there were different owners during the a single statement of account and royalty fee		he last day of the accounting period should s ing period.	ubmit a
		Check here if this is the system's first filing	. If not, enter the system's ID number a	assigned by the Licensing Division.	62021
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		Cable Co LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	)	
		MAILING ADDRESS OF OWNER OF P.O. Box 19579			
		(Number, street, rural route, apartment, or suite nu Colorado City, CO 81019	umber)		
		(City, town, state, zip)			
С				tify the business and operation of the e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	imber)		

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 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.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Numo	Cable Co LLC	62021
D	as the "first community." Please use it as the first community on all futur	rporated communities within unincorporated areas and including single, y that you list will serve as a form of system identification hereafter known e filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city.	or mobile nome parks should be reported in parentheses below the
-	CITY OR TOWN	CO
First Community	Colorado City Rye	CO
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	
Name	Cable Co LLC		•					010	6202
E Secondary Transmission Service: Sub-	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Bott	pace E should on of television pay cable) in sp I (June 30 or D	cover all and radio bace F, no becember 3	categories of broadcasts there. All the 31, as the ca	secondar by your sy facts you se may be	vstem to subscr u state must be e).	ibers. Give those exist	information ing on the	
scribers and Rates	down by categories of secondary each category by counting the n separately for the particular serv <b>Rate:</b> Give the standard rate c unit in which it is generally billed category, but do not include disc <b>Block 1:</b> In the left-hand block systems most commonly provide that applies to your system. <b>Not</b> categories, that person or entity	y transmission umber of billin ice at the rate harged for eac (Example: "\$ counts allowed in space E, th to their subsc e: Where an ir	service. Ir gs in that c indicated- ch category 20/mth"). S for advance for advance form list: cribers. Giv adividual o	a general, yo ategory (the -not the num of service. Summarize a ce payment. s the categor re the number organization	u can con number of ber of se Include bo ny standa ries of sec er of subso n is receiv	npute the numb of persons or or ts receiving ser- oth the amount of rd rate variation condary transmi cribers and rate ring service that	er of subsc ganizations vice). of the charg ns within a ssion servio for each lis falls under	ribers in charged ge and the particular rate ce that cable sted category different	
	subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	once again unc has rate categ iers of service and rates, in th	ler "Servic ories for se s that inclu	e to additiona econdary trai de one or m	al set(s)." nsmission ore secon	service that are dary transmissi	e different f ons), list th tion of the s	rom those em, together service is	
	BLC	DCK 1 NO. OF					BLOCK	X 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		807	69.45	Digital			413	88.
	Service to additional set(s)     FM radio (if separate rate)     Motel, hotel								
	Commercial Converter								
	Residential     Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscri hose services re two exceptio or facilities fur hit in which it is rate column. te charged by t your cable sy separate charge	ber) inform that are no ons: you do nished to r usually bi the cable s stem furnis ge was ma de the rate	ation with re of offered in ( o not need to consubscribe lled. If any ra ystem for ea shed or offer de or establi	spect to a combination give rate rs. Rate in ates are ch ach of the ed during	on with any sec information cor nformation shou narged on a var applicable servi the accounting	ondary tran ncerning (1) Ild include iable per-p ices listed. period that	esmission ) services both the rogram basis, were not	
	CATEGORY OF SERVICE	RATE	-	RY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:			on: Non-res					
	• Pay cable • Pay cable—add'l channel	69.45	• Motel • Comn				Digital	Additional Additional	10. 16.
	Fire protection		• Pay c • Pay c	able able-add'l ch	annel		Conver DVR HI		4. 19.
	•Burglar protection		• Fire p	rotection					
	•Burglar protection Installation: Residential     •First set     •Additional set(s)     •FM radio (if separate rate)	50.00	•			38.00			

unting Period:	2018/2			FORM SA1-2E. PAGE 3.				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#				
Name	Cable Co LLC			62021				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable system FCC rules and regulations i	ntify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t	t (1) stations carried only on a part-til he carriage of certain network progra	me basis under ms [sections				
Primary ansmitters: ſelevision	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. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:							
	• Do <i>not</i> list the station here station was carried <i>only</i> on	e in space G—but do list it in space I (t a substitute basis.						
	basis. For further informatic <b>Column 1:</b> List each station	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	, see page (v) of the general instruction program services such as HBO, ESP	ons. N, etc. Identify each				
	"WETA-2" as the same on t Column 2: Give the channed	he form. I number the FCC assigned to the tele						
	<b>Column 3:</b> Indicate in each educational station, by enter	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), o	(for network multicast), "I" (for indepe	ndent), "I-M"				
	For the meaning of these te <b>Column 4</b> : Give the locatio	erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station i	s licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	κκτν	49	N	Colorado Springs, CO				
	KOAA-TV	42	N	Pueblo, CO				
NI	KRDO-TV	24	N	Colorado Springs, CO				
s as Necessary	KSPK-LP	24 28	N 	Walsenburg, CO				
	KU K-LI	8	E	Pueblo, CO				
	KTSC KWGN-TV	34						
			I	Denver, CO				
	KXRM-TV	22		Colorado Springs, CO				
	KXTU-LD	20	<b>I</b>	Colorado Springs, CO				

Cable Co LL	F OWNER OF (	CABLE 5						SYSTEM I 620
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	) it is carried by monitoring, to ormation abou rm. dentify the call state whether t f the radio stat this by placing Sive the station	y the sys be rece to the Co sign of the statio ion's sig g a chec n's locati	II-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. ion (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s le 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 st eneral i eparate	be expected, rated intervals. Instructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0		U, LE UIUI		3,0		
KDZA KKFM	FM FM		Pueblo, CO Colorado Springs, CO					
KPK	FM		Colorado Springs, CO					
							·	

Accounting Perio	od: 2018/2						FORM	I SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Cable Co LLC							62021
	SUBSTITUTE CARRIAG							
1					-	4		· · · · · · · · · · · · · · · ·
	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				ine general in		ie paper e	
Special		-				activiary talay	ioion prog	
Statement and	During the accounting per	-	ui cable syster	in carry, on a substitute ba	isis, any nom			
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	", leave the	rest of this pa	ige blank. If your answer i	s "Yes," you ı	must complet	e the prog	ram
	log in block 2.				-			
	2. LOG OF SUBSTITUTI	E PROGRA	MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if the	ir meaning	g is
	clear. If you need more spa							
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.				,,		,	
				er "Yes." Otherwise enter				
				asting the substitute prog				
	the case of Mexican or Car			the community to which th			e FCC or,	in
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		When your by		program. o	ee namerale,	With the fi	lonar
			e substitute pr	ogram was carried by you	r cable syste	m. List the tir	nes accura	ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for prog	romming that	t vour evetor		irod
	to delete under FCC rules							
	was substituted for program							Sgram
	effect on October 19, 1976					Ū		
			E PROGRAM			N SUBSTIT		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCO 6. TIN		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —		
						_		
						_		
						_		
						_		

Accounting Period:	2018/2		FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cable Co LLC		Ş	62021
K Gross Receipts	GROSS RECEIPTS         Instructions:       The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. For a further explanation of how to 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.	econdary transm o compute this a	ission service amount, see \$ 34	
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 th • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600 n.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that y accounting period is \$52.00			
	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 lines 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but me	ore 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			
	<ol> <li>7. Multiply line 6 by .005 (enter figure here)</li></ol>			
	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	345,930.45		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	82,130.45		
	4. Multiply line 3 by .01	\$	821.30	
	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.		\$	2,140.30
	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)	\$	2,140.30	
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		\$	2,160.30
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	-		ghts!

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cable Co LLC	SYSTEM ID# 62021
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         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         on which the cable system carried television broadcast stations and nonbroadcast services	9 214
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		719-676-1623
	Address P.O. Box 19579 (Number, street, rural route, apartment, or suite number) Colorado City, CO 81019 (City, town, state, zip)	
	Email Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>	system as identified vner of the cable system
	X       /s/ David Shipley         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:       David Shipley         Title:       Business Manager         (Title of official position held in corporation or partnership)         Date:       2/14/19	

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ounting Period: 2018/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
ble Co LLC	6202
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	P Special Statement Concerning Gross Receipts Exclusion
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	
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 Assessmer
	-
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days	-
	-
x	-
x	-
x	-
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       \$	-
Line 3       Multiply line 2 by the number of days late 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       -         (interest charge)       *         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.       For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	-
x	-
x	-
x	
x	
x	
x	
x	

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