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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	
General instru	ems (Short Form) actions are located of this workbook	02/28/2019	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COV	ERED BY THIS STATEMENT: (Y)	/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				
	Instructions:			
В	of the subsidiary, not that of the	wner of the cable system. If the owner is a subsi parent corporation.	diary of another corporation, give the full co	rporate title
Owner	List any other name or names ur	nder which the owner conducts the business of t	ne cable system.	
		uring the accounting period, only the owner on t royalty fee payment covering the entire account		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.	62317
	LEGAL NAME OF OWNER	MAILING ADDRESS OF CABLE SYSTEM		
	Kraus Electronic Systems I	1C.		
	BUSINESS NAME(S) OF OW	NER OF CABLE SYSTEM (IF DIFFERENT		
	MAILING ADDRESS OF OW 305 State St., PO Boy			
	(Number, street, rural route, apartmen			
	Manhattan, IL 60442 (City, town, state, zip)			
С		ny business or trade names used to ider . In line 2, give the mailing address of the		
System	1 IDENTIFICATION OF CABLE SY	′STEM:		
	MAILING ADDRESS OF CABLE	SYSTEM:		
	2 (Number, street, rural route, apartmen	, or suite number)		
	(City town state zin 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
Naille	Kraus Electronic Systems Inc.	6231
D	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing:	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter know s.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	ile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Manhattan	IL
Community	Will County	
	Elwood	
d Rows as Necessary		

									-2E. PAGE
Name	LEGAL NAME OF OWNER OF C		:					515	11 TEM 623
	Kraus Electronic Syste	ins inc.							
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmission about other services (including particulation)								
Transmission	last day of the accounting period	, , ,	,		,				
Service: Sub-	Number of Subscribers: Bot	•							
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n separately for the particular service			•••		•	•	s charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· ·	,		ny standa	rd rate variatio	ns within a	particular rate	
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide	•		-		•			
	that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					I in the count u	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					convice that or	o difforant f	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.		-	n					
	BLO	OCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		462	32.00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	s				
-	In General: Space F calls for ra					ll 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 are	•	2		0		0 (,	
Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		acaanj .			a gou on a ra	ianie pei p	ogram zacio,	
		to charged by t	he cable		ch of the		icae lietad		
ransmissions:	Block 1: Give the standard ra								
Rates	Block 2: List any services that	t your cable sy	stem furr	nished or offer	ed during	the accounting	period that		
	Block 2: List any services that listed in block 1 and for which a	t your cable sy separate charg	stem furr ge was m	hished or offer ade or establi	ed during	the accounting	period that		
	Block 2: List any services that	t your cable sy separate charg ption and includ	stem furr ge was m de the rat	hished or offer ade or establi	ed during	the accounting	period that	e form of a	
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	t your cable sy separate charg otion and includ BLO0	stem furr ge was m de the rat CK 1	hished or offer ade or establi te for each.	ed during shed. List	the accounting these other se	period that rvices in the	e form of a BLOCK 2	RAT
	Block 2: List any services that listed in block 1 and for which a	t your cable sys separate charg ption and includ BLO0 RATE	stem furr ge was m de the rat CK 1 CATEGO	hished or offer ade or establi	ed during shed. List VICE	the accounting	period that rvices in the	e form of a	RAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	t your cable sys separate charg ption and includ BLO0 RATE	stem furr ge was m de the rat CK 1 CATEGO Installat	hished or offer ade or establi te for each. ORY OF SER	ed during shed. List VICE	the accounting these other se	period that rvices in the CATEGO	e form of a BLOCK 2	
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	t your cable sys separate charg ption and includ BLO0 RATE	stem furr ge was m de the rat CK 1 CATEGO Installat • Mote	hished or offer ade or establi te for each. DRY OF SER tion: Non-res	ed during shed. List VICE	the accounting these other se	period that rvices in the CATEGO	e form of a BLOCK 2 DRY OF SERVICE rd Basic	80.
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	t your cable sys separate charg ption and includ BLO0 RATE	stem furr ge was m de the rat CK 1 CATEGO Installat • Mote	hished or offer ade or establi te for each. DRY OF SER tion: Non-res el, hotel imercial	ed during shed. List VICE	the accounting these other se	period that rvices in the CATEGO Standa	e form of a BLOCK 2 DRY OF SERVICE rd Basic Basic	RAT 80. 99.
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	t your cable sys separate charg ption and includ BLO0 RATE	stem furr ge was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay	hished or offer ade or establi te for each. DRY OF SER tion: Non-res el, hotel imercial	ed during shed. List VICE idential	the accounting these other se	CATEGO CATEGO Standa Digital Cinema Starz	e form of a BLOCK 2 DRY OF SERVICE rd Basic Basic	80. 99.
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	t your cable sys separate charg ption and includ BLO0 RATE	stem furr ge was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay • Pay	hished or offer ade or establi te for each. DRY OF SER tion: Non-res el, hotel imercial cable	ed during shed. List VICE idential	the accounting these other se	CATEGO CATEGO Standa Digital Cinema Starz HBO	e form of a BLOCK 2 DRY OF SERVICE rd Basic Basic ax	80. 99. 17. 15.
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	t your cable sys separate charg ption and includ BLO0 RATE	stem furr ge was m de the rai <u>CK 1</u> <u>CATEGO</u> Installat • Mote • Com • Pay • Pay • Fire	hished or offer ade or establi te for each. DRY OF SER tion: Non-res el, hotel imercial cable cable-add'l ch	ed during shed. List VICE idential	the accounting these other se	CATEGO CATEGO Standa Digital Cinema Starz HBO	e form of a BLOCK 2 DRY OF SERVICE rd Basic Basic	80. 99. 17. 15. 18.
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	t your cable sys separate charg ption and includ BLO0 RATE	stem furr ge was m de the rai <u>CK 1</u> <u>CATEGO</u> Installat • Mote • Com • Pay • Pay • Fire	hished or offer ade or establi te for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection	ed during shed. List VICE idential	the accounting these other se	CATEGO CATEGO Standa Digital Cinema Starz HBO	BLOCK 2 DRY OF SERVICE rd Basic Basic ax me/TMC/Flix!	80. 99. 17. 15. 18. 16.
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	t your cable sys separate charg ption and includ BLO0 RATE	stem furr ge was m de the rai CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other so	hished or offer ade or establi te for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection	ed during shed. List VICE idential	the accounting these other se	period that vices in the CATEGO Standa Digital Cinema Starz HBO Showti	BLOCK 2 DRY OF SERVICE rd Basic Basic ax me/TMC/Flix!	80. 99. 17. 15. 18. 16.
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	t your cable sys separate charg ption and includ BLO0 RATE	stem furr ge was m de the rad CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	hished or offer ade or establi te for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'I ch protection protection arvices:	ed during shed. List VICE idential	the accounting these other se	period that vices in the CATEGO Standa Digital Cinema Starz HBO Showti	BLOCK 2 DRY OF SERVICE rd Basic Basic ax me/TMC/Flix!	80. 99. 17.
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	t your cable sys separate charg ption and includ BLO0 RATE	stem furr ge was m de the rad CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	hished or offer ade or establic te for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection plar protection ervices: ponnect	ed during shed. List VICE idential	the accounting these other se	period that vices in the CATEGO Standa Digital Cinema Starz HBO Showti	BLOCK 2 DRY OF SERVICE rd Basic Basic ax me/TMC/Flix!	80. 99. 17. 15. 18. 16.

				FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#
Nume	Kraus Electronic Sys	tems Inc.		62317
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary psmitters: elevision	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here, station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by entre (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including im during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. 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 d with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network progr 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, rep- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial education totions in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial eendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBBM	12	N	Chicago, IL
		14		Cilicayu, iL
		51	1	Gony IN
	WPWR	51		Gary, IN
s as Necessary	WWME	39	<u>I</u>	Chicago, IL
as Necessary	WWME WMAQ	39 29	 	Chicago, IL Chicago, IL
as Necessary	WWME WMAQ WLS	39 29 44	N	Chicago, IL Chicago, IL Chicago, IL
s Necessary	WWME WMAQ WLS WCPX	39 29 44 43	N I	Chicago, IL Chicago, IL Chicago, IL Chicago, IL
as Necessary	WWME WMAQ WLS WCPX WTTW	39 29 44 43 47	N	Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL
as Necessary	WWME WMAQ WLS WCPX WTTW WCIU	39 29 44 43 47 27	N I E I	Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL
as Necessary	WWME WMAQ WLS WCPX WTTW WCIU WFLD	39 29 44 43 47 27 31	N I	Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL
as Necessary	WWME WMAQ WLS WCPX WTTW WCIU	39 29 44 43 47 27	N I E I	Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Hammond, IN
as Necessary	WWME WMAQ WLS WCPX WTTW WCIU WFLD	39 29 44 43 47 27 31	N I E I	Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL
rs as Necessary	WWME WMAQ WLS WCPX WTTW WCIU WFLD WJYS	39 29 44 43 47 27 31 36	N I E I N I	Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Hammond, IN
s as Necessary	WWME WMAQ WLS WCPX WTTW WCIU WFLD WJYS WMME-DT2	39 29 44 43 47 27 31 36 39.2	N I E I N I	Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Hammond, IN Chicago, IL
ws as Necessary	WWME WMAQ WLS WCPX WTTW WCIU WFLD WJYS WMME-DT2 WWTO	39 29 44 43 47 27 31 36 39.2 35	N I E I N I I I I I	Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Hammond, IN Chicago, IL LaSalle, IL
ws as Necessary	WWME WMAQ WLS WCPX WTTW WCIU WFLD WJYS WMME-DT2 WWTO	39 29 44 43 47 27 31 36 39.2 35	N I E I N I I I I I	Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Hammond, IN Chicago, IL LaSalle, IL
ws as Necessary	WWME WMAQ WLS WCPX WTTW WCIU WFLD WJYS WMME-DT2 WWTO	39 29 44 43 47 27 31 36 39.2 35	N I E I N I I I I I	Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Hammond, IN Chicago, IL LaSalle, IL
ws as Necessary	WWME WMAQ WLS WCPX WTTW WCIU WFLD WJYS WMME-DT2 WWTO	39 29 44 43 47 27 31 36 39.2 35	N I E I N I I I I I	Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Hammond, IN Chicago, IL LaSalle, IL
ws as Necessary	WWME WMAQ WLS WCPX WTTW WCIU WFLD WJYS WMME-DT2 WWTO	39 29 44 43 47 27 31 36 39.2 35	N I E I N I I I I I	Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Hammond, IN Chicago, IL LaSalle, IL
ws as Necessary	WWME WMAQ WLS WCPX WTTW WCIU WFLD WJYS WMME-DT2 WWTO	39 29 44 43 47 27 31 36 39.2 35	N I E I N I I I I I	Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Hammond, IN Chicago, IL LaSalle, IL
ws as Necessary	WWME WMAQ WLS WCPX WTTW WCIU WFLD WJYS WMME-DT2 WWTO	39 29 44 43 47 27 31 36 39.2 35	N I E I N I I I I I	Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Hammond, IN Chicago, IL LaSalle, IL
ws as Necessary	WWME WMAQ WLS WCPX WTTW WCIU WFLD WJYS WMME-DT2 WWTO	39 29 44 43 47 27 31 36 39.2 35	N I E I N I I I I I	Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Hammond, IN Chicago, IL LaSalle, IL
ws as Necessary	WWME WMAQ WLS WCPX WTTW WCIU WFLD WJYS WMME-DT2 WWTO	39 29 44 43 47 27 31 36 39.2 35	N I E I N I I I I I	Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Chicago, IL Hammond, IN Chicago, IL LaSalle, IL

LEGAL NAME OF								SYSTEM I 623
	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 l For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recei at the Cc sign of e the static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C tem whenever it is received at wed 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 the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral in eparate :	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ON LE CION		0/D		ON LEE GIGIN		0/D		

Accounting Perio	od: 2018/2						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	Kraus Electronic Syst	ems Inc.					62317
	SUBSTITUTE CARRIAG	E: SPECIA			G		
I I		-	-			tion that your cal	hle eveter corried on -
•	In General: In space I, ident substitute basis during the a						
Substitute	explanation of the programm						
Carriage:					ne general in		
Special	1. SPECIAL STATEMEN	-					
Statement and	 During the accounting per 	riod, did yoi	ur cable syster	n carry, on a substitute ba	isis, any noni	network televisio	
Program Log	broadcast by a distant sta	tion?				Y	
	Note: If your answer is "No	" leave the	rest of this na	nge blank. If your answer is	s "Yes " vouu	must complete th	
				ige blank. If your anower is	5 100, you i		
	log in block 2. 2. LOG OF SUBSTITUTI		Me				
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible if their m	neoning is
	clear. If you need more spa				s wherever p		
	· ·			vision program ("substitute	e program") t	hat. during the a	ccounting
	period, was broadcast by a						
	under certain FCC rules, re	gulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	tions for further in	nformation.
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I Love	Lucy" or
	"NBA Basketball: 76ers vs.			۵/ ۳ <u>0</u> /۱	«NI "		
				er "Yes." Otherwise enter ' asting the substitute progr			
				the community to which th		censed by the F(CC or in
	the case of Mexican or Car						00 01, 11
				stem carried the substitute			h the month
	first. Example: for May 7 gi						
				ogram was carried by you			
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.m. shou	uld be
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n waa aubatitutad far prog	remained the	t vour ovetere ve	
	to delete under FCC rules			n was substituted for prog			
	was substituted for program						
	effect on October 19, 1976		your system w			o and regulations	,
						N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCURR	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО
						_	
						-	
						_	
						_	
						_	
						_	
1							

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Kraus Electronic Systems Inc.	S	STEM ID# 62317
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service	
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 \$2 • 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.	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 you must pay for accounting period is \$52.00	this six-mon	
	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 \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but 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		
	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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Free and			
Filing Fee and Total Remittance Due	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Kraus Electronic Systems Inc.	SYSTEM ID# 62317
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	14 181
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	Name Bruce E. Beard Telephone	314-394-1535
	Address 1714 Deer Tracks Trail, Suite 230 (Number, street, rural route, apartment, or suite number) St. Louis, MO 63131 (City, town, state, zip) Fax (optional) Email bbeard@cinnamonmueller.com	8
O Certification	 I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (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 X (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. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir 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)] X /s/ Art Kraus Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) 	system as identified mer of the cable system
	Typed or printed name: Art Kraus Title: Chief Operating Officer	
	(Title of official position held in corporation or partnership) Date: 2/28/2019	

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 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.

unting Period: 2018/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
us Electronic Systems Inc.	6231
 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. 	P Special Statement Concerning Gross Receipts Exclusion
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
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