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	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	02/11/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED E	· I		
	2010/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31	
Accounting Period	20182			
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		liary of another corporation, give the full corpo	rate title
Owner	List any other name or names under which	the owner conducts the business of th	e cable system.	
	If there were different owners during the a single statement of account and royalty fee		ne last day of the accounting period should sub- ing period.	mit a
	Check here if this is the system's first filing	. If not, enter the system's ID number a	ssigned by the Licensing Division.	63229
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	KALIDA TELEPHONE COMPANY INC	:		
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	PO BOX 267 (Number, street, rural route, apartment, or suite nu	imber)		
	(Number, steet, that rolle, apartment, or some nu KALIDA, OH 45853 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busine	ess or trade names used to iden	tify the business and operation of the sy	ystem unless these

 C
 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:

 2
 MAILING ADDRESS OF CABLE SYSTEM:

 (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.

		FORM SA1-2E. PAGI SYSTEM I
Name		
	KALIDA TELEPHONE COMPANY INC	632
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single t will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	KALIDA	ОН
Community	GREENSBURG TWP	ОН
	JACKSON TWP	ОН
ld Rows as Necessary	JENNINGS TWP	ОН
iu nows as necessary		
	PERRY TWP	ОН
	SUGAR CREEK TWP	ОН
	UNION TWP	ОН

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM IC
Name								515	6322
Е	SECONDARY TRANSMISSION								
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including provide the services)								
Fransmission	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 server			0,0		•		schargeu	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· ·		,		ard rate variation	is within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					condary transmi	ssion servi	ce that cable	
	systems most commonly provide			-		-			
	that applies to your system. Not							0,	
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted of					d in the count u	nder "Servi	ice to the	
	Block 2: If your cable system					service that are	e different i	from those	
	printed in block 1 (for example, t	tiers of services	s that in	clude one or m	nore secon	idary transmissi	ons), list th	em, together	
	with the number of subscribers a	and rates, in the	e right-h	nand block. A t	wo- or thre	e-word descript	ion of the	service is	
	sufficient.	OCK 1			T		BLOC	(2	
		NO. OF						NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	=RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Service to first set		684	61.45	IPTV			418	72.
	Service to additional set(s)		004	01.45					12.1
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra not covered in space E, that is, t	•	,		•				
-	service for a single fee. There a					,	,		
Services	furnished at cost or (2) services	•			•		0 (,	
Other Than	amount of the charge and the ur		usually	billed. If any r	ates are cl	harged on a var	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cabl	e system for e	ach of the	applicable servi	ces listed		
Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) description and include the rate for each.								
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	RVICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res	sidential				
	• Pay cable	13.50		tel, hotel					4.
	Pay cable—add'l channel	17.30		mmercial			DIGITA	L EXPANDED	10.
	Fire protection		-	y cable					
	•Burglar protection			y cable-add'l cł	hannel				
	Installation: Residential	0.1 50		e protection					
	 First set 	24.50		rglar protection	1				
			Other :	CONVICOC'					
	• Additional set(s)								
	• FM radio (if separate rate)		• Re	connect					
			• Re • Dis	connect connect					
	• FM radio (if separate rate)		• Red • Dis • Out	connect					

	· T			0)/07514					
Name	LEGAL NAME OF OWNER O			SYSTEM I 632					
G Primary Insmitters: elevision	 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4)]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter 'N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational station, by entering the letter 'N" (for network)								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WBGU	27	E	BOWLING GREEN - LIMA, OH					
	WBGU	27.2	E-M	BOWLING GREEN - LIMA, OH					
s Necessary	WBGU WBGU	27.2 27.3	E-M E-M						
Necessary				BOWLING GREEN - LIMA, OH					
Necessary	WBGU	27.3	E-M	BOWLING GREEN - LIMA, OH BOWLING GREEN - LIMA, OH					
Necessary	WBGU WGN	27.3 9	E-M I	BOWLING GREEN - LIMA, OH BOWLING GREEN - LIMA, OH CHICAGO, IL					
Necessary	WBGU WGN CW3-WBOH	27.3 9 3	E-M I N	BOWLING GREEN - LIMA, OH BOWLING GREEN - LIMA, OH CHICAGO, IL LIMA, OH					
Necessary	WBGU WGN CW3-WBOH WLIO WOHL	27.3 9 3 8.1 8.2	E-M I N	BOWLING GREEN - LIMA, OH BOWLING GREEN - LIMA, OH CHICAGO, IL LIMA, OH LIMA, OH					
: Necessary	WBGU WGN CW3-WBOH WLIO	27.3 9 3 8.1	E-M I N N I	BOWLING GREEN - LIMA, OH BOWLING GREEN - LIMA, OH CHICAGO, IL LIMA, OH LIMA, OH LIMA, OH					
s Necessary	WBGU WGN CW3-WBOH WLIO WOHL WLQP	27.3 9 3 8.1 8.2 35.1	E-M I N I I N	BOWLING GREEN - LIMA, OH BOWLING GREEN - LIMA, OH CHICAGO, IL LIMA, OH LIMA, OH LIMA, OH LIMA, OH					
as Necessary	WBGU WGN CW3-WBOH WLIO WOHL WLQP WLMO WTLW	27.3 9 3 8.1 8.2 35.1 35.2 44	E-M I N N I N N I	BOWLING GREEN - LIMA, OH BOWLING GREEN - LIMA, OH CHICAGO, IL LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH					
as Necessary	WBGU WGN CW3-WBOH WLIO WOHL WLQP WLMO WTLW	27.3 9 3 8.1 8.2 35.1 35.2 44 44.2	E-M 1 N N 1 N N 1 N 1 1 1 1 1 1 1 1 1 1 1 1 1	BOWLING GREEN - LIMA, OH BOWLING GREEN - LIMA, OH CHICAGO, IL LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH					
as Necessary	WBGU WGN CW3-WBOH WLIO WOHL WLQP WLMO WTLW WTLW	27.3 9 3 8.1 8.2 35.1 35.2 44 44.2 11	E-M I N N I N N I I I I N N N N N N N N N N N N N	BOWLING GREEN - LIMA, OH BOWLING GREEN - LIMA, OH CHICAGO, IL LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH					
as Necessary	WBGU WGN CW3-WBOH WLIO WOHL WLQP WLMO WTLW	27.3 9 3 8.1 8.2 35.1 35.2 44 44.2	E-M 1 N N 1 N N 1 N 1 1 1 1 1 1 1 1 1 1 1 1 1	BOWLING GREEN - LIMA, OH BOWLING GREEN - LIMA, OH CHICAGO, IL LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH					
s as Necessary	WBGU WGN CW3-WBOH WLIO WOHL WLQP WLMO WTLW WTLW	27.3 9 3 8.1 8.2 35.1 35.2 44 44.2 11	E-M I N N I N N I I I I N N N N N N N N N N N N N	BOWLING GREEN - LIMA, OH BOWLING GREEN - LIMA, OH CHICAGO, IL LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH					
/s as Necessary	WBGU WGN CW3-WBOH WLIO WOHL WLQP WLMO WTLW WTLW	27.3 9 3 8.1 8.2 35.1 35.2 44 44.2 11	E-M I N N I N N I I I I N N N N N N N N N N N N N	BOWLING GREEN - LIMA, OH BOWLING GREEN - LIMA, OH CHICAGO, IL LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH					
ws as Necessary	WBGU WGN CW3-WBOH WLIO WOHL WLQP WLMO WTLW WTLW	27.3 9 3 8.1 8.2 35.1 35.2 44 44.2 11	E-M I N N I N N I I I I N N N N N N N N N N N N N	BOWLING GREEN - LIMA, OH BOWLING GREEN - LIMA, OH CHICAGO, IL LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH					
ws as Necessary	WBGU WGN CW3-WBOH WLIO WOHL WLQP WLMO WTLW WTLW	27.3 9 3 8.1 8.2 35.1 35.2 44 44.2 11	E-M I N N I N N I I I I N N N N N N N N N N N N N	BOWLING GREEN - LIMA, OH BOWLING GREEN - LIMA, OH CHICAGO, IL LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH					
ws as Necessary	WBGU WGN CW3-WBOH WLIO WOHL WLQP WLMO WTLW WTLW	27.3 9 3 8.1 8.2 35.1 35.2 44 44.2 11	E-M I N N I N N I I I I N N N N N N N N N N N N N	BOWLING GREEN - LIMA, OH BOWLING GREEN - LIMA, OH CHICAGO, IL LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH					
ws as Necessary	WBGU WGN CW3-WBOH WLIO WOHL WLQP WLMO WTLW WTLW	27.3 9 3 8.1 8.2 35.1 35.2 44 44.2 11	E-M I N N I N N I I I I N N N N N N N N N N N N N	BOWLING GREEN - LIMA, OH BOWLING GREEN - LIMA, OH CHICAGO, IL LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH					
ws as Necessary	WBGU WGN CW3-WBOH WLIO WOHL WLQP WLMO WTLW WTLW	27.3 9 3 8.1 8.2 35.1 35.2 44 44.2 11	E-M I N N I N N I I I I N N N N N N N N N N N N N	BOWLING GREEN - LIMA, OH BOWLING GREEN - LIMA, OH CHICAGO, IL LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH					
ws as Necessary	WBGU WGN CW3-WBOH WLIO WOHL WLQP WLMO WTLW WTLW	27.3 9 3 8.1 8.2 35.1 35.2 44 44.2 11	E-M I N N I N N I I I I N N N N N N N N N N N N N	BOWLING GREEN - LIMA, OH BOWLING GREEN - LIMA, OH CHICAGO, IL LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH LIMA, OH					

	EPHONE (SYSTEM 632
	every radio s	station ca	arried on a separate and discronnerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be recein the Co sign of o the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C item whenever it is received a ved 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 ant his point, see pa ed by the cable s he station is licen	eadend, and (2 enna, during c ige (v) of the <u>c</u> system as a se sed by the FC	2) it can ærtain st general in eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		-	the community with which the		•	0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			NONE					
						·		
						<u> </u>		
						<u> </u>		
						<u> </u>		
						<u> </u>		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	KALIDA TELEPHONE	COMPAN	IY INC					63229
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident				-	ition. that vo	our cable svs	tem carried on a
	substitute basis during the a	iccounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or	authorizatio	ns. For a further
Substitute	explanation of the programm				he general in	structions ir	the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-				4		
Statement and	During the accounting per	-	ur cable syster	in carry, on a substitute ba	isis, any noni			
Program Log	broadcast by a distant sta					L	YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI 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	ace, please	add additional	I rows to the tables.				-
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ries like "mo						
	"NBA Basketball: 76ers vs.		deast live ont	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (the community to which th	e station is li		the FCC or,	in
	the case of Mexican or Car			e community with which the stem carried the substitute			ls with the r	nonth
	first. Example: for May 7 gi		when your sy		e program. O	se numera	is, with the f	nonui
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:07	1:15 p.m. to 6	5:28:30 p.m	i. should be	
		er "R" if the	e listed prograr	n was substituted for prog	ramming tha	t your syste	em was <i>requ</i>	iired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ter FCC rules	s and regul	ations in	
			E PROGRAM	4		N SUBSTI		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	1		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							<u> </u>	
							<u> </u>	
							_	
							_	
							<u> </u>	
							_	
							_	
							_	
							_	
1			+	1		+		1

Accounting Period:	2018/2 FORM SA1-2E. PAG	3E 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	
	KALIDA TELEPHONE COMPANY INC 632	:29
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 c 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, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts for subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	
	COPYRIGHT ROYALTY FEE	
L 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 \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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-month 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	<u> </u>
	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	
	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	_
		-
	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 \$ 433,670.18	
	2. Base amount under statutory formula \$ 263,800.00	
	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	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 3,017.70	1
	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) \$ 3,017.70	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	٦
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 3,037.70	
	EFT Trace # or TRANSACTION ID # 26FBE5N0	
	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 OF OWNER OF CABLE SYSTEM: KALIDA TELEPHONE COMPANY INC	SYSTEM ID# 63229
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broad to its subscribers, and (2) the cable system's total number of activated channels during the accounting perior 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	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to who we can contact about this statement of account.)	
for Further Information	Name Chris J. Phillips	Telephone 419-532-3218
	Address 121 E. Main Street, PO Box 267 (Number, street, rural route, apartment, or suite number) Kalida, OH 45853 (City, town, state, zip) Email chrisp@kalidatel.com Fax (optional	al) 419-532-3300
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office 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 I (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner 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 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 c 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)] 	ine 1 of space B; or er of the cable system as identified identified as owner of the cable system ontained herein
	X /s/ Chris J. Phillips Enter an electronic signature on the line above to certify this state Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Chris J. Phillips Title: Treasurer (Title of official position held in corporation or partnership)	ement.
	Date: February 11	, 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.

	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
LIDA TELEPHONE COMPANY INC	6322
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address	
	n n
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 Assessmen
Α	
	-
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 Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x days 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 - 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 \$	-
x	-
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 - 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@copyright.gov.	-
x	-
x	
x	
x	
x	

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.