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 Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	01/16/2019	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Λ			

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20182 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63465
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Spruce Knob Seneca Rocks Telephone, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 100, 17009 Mountaineer Drive	
		Riverton, WV 26814 (City, town, state, zip)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	unloss those
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
•			

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Spruce Knob Seneca Rocks Telephone, Inc.	63465
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	
First	CITY OR TOWN Riverton	STATE WV
Community	Durbin	ŴV
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	
Name	Spruce Knob Seneca Ro		one. Ir	IC.				010	6346
Е	SECONDARY TRANSMISSION			-	-	, transmission a	onvice of t		
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate	indicated	-not the nur	nber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				iny standar	rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide	to their subsc	ribers. G	ive the numb	er of subsc	ribers and rate	for each lis	ted category	
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system I	-		•					
	printed in block 1 (for example, the subscribers of								
	with the number of subscribers a sufficient.	inu rates, in the	e ngnt-na			e-word descripti	on or the s	ervice is	
		DCK 1					BLOCK	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	COBCOLUD	LING	TUTE	0,11		WICE	COBCORRENCO	1011
	Service to first set		658	64.95	Basic			658	64.9
	Service to additional set(s)				Expand	led		120	80.9
	• FM radio (if separate rate)				Premiu			46	113.9
	Motel, hotel				HBO			46	18.9
	Commercial				Showti	me		46	17.9
	Converter				Starz			86	15.9
	Residential				Cinema	ax		46	16.9
	Non-residential								
	SERVICES OTHER THAN SEC		Nemice		<u> </u>			·	
-	In General: Space F calls for rat					I your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, the	hose services	that are r	not offered in	combinatio	on with any seco	ndary tran	smission	
Samiaaa	service for a single fee. There ar furnished at cost or (2) services								
Services Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.		-		-		og.a 220.0,	
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SEF	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			tion: Non-res					
	• Pay cable		• Mote	el, hotel					
	Pay cable—add'l channel		• Con	nmercial					
	Fire protection		• Pay	cable					
	 Burglar protection 		• Pay	cable-add'l c	hannel				
	Installation: Residential			protection					
	• First set	75.00		lar protectior	1				
	 Additional set(s) 			ervices:					
						05.00			
	• FM radio (if separate rate)			onnect		25.00			
	 FM radio (if separate rate) Converter 		• Disc	onnect		25.00			
	· · · /		• Disc • Outl			25.00			

				FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O			SYSTEM ID 6346
	Spruce Knob Seneca	a Rocks Telephone, Inc.		
G Primary ansmitters: 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 her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann	entify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations can ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the- the form. hel number the FCC assigned to the televi-	(1) stations carried only on a part- e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES -air designation. For example, rep	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other stions. SPN, etc. Identify each port multistream
	Column 3: Indicate in eacl educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana	VRC is channel 4 in Washington, D.C. h case whether the station is a network s ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list the adian stations, if any, give the name of th	or network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the statior e community with which the statio	pendent), "I-M" tional multicast). n is licensed by the n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WHSVDT	1	Ν	HARRISONBURG, VA (RIVERTON)
	WHSV2	2	N	HARRISONBURG, VA (RIVERTON)
ows as Necessary	WHSV	3	N	HARRISONBURG, VA (RIVERTON)
	WSVF	4	N	HARRISONBURG, VA (RIVERTON)
	MOTH A	5	N	
	WDTV		N	WESTON, WV
	WDTV WVVA1	6	N	BLUEFIELD, WV
	WVVA1	6	N	BLUEFIELD, WV
	WVVA1 WBOYDT2	6 7	N N	BLUEFIELD, WV CLARKSBURG, WV
	WVVA1 WBOYDT2 WDBJ	6 7 7	N N N	BLUEFIELD, WV CLARKSBURG, WV ROANOKE, VA (DURBIN)
	WVVA1 WBOYDT2 WDBJ WVVA2	6 7 7 8	N N N N	BLUEFIELD, WV CLARKSBURG, WV ROANOKE, VA (DURBIN) BLUEFIELD, WV
	WVVA1 WBOYDT2 WDBJ WVVA2 WBOY	6 7 7 8 12	N N N N N	BLUEFIELD, WV CLARKSBURG, WV ROANOKE, VA (DURBIN) BLUEFIELD, WV CLARKSBURG, WV
	WVVA1 WBOYDT2 WDBJ WVVA2 WBOY WVFX	6 7 7 8 12 14	N N N N N N	BLUEFIELD, WV CLARKSBURG, WV ROANOKE, VA (DURBIN) BLUEFIELD, WV CLARKSBURG, WV WESTON, WV
	WVVA1 WBOYDT2 WDBJ WVVA2 WBOY WVFX WSET	6 7 7 8 12 14 3	N N N N N N N N	BLUEFIELD, WV CLARKSBURG, WV ROANOKE, VA (DURBIN) BLUEFIELD, WV CLARKSBURG, WV WESTON, WV ROANOKE, VA (DURBIN)
	WVVA1 WBOYDT2 WDBJ WVVA2 WBOY WVFX WSET WHSVDT	6 7 7 8 12 14 3 503	N N N N N N N N N	BLUEFIELD, WV CLARKSBURG, WV ROANOKE, VA (DURBIN) BLUEFIELD, WV CLARKSBURG, WV WESTON, WV ROANOKE, VA (DURBIN) HARRISONBURG, VA (RIVERTON)
	WVVA1 WBOYDT2 WDBJ WVVA2 WBOY WVFX WSET WHSVDT WSVFCD2	6 7 7 8 12 14 3 503 504	N N N N N N N N N N N	BLUEFIELD, WV CLARKSBURG, WV ROANOKE, VA (DURBIN) BLUEFIELD, WV CLARKSBURG, WV WESTON, WV ROANOKE, VA (DURBIN) HARRISONBURG, VA (RIVERTON) HARRISONBURG, VA (RIVERTON)
	WVVA1 WBOYDT2 WDBJ WVVA2 WBOY WVFX WSET WHSVDT WSVFCD2 WDTVDT	6 7 7 8 12 14 3 503 504 505	N N N N N N N N N N N N N N N N N N N	BLUEFIELD, WV CLARKSBURG, WV ROANOKE, VA (DURBIN) BLUEFIELD, WV CLARKSBURG, WV WESTON, WV ROANOKE, VA (DURBIN) HARRISONBURG, VA (RIVERTON) HARRISONBURG, VA (RIVERTON) WESTON, WV
	WVVA1 WBOYDT2 WDBJ WVVA2 WBOY WVFX WSET WHSVDT WSVFCD2 WDTVDT WVVA1HD WBOYDT2	6 7 7 8 12 14 3 503 504 504 505 506 512	N N N N N N N N N N N N N N N N N N N	BLUEFIELD, WV CLARKSBURG, WV ROANOKE, VA (DURBIN) BLUEFIELD, WV CLARKSBURG, WV WESTON, WV ROANOKE, VA (DURBIN) HARRISONBURG, VA (RIVERTON) HARRISONBURG, VA (RIVERTON) WESTON, WV CLARKSBURG, WV
	WVVA1 WBOYDT2 WDBJ WVVA2 WBOY WVFX WSET WHSVDT WSVFCD2 WDTVDT WVVA1HD WBOYDT2 WVFXDT	6 7 7 8 12 14 3 503 504 504 505 506 512 514	N N N N N N N N N N N N N N N N N N N	BLUEFIELD, WV CLARKSBURG, WV ROANOKE, VA (DURBIN) BLUEFIELD, WV CLARKSBURG, WV WESTON, WV ROANOKE, VA (DURBIN) HARRISONBURG, VA (RIVERTON) HARRISONBURG, VA (RIVERTON) WESTON, WV BLUEFIELD, WV CLARKSBURG, VA (RIVERTON) WESTON, WV WESTON, WV
	WVVA1 WBOYDT2 WDBJ WVVA2 WBOY WVFX WSET WHSVDT WSVFCD2 WDTVDT WVVA1HD WBOYDT2	6 7 7 8 12 14 3 503 504 504 505 506 512	N N N N N N N N N N N N N N N N N N N	BLUEFIELD, WV CLARKSBURG, WV ROANOKE, VA (DURBIN) BLUEFIELD, WV CLARKSBURG, WV WESTON, WV ROANOKE, VA (DURBIN) HARRISONBURG, VA (RIVERTON) HARRISONBURG, VA (RIVERTON) WESTON, WV CLARKSBURG, WV
	WVVA1 WBOYDT2 WDBJ WVVA2 WBOY WVFX WSET WHSVDT WSVFCD2 WDTVDT WVVA1HD WBOYDT2 WVFXDT	6 7 7 8 12 14 3 503 504 504 505 506 512 514	N N N N N N N N N N N N N N N N N N N	BLUEFIELD, WV CLARKSBURG, WV ROANOKE, VA (DURBIN) BLUEFIELD, WV CLARKSBURG, WV WESTON, WV ROANOKE, VA (DURBIN) HARRISONBURG, VA (RIVERTON) HARRISONBURG, VA (RIVERTON) WESTON, WV BLUEFIELD, WV CLARKSBURG, VA (RIVERTON) WESTON, WV WESTON, WV
	WVVA1 WBOYDT2 WDBJ WVVA2 WBOY WVFX WSET WHSVDT WSVFCD2 WDTVDT WVVA1HD WBOYDT2 WVFXDT	6 7 7 8 12 14 3 503 504 504 505 506 512 514	N N N N N N N N N N N N N N N N N N N	BLUEFIELD, WV CLARKSBURG, WV ROANOKE, VA (DURBIN) BLUEFIELD, WV CLARKSBURG, WV WESTON, WV ROANOKE, VA (DURBIN) HARRISONBURG, VA (RIVERTON) HARRISONBURG, VA (RIVERTON) WESTON, WV BLUEFIELD, WV CLARKSBURG, VA (RIVERTON) WESTON, WV WESTON, WV

LEGAL NAME OF OWNER OF CABLE SYSTEM: Spruce Knob Seneca Rocks Telephone, Inc. PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form. Column 1: Identify the call sign of each station carried.	SYSTEM ID# 63465 H Primary Transmitters: Radio
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.	H Primary Transmitters:
In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.	Primary Transmitters:
on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.	
Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of	
Mexican or Canadian stations, if any, the community with which the station is identified).	
CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION	
WELD AM X FISHER, WV	
WELD FM X FISHER, WV WVMR FM X HILLSBORO, WV	

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Spruce Knob Seneca F	Rocks Tel	ephone, Inc					63465
	SUBSTITUTE CARRIAGI	E: SPECIA			3			
	In General: In space I, identi		-			ion. that your o	cable svste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	general instr	uctions in the	paper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basis	s, any nonnet	twork television	on program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete t	he progran	n
	log in block 2.			·	-			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				vherever pos	sible, if their r	meaning is	
	clear. If you need more spa			rows to the tables. Ision program ("substitute p	orogram") tha	t during the a	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	ral instruction	ns for further i	informatior	
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love	e Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	0."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	n.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute p			ith the mon	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. sno	buid be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	FUC rules a	na regulations	s in	
								1
			E PROGRAM	1		N SUBSTIT		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2018/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Spruce Knob Seneca Rocks Telephone, Inc.	63465
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmise (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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.	ssion 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 \$20 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	63,800
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th 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 more than \$137,10	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	
	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 \$527,6	600)
	1. Enter the amount of gross receipts from space K \$ 321,096.03	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1 \$ 57,296.03	
	4. Multiply line 3 by .01	572.96
	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	<u>\$ 1,891.96</u>
	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)	1,891.96
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	\$ 1,911.96
	EFT Trace # or TRANSACTION ID # 19604610	
	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 more than the paper SA1-2 form and the Excel instructions tab for more than the second s	

				FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: Seneca Rocks Telephone	e, Inc.	SYSTEM ID# 63465
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	ers, and (2) the cable system's tal number of channels on white ed television broadcast stations tal number of activated channe cable system carried television	s	st stations
N Individual to Be Contacted		TO BE CONTACTED IF FURT t about this statement of accou	HER INFORMATION IS NEEDED (Identify an individual to whom unt.)	
for Further Information	Name	Sarah Nottingham		Telephone 304-567-2121
	Address	17009 Mountaineer	-	
		(Number, street, rural route, apa Riverton, WV 26814 (City, town, state, zip)		
	Email	sarahnott@sp	Fax (optional)	304-567-2407
O Certification			must be certified and signed in accordance with Copyright Office re one, but only one, of the boxes.)	gulations)
	(Ow	ner other than corporation or	partnership) I am the owner of the cable system as identified in line 1	of space B; or
	i	in line 1 of space B and that the	ration or partnership) I am the duly authorized agent of the owner of owner is not a corporation or partnership; or	
	 I have examin are true, compl 	in line 1 of space B. ed the statement of account and	(if a corporation) or a partner (if a partnership) of the legal entity identi d hereby declare under penalty of law that all statements of fact contain by knowledge, information, and belief, and are made in good faith.	
			X /s/ Sarah Nottingham Enter an electronic signature on the line above to certify this stateme Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ent.
		Typed or printe	ed name: Sarah Nottingham	
		Title:	General Manager f official position held in corporation or partnership)	
	1	(Title of		

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

ounting Period: 2018/2				FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM
uce Knob Seneca Rocks Telephone, Inc.				634
 SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the gr service of providing secondary transmissions of primary b scribers and amounts collected from subscribers receiving For more information on when to exclude these amounts, see the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any a made by satellite carriers to satellite dish owners? NO 	n 111(d)(1)(A), of the C ross amounts paid to th proadcast transmitters, g secondary transmissi e note on page (vii) of th	copyright Act by adding the fol the cable system for the basic the system shall not include s ons pursuant to section 119." he general instructions	sub-	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	N	\$		
Name	Name Mailing Address			
INTEREST ASSESSMENT				
You must complete this worksheet for those royalty payments su For an explanation of interest assessment, see page (viii) of the				Q
	general instructions loc			Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the	general instructions loc	ated in the paper SA1-2 form		Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the plane 1 Enter the amount of late payment or underpayment	general instructions loc	ated in the paper SA1-2 form		Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her	general instructions loc	ated in the paper SA1-2 form x x		Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the plane 1 Enter the amount of late payment or underpayment	general instructions loc	ated in the paper SA1-2 form x x		Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her	general instructions loc	ated in the paper SA1-2 form		Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her Line 3 Multiply line 2 by the number of days late and enter the s	general instructions loc	ated in the paper SA1-2 form	days	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her Line 3 Multiply line 2 by the number of days late and enter the s Line 4 Multiply line 3 by 0.00274** and enter here	general instructions loc	ated in the paper SA1-2 form	days	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her Line 3 Multiply line 2 by the number of days late and enter the s Line 4 Multiply line 3 by 0.00274** and enter here	general instructions loc	xxxxx 0.00274	- _days 	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the generative of the explanation of interest assessment, see page (viii) of the generative of the explanation of the payment or underpayment Line 1 Enter the amount of late payment or underpayment 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 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 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 2, line 8, or block 1, line 2, or block 1, line 2, or block 2, line 8, or block 1, line 2, or bloc	general instructions loc re sum here lock 3 line 6 icensing/interest-rate.po	xxxx 0.00274 \$ (interest charge)	- _days 	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the generative sector of the explanation of interest assessment, see page (viii) of the generative sector of the explanation of the payment or underpayment Line 1 Enter the amount of late payment or underpayment 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 sector of the sector of the payment of the payment of the sector o	general instructions loc re sum here lock 3 line 6 icensing/interest-rate.po ng@copyright.gov. st assessment for one c scount already submitte	xxxxx	days days 	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the generative of the explanation of interest assessment, see page (viii) of the generative of the explanation of the payment or underpayment Line 1 Enter the amount of late payment or underpayment 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 set in space L, (page 6) block 1, line 2, or block 2 line 8, or block * To view the interest rate chart click on <i>www.copyright.gov/li</i> contact the Licensing Division at (202) 707-8150 or licensine ** This is the decimal equivalent of 1/365, which is the interest NOTE: If you are filing this worksheet covering a statement of ac list below the owner, address, first community served, ID number 	general instructions loc re sum here lock 3 line 6 icensing/interest-rate.po ng@copyright.gov. st assessment for one c scount already submitte	xxxxx	days days 	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the generative of the explanation of interest assessment, see page (viii) of the generative of the explanation of the payment or underpayment Line 1 Enter the amount of late payment or underpayment 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 Line 4 Multiply line 3 by 0.00274** and enter here Line 4 Multiply line 3 by 0.00274** and enter here Line 5 Notte: If you are filing this worksheet covering a statement of action 	general instructions loc re sum here lock 3 line 6 icensing/interest-rate.po ng@copyright.gov. st assessment for one c scount already submitte	xxxxx	days days 	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the generative of the explanation of interest assessment, see page (viii) of the generative of the explanation of the payment or underpayment Line 1 Enter the amount of late payment or underpayment 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 set Line 4 Multiply line 3 by 0.00274** and enter here Line 4 Multiply line 3 by 0.00274** and enter here Line 5 In space L, (page 6) block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 2, or block 2 line 8, or block 1, line 1, or the Licensing Division at (202) 707-8150 or licensing ** This is the decimal equivalent of 1/365, which is the interest NOTE: If you are filing this worksheet covering a statement of ac list below the owner, address, first community served, ID number Owner 	general instructions loc re sum here lock 3 line 6 icensing/interest-rate.po ng@copyright.gov. st assessment for one c scount already submitte	xxxxx	days days 	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the generative set of the explanation of interest assessment, see page (viii) of the generative set of the explanation of the payment or underpayment Line 1 Enter the amount of late payment or underpayment 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 set of the set	general instructions loc re sum here lock 3 line 6 icensing/interest-rate.po ng@copyright.gov. st assessment for one c scount already submitte	xxxxx	days days 	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the generative of the explanation of interest assessment, see page (viii) of the generative of the explanation of the payment or underpayment Line 1 Enter the amount of late payment or underpayment 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 set 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 2 line 8, or block 1, line 2, or block 2 line 8, or block 1 the Licensing Division at (202) 707-8150 or licensing ** This is the decimal equivalent of 1/365, which is the interest NOTE: If you are filing this worksheet covering a statement of ac list below the owner, address, first community served, ID number 	general instructions loc re sum here lock 3 line 6 icensing/interest-rate.po ng@copyright.gov. st assessment for one c scount already submitte	xxxxx	days days 	Q Interest Assessm

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.