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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
02/26/2019	\$ ALLOCATION NUMBER

Return completed workbook by email to:

### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
A		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.									
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
		SPTC TELCOM, LTD								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		P.O. BOX 1379								
		(Number, street, rural route, apartment, or suite number)  LUBBOCK, TX 79408-1379 (City, town, state, zip)								
С		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:								
	<b>-</b>	MAILING ADDRESS OF CABLE SYSTEM:								
	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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	SPTC TELCOM, LTD	635
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated codiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you last the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
Served	identified city.	
<b>-</b>	CITY OR TOWN	STATE
First Community	Woodrow	TX TX
Community	Fieldton	
	Hollandville	TX TX
d Rows as Necessary	Pettit	
	Arnett	TX
	County Line	TX
	Merrell	TX
	Cone	TX
	Caprock	TX
	Acuff	TX
	Halfway	TX
	McAdoo	TX
	Cotton Center	TX
	Edmonson	TX
	Ransom Canyon	TX
	Happy Union	TX

Accounting Period: 2018/2

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63533

## SPTC TELCOM, LTD

# E

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCI	BLOCK 2						
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE					
Residential:										
<ul> <li>Service to first set</li> </ul>	471	\$77/mth								
<ul> <li>Service to additional set(s)</li> </ul>	411	\$7/stb								
<ul> <li>FM radio (if separate rate)</li> </ul>										
Motel, hotel										
Commercial										
Converter										
Residential										
Non-residential										

# F

### Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RA
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Cinemax	\$14/
<ul> <li>Fire protection</li> </ul>		• Pay cable		Stars/Encore	\$17/
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel		Showtime	\$19/
Installation: Residential		Fire protection		HBO	\$19/
First set		Burglar protection		Red Zone	\$5
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$25 each	Hispanic Tier	\$5/
<ul> <li>Converter</li> </ul>		Disconnect		Variety Tier	\$12/
		Outlet relocation	\$99/term	Variety Plus	\$6/
		Move to new address			

Accounting Period: 2018/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63533

SPTC TELCOM, LTD

PRIMARY TRANSMITTERS: TELEVISION

# G

### 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, *except* (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 *not* 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 *only* 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. *Do not* 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), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KMYLLD5	12	N-M	LUBBOCK, TX
KCBDDT4	17	N-M	LUBBOCK, TX
KJTVCD2	32	N-M	LUBBOCK, TX
KLBBLD2	46	N-M	LUBBOCK, TX
KLBBLD3	47	N-M	LUBBOCK, TX
KLBB	48	N	LUBBOCK, TX
KTTZ	1005	Е	LUBBOCK, TX
KCBDDT	1011	N	LUBBOCK, TX
KLBKDT	1013	N	LUBBOCK, TX
KMYL	1015	N	LUBBOCK, TX
КРТВ	1016	<u> </u>	LUBBOCK, TX
KLCWDT	1022	N	WOLFFORTH, TX
KAMCDT	1028	N	LUBBOCK, TX
KJTVDT2	1032	N-M	LUBBOCK, TX
KJTVDT	1034	N	LUBBOCK, TX
KXTQCD	1046	N	LUBBOCK, TX
KBZOLD	1051	N	LUBBOCK, TX

Add Rows as Necessary

Accoun	ting	Perio	d:	20	18/	2
--------	------	-------	----	----	-----	---

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SPTC TELCOM, LTD

63533

## 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.

Н

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: Radio

Column 1: Identify the call sign of each station carried.

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 EM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
CALL SIGN	AIVI OI FIVI	3/1/	LOCATION OF STATION	CALL SIGN	AIVI UI FIVI	3/0	LOCATION OF STATION
	<del> </del>					<u></u>	l
	<b></b>					 	
	<del> </del>					}	<del> </del>
	<b></b>						
	<del> </del>						<del> </del>
	<b></b>						
	<del> </del>						<del> </del>
	<b></b>						
						L	
							T
	<del> </del>						<del> </del>
	<b></b>						
	<del> </del>					}	<del> </del>
	<b></b>						
	<del> </del> -						<del> </del>
	<b></b>						
	<del> </del> -						<del> </del>
	<b></b>						
	<del> </del>					<b></b>	<del> </del>
	<b></b>						
	<del> </del>					<u></u>	l
	<b></b>					<b> </b>	
	<del> </del>						
	<b></b>					<b> </b>	
	T						
	<del> </del>						<b> </b>
	<b></b>	<b></b>				L	
	<b>T</b>						
	<del> </del>						
	<u> </u>						
	<del> </del>						<b> </b>
	<b></b>						
	<del> </del>						t

Accounting Perio							FOR	M SA1-2E. PAGE 5.				
Name	LEGAL NAME OF OWNER OF ( SPTC TELCOM, LTD	CABLE SYST	ГЕМ:					SYSTEM ID# 63533				
								03333				
Substitute Carriage:	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	y every nor counting peng that mus	nnetwork televis eriod, under spe et be included in	sion program, broadcast be cific present and former F this log, see page (v) of t	y a <i>distant</i> sta FCC rules, regu	lations, or a	uthorizations.	For a further				
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program											
Statement and	broadcast by a distant station?											
Program Log												
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program											
	log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "577."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in											
	effect on October 19, 1976.				П ми	EN SUBST	ITLITE					
	SI	JBSTITUT	E PROGRAM	1		LIN SUBST		7. REASON FOR				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION				
		100 0. 110	07.22 0.0.1	σ	7.1.1.2.2.7.1.		_					
							_					
							_					
							_					
							_					

2018/2				SA1-2E. PAGE SYSTEM II
SPTC TELCOM, LTD			`	6353
all amounts (gross receipts) paid to your cable system by sub (as identified in space E) during the accounting period. For a table page (vii) of the general instructions located in the paper SA1 Gross receipts from subscribers for secondary transmissing	scribers for the systen further explanation of -2 form. ion service(s)	n's secondary tran how to compute th	smission servi	ce e
			*	12,963.10 ross receipts)
<ul> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137</li> <li>Use block 2 if the amount of gross receipts in space K is more</li> <li>Use block 3 if the amount of gross receipts in space K is more</li> </ul>	e than \$137,100 but le e than \$263,800 but le	ss than \$527,600	\$263,800	
BLOCK 1: GROSS RECE	EIPTS OF \$137,100 (	OR LESS		
Instructions: As a cable system with gross receipts of \$137,100 or accounting period is \$52.00	or less, the royalty fee th	nat you must pay fo	r this six-month	1
Line 1. Royalty fee for accounting period				
Line 2. Interest charge. Enter the amount from line 4, space Q, p	page 8			0.00
			-	
	,		, ,	
			_	
			_	
	·		- 242,963.10	
5. Enter the amount from line 3		\$	20,836.90	
6. Subtract line 5 from line 4		\$	222,126.20	
7. Multiply line 6 by .005 (enter figure here)			\$	1,110.63
8. Interest charge. Enter the amount from line 4, space Q, page	8			0.00
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PER	IOD. Add lines 7 and 8		\$	1,110.63
BLOCK 3: GROSS RECEIPTS OF MOR	RE THAN \$263,800 (	but less than \$52	7,600)	
Enter the amount of gross receipts from space K				
Base amount under statutory formula	<b>\$</b>	263,800.00	_	
3. Subtract line 2 from line 1			<u>-</u>	
4. Multiply line 3 by .01		· · · · <u> </u>		
5. Royalty due on the first \$263,800 of gross receipts (under statu	utory formula)	<u></u> \$	1,319.00	
6. Interest charge. Enter the amount from line 4, space Q, page	8	· · · · <u> </u>	0.00	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PER	IOD. Add lines 4, 5, and	d 6		
FILING FEE AND TOTAL REM	MITTANCE DUE			
Royalty Fee Payable for Accounting Period (from Block 1, 2, or	r 3, above)	<u>\$</u>	1,110.63	
2. Filing Fee (See the instructions for more information on filing fe	ee calculations)	<b>\$</b>	20.00	
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add Ii	ines 2 and 3		\$	1,130.63
	GROSS RECEIPTS Instructions: The figure you give in this space determines th all amounts (gross receipts) paid to your cable system by sub (as identified in space E) during the accounting period. For a page (vii) of the general instructions located in the paper SA1 Gross receipts from subscribers for secondary transmiss during the accounting period.  IMPORTANT: You must complete a statement in space P con 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 smore Subscribers of seceipts in space K is more Subscribers of stream of See page (vi) of the general instructions located in the paper SA1-BLOCK 1: GROSS RECEIPTS OF SEE Instructions: As a cable system with gross receipts of \$137,100 caccounting period is \$52.00  Line 1. Royalty fee for accounting period.  Line 2. Interest charge. Enter the amount from line 4, space Q, go accounting period is \$52.00  Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING BLOCK 2: GROSS RECEIPTS OF \$2  1. Base amount under statutory formula  2. Enter amount of gross receipts from space K.  3. Subtract line 2 from line 1  4. Enter the amount 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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PER BLOCK 3: GROSS RECEIPTS OF MOI  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 stat 6. Interest charge. Enter the amount from line 4, space Q, page 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PER FILING FEE AND TOTAL REI  1. Royalty Fee Payable for Accounting Period (from Block 1, 2, o 2. Filing Fee (See the instructions for more information on filling for the page of the page of the instructions for more information on filling for the page of the page of t	SPTC TELCOM, LTD  GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of page (wij) of the general instructions located in the paper 5A1-2 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 receipt instructions: To compute the royalty fee you owe:  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 more than \$137,100 but le vise block 2 if the amount of gross receipts in space K is more than \$253,800 but le vise block 3 if the amount of gross receipts in space K is more than \$253,800 but le see page (wi) of the general instructions located in the paper \$A1-2 form for more inform BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee the 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.  Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 as BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but 1. Base amount under statutory formula  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but 1. Base 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 of gross receipts from space K  5. Enter the amount of gross receipts from space K  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 (  1. Enter the amount of gross receipts (under statutory formula)  6. Inter	SPTC TELCOM, LTD  GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute the page (iii) 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.  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 more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600 See page (iv) 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 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  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 or less) and the statutory formula \$242,963,100  3. Subtract line 2 from line 1 \$20,035 (enter figure here)  8. Interest charge. Enter the amount from space K \$242,963,100  3. Subtract line 2 from line 4 \$20,035 (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 \$52  1. Enter the amount of gross receipts from space K \$263,800.00  3. Subtract line 2 from line 1 \$263,800 of gross receipts (under statutory formula) \$263,800.00  4.	SPTC TELCOM, LTD  GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (so identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary intransmission service(s) during the accounting period.  COPYRIGHT ROYALTY FEE Instructions: To compite the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 fit he 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 \$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 \$283,800  1 use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$283,800  2 use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$283,800  1 use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$283,800  2 use block 3 if the amount of gross receipts in space K is more than \$137,100 or less.  BLOCK 1: 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 secounting period  Line 2. Interest charge. Enter the amount from line 4, space Q, page 8.  Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2.  BLOCK 2: GROSS RECEIPTS OF \$263,800.00 R LESS (but more than \$137,100)  1. Base amount under statutory formula  2. Enter amount of gross receipts from space K  3. Subtract line 2 from line 1  3. Subtract line 2 from line 1  4. Enter the amount of gross receipts from space K  5. Line 5 from line 1  4. Enter the amount of gross receipts from space K  6.

Accounting Period:	2018/2																							FOF	RM SA	I-2E.	PAG	E 7
Name	SPTC TELCOM, LTD																								S	YST	EM 635	
M Channels	Enter the total numb system carried televis     Enter the total numb on which the cable sy	(2) the cable system's to er of channels on which sion broadcast stations	otal numb  the cable   s broadcas	nber ble 	e e e e e e e e e e e e e e e e e e e	of act	tivat	ed c	hann	els du	uring	the a		unt	ing <sub>l</sub>	oerio	d.		ns					7				
N Individual to Be Contacted		ONTACTED IF FURTH		ORM	RMA	MATIC	ON I	S NI	EEDE	E <b>D</b> (Ide	entify	/ an ii	ndivi	idua	al to	who	m											
for Further Information	Name Hale	ey Anderson															Т.	eleph	one [	<b>306</b>	/763	3-23	01					
	(Numb	Box 1379 ber, street, rural route, apartro bock, TX 79416-1		suite i	ite nui	number	r)																					
	(City,	town, state, zip) handerson@spi	tc.net										F	Fax	(op	tiona	al)											
	CERTIFICATION (This s	statement of account mu	ust be cer	ertifi	rtified	ed an	ıd siç	gned	l in a	ccorda	ance	with	Сор	oyriç	ght (	Office	e reg	ulatio	ns)									=
O Certification	• I, the undersigned, here																											
	(Agent of ow	r than corporation or pa rner other than corporat of space B and that the o	tion or pa	partı	artne	nershi	ip)∣	am t	he du	ıly aut	horiz										as id	entifie	ed					
	X (Officer or p	partner) I am an officer (if of space B.										o) of the	he le	egal	l enti	ity ide	entifie	ed as	owne	r of t	he ca	ble s	ystem	า				
		atement of account and h correct to the best of my 1(1986)]															ntaine	d her	ein									
			X Enter an Enter sign	ın ele	elect		ic sig	natu	ire on								emen	t.										
		Typed or printed	name:		So	Scot	ty I	Har	t																			
		Title: (Title of o	CEO/O				corp	oratio	on or p	artners	ship)																	
		Date:													2/2	6/20	19											•

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 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

counting Period: 2018/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
PTC TELCOM, LTD	63533
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."	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  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
To all explanation of interest assessment, see page (viii) of the general instructions to account the paper of the entire page.	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
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 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
(interest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
Address	
ID number	
First community served	
Accounting period	

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.