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	
\$ 02/20/2019 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

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Barcode Data Filing Period (optional - see instructions)	
Period	
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.)1
LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
Sycamore Telephone Company	
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
Sycamore Telephone Company	
MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
104 East Seventh Street (Number, street, rural route, apartment, or suite number)	
Sycamore, Ohio 44882	
(City, town, state, zip)	
INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System , IDENTIFICATION OF CABLE SYSTEM:	
1 1	
MAILING ADDRESS OF CABLE SYSTEM:	
2 (Number: street, fuel route, apartment, or suite number).	
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.

	LECAL NAME OF OWNER OF CARLE OVOTEN.	FORM SA1-2E. PAG SYSTEM							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	Sycamore Telephone Company	637							
	Instructions: List each separate community served by the cable system. A "commu								
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as 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	home parks should be reported in parentheses below the							
Served	identified city.								
	CITY OR TOWN	STATE							
First	Sycamore	Ohio							
Community	McCutchenville	Ohio							
	Melmore	Ohio							
d Rows as Necessary	Carey	Ohio							
	Upper Sandusky	Ohio							
	Tiffin	Ohio							

Accounting Period: 2018/2 FORM SA1-2F PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63701

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Sycamore Telephone Company

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.

DECON		
CATEGORY OF SERVICE	NO. OF	RATE
CATEGORY OF CERVICE	COBCONIBENC	TOTIL
	CATEGORY OF SERVICE	CATEGORY OF SERVICE SUBSCRIBERS

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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		Expanded Basic	70.44
 Pay cable—add'l channel 		Commercial		Variety	83.48
Fire protection		• Pay cable		НВО	17.95
•Burglar protection		 Pay cable-add'l channel 		Cinemax	13.45
Installation: Residential		Fire protection		Starz/Encore	10.95
• First set		Burglar protection		Showtime	15.95
Additional set(s)		Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63701

Sycamore Telephone Company

G

Primary Transmitters: Television

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WTOL	11.1	N	Toledo, Ohio
WTOL-DT2	11.2	N	Toledo, Ohio
WTOL-DT3	11.3	N-M	Toledo, Ohio
WTVG	13.1	N	Toledo, Ohio
WTVGCW	13.2	N-M	Toledo, Ohio
WTVGW	13.3	N-M	Toledo, Ohio
WNWO	24.1	N	Toledo, Ohio
WNWO-DT2	24.2	N-M	Toledo, Ohio
WNWO-DT3	24.3	N-M	Toledo, Ohio
WNWO-DT4	24.4	N-M	Toledo, Ohio
WBNS	10.1	N	Columbus, Ohio
WBNS-DT2	10.2	N-M	Columbus, Ohio
WBNS-DT3	10.3	N-M	Columbus, Ohio
WBGU	27.1	E	Bowling Green, Ohio
WBGUEC	27.2	E-M	Bowling Green, Ohio
WBGUCR	27.3	E-M	Bowling Green, Ohio
WGTE	30.1	E	Toledo, Ohio
WGTEFAM	30.2	E-M	Toledo, Ohio
WGTECRE	30.3	E-M	Toledo, Ohio
WUPW	36.1	N	Toledo, Ohio
WUPW-DT2	36.2	N-M	Toledo, Ohio
WMNT-DT3	48.3	N-M	Toledo, Ohio
WMNT-DT4	48.4	N-M	Toledo, Ohio
WQHS-DT3	61.3	N-M	Cleveland, Ohio

Accounting Period: 2018/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63701 Sycamore Telephone Company PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** Transmitters: substitute program basis, as explained in the next paragraph. Television 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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Sycamore Telephone Company

63701

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).

	1	1	,	1	ı	1	T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
	 						
							
	 						
							
	_						
	 						
							
							
	 						
	 						
	 						
	 						
	_						
	<u> </u>						
	 						
	 						
	_						
	 						
	 						
	_						
	 						

od: 2018/2						FOF	RM SA1-2E. PAGE 5.
							SYSTEM ID# 63701
In General: In space I, identification substitute basis during the acceptanation of the programming 1. SPECIAL STATEMENT • During the accounting periods.	fy every nor ecounting pe ng that mus CONCER od, did you	nnetwork televis eriod, under spe at be included in RNING SUBST	sion program, broadcast be ecific present and former f this log, see page (v) of the control of	by a <i>distant</i> sta FCC rules, regulate general ins	ulations, or a tructions in t	uthorizations he paper SA1	. For a further I-2 form.
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 "5/7." 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							
S 1. TITLE OF PROGRAM	SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S					CURRED	7. REASON FOR DELETION
	SUBSTITUTE CARRIAGE In General: In space I, identification of the programmi 1. SPECIAL STATEMENT • During the accounting periphroadcast by a distant state Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call se Column 4: Give the broad the case of Mexican or Canace Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAIN General: In space I, identify every not substitute basis during the accounting preexplanation of the programming that must 1. SPECIAL STATEMENT CONCER During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRAIN General: List each substitute prograclear. If you need more space, please a Column 1: Give the title of every not period, was broadcast by a distant statiunder certain FCC rules, regulations, on Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcound 3: Give the call sign of the secolumn 4: Give the broadcast static the case of Mexican or Canadian static Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulation was substituted for programming that y effect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEMEI In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under spe explanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBST • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this pag log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional r Column 1: Give the title of every nonnetwork televi period, was broadcast by a distant station and that yo under certain FCC rules, regulations, or authorizations Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadca Column 4: Give the broadcast station's location (the the case of Mexican or Canadian stations, if any, the or Column 5: Give the month and day when your sys first. Example: for May 7 give "5/7." Column 6: State the times when the substitute pro to the nearest five minutes. Example: a program carrie stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system wa effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM L. In General: In space I, identify every nonnetwork television program, broadcast I substitute basis during the accounting period, under specific present and former I explanation of the programming that must be included in this log, see page (v) of 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute base broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer i log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitut period, was broadcast by a distant station and that your cable system substitu under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: Tôers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute prog Column 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for prograted as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted to delete underfect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant stationstitute basis during the accounting period, under specific present and former FCC rules, regiexplanation of the programming that must be included in this log, see page (v) of the general ins 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE * During the accounting period, did your cable system carry, on a substitute basis, any nonnot broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you may be in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever poor 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") the period, was broadcast by a distant station and that your cable system substituted for the prounder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction on the separation of the station and that your cable system substitute program it les, for example: To be a substitute program was broadcast live, enter "Yes." Otherwise enter "No." 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 lice the case of Mexican or Canadian stations, if any, the community with which the station is ide Column 5: Give the month and day when your system carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6: stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the letter to e	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that yo substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in to 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE * During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork telev broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complet log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the 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 period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I L "NBA Basketball: T6ers 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. Use numerals, first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the fir to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. 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 to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the was substit	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable systs substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the progra 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 substitute for the programming of another ste under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatio 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 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is loentified). Column 5: Give the broadcast station is location (the community to which the station is loentified). Column 6: State the times when t

Accounting Period:	2018/2	FORM SA	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Sycamore Telephone Company	S	YSTEM ID 6370
K Gross Receipts	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 trar (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission servic nis amount, see	of se 3,929.60
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 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 Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for	or this six month	
	accounting period is \$52.00	T this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	',100)	
	1. Base amount under statutory formula	_	
	2. Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	_	
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8	•	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	27,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	-	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01	_	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$		
	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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Duc	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
1	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more information.		hts!

2018/2						FORM SA1-2E. PAGE 7
						SYSTEM ID# 63701
to its subscribers, and (1. Enter the total number system carried televise) 2. Enter the total number on which the cable sy	2) the cable system's to er of channels on which ion broadcast stations er of activated channels stem carried television	otal numb	mber ble 	of activated channels during the accounting per	riod.	174
			ORM	MATION IS NEEDED (Identify an individual to w	hom	
Name Ricl	nard Ekleberry II				Telephone	419-927-6012
(Numb	er, street, rural route, apartramore, OH 44882	ment, or sui	suite r	number)		
Email		syctelco	co.co	om Fax (optio	nal)	
Owner other (Agent of ow in line 1 of the stare true, complete, and of the stare true.	than corporation or partner other than corporation f space B and that the or artner) I am an officer (if space B. attement of account and borrect to the best of my (1986)] Typed or printed Title:	artnership tion or pa where is no f a corpora hereby decknowledg Enter an Enter sig	partin not a poratio declar de	am the owner of the cable system as identified in hership) I am the duly authorized agent of the own corporation or partnership; or on) or a partner (if a partnership) of the legal entity are under penalty of law that all statements of fact on formation, and belief, and are made in good faith extremely signature on the line above to certify this statements are using an "/s/ signature" (e.g., /s/ John Smith) Richard Ekleberry II Manager held in corporation or partnership)	line 1 of space E er of the cable sy identified as own ontained herein .	3; or ystem as identified
	LEGAL NAME OF OWNER Sycamore Telephone CHANNELS Instructions: You musto its subscribers, and (1. Enter the total number system carried televis 2. Enter the total number on which the cable sy and nonbroadcast serior with the cable sy and	CHANNELS Instructions: You must give (1) the number of to its subscribers, and (2) the cable system's to its subscribers, and (2) the number of activated channel on which the cable system carried television and nonbroadcast services	CHANNELS Instructions: You must give (1) the number of channel to its subscribers, and (2) the cable system's total number of channels on which the case system carried television broadcast stations	CHANNELS Instructions: You must give (1) the number of channels of to its subscribers, and (2) the cable system's total number. 1. Enter the total number of channels on which the cable system carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: Sycamore Telephone Company CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations 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 3. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to we can contact about this statement of account.) Name Richard Ekleberry II Address 104 East Seventh Street (Number, other purification) Sycamore, OH 44882 (Chy, lown, salid, zg) Email rick.ekleberry@syctelco.com Fax (option) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the duly authorized agent of the own in line 1 of space 8 and that the owner is not a corporation or partnership; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the own in line 1 of space 8. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact or are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith (IB U.S.C., Section 1001(1986)) Typed or printed name: Richard Ekleberry II Title: General Manager (Title of efficial position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM: Sycamore Telephone Company CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Richard Ekleberry II Telephone Address 10.4 East Seventh Street (Puturber, sitest, runi rose, spanners, or suite number) Sycamore, OH 44882 (City, town, state, 2p) Email rick.ekleberry @sycteloo.com Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the duily authorized agent of the owner of the cable in line 1 of space 8 and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partnership; or X (officer or partner) I am an efficient of a corporation or partnership) of the legal entity identified as own in line 1 of space 8 and that the owner is not a corporation or partnership) of the legal entity identified as own in line 1 of space 8 and that the owner is not a corporation or partnership) of the legal entity identified as own in line 1 of space 8 and that the owner is not a corporation or partnership) of the legal entity identified as own in line 1 of space 8 and that the owner is not a corporation or partnership) of the legal entity identified as own in line 1 of space 8 and that the owner is not a corporation or partnership) of th

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

ounting Period: 2018/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
camore Telephone Company	63701
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 Mailing Address Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	-
xdays	
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@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	
ID number	
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.