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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook 08/09/19 ALLOCATION NUMBER

A	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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	
		Adams CATV, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	_
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		19 North Main Street (Number, street, rural route, apartment, or suite number)	
		Carbondale, PA 18407 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:	
		Windsor System Adams CATV, Inc.	
		19 North Main Street	
	2	(Number, street, rural route, apartment, or suite number)	
		Carbondale, PA 18407 (City, town, state, zip code)	
L			

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 fing, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Adams CATV, Inc.	271
	Instructions: List each separate community served by the cable system. A "commun	nity" is the same as a "community unit" as defined in FCC rul
D	"a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you l as the "first community." Please use it as the first community on all future filings.	list will serve as a form of system identification hereafter kn
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Town of Afton	NY
Community	Town of Kirkwood	NY
	Village of Windsor	NY
d Rows as Necessary	Town of Windsor	NY
	Town of Colesville	NY
	Town of Sanford	NY
	Village of Deposit	NY
	Town of Deposit	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM IC
Name	Adams CATV, Inc.								271
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note	pace E should of on of television a bay cable) in space (June 30 or De blocks in space y transmission s umber of billings ice at the rate in harged for each (Example: "\$2 counts allowed for in space E, the te to their subscr where an ind	cover a and rad ace F, ecember e E ca service s in that n categ 0/mth" or adva form I ibers. (lividual	all categories of dio broadcasts not here. All the er 31, as the ca Il for the number . In general, you at category (the ed—not the num ory of service.). Summarize a ance payment. ists the categor Give the number or organization	secondary by your system facts your se may be ar of subsc u can com number of aber of sets nclude bot ny standar ies of seco ar of subsc i s receivin	stem to subscrib state must be th). ribers to the cab pute the numbe persons or org s receiving servit th the amount or d rate variations ondary transmise ribers and rate fing service that f	bers. Give hose existing of subscr anizations ice). If the charg s within a p sion service for each lis alls under	information ing on the , broken ribers in charged ge and the particular rate ex that cable sted category different	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	ble service to a once again unde has rate catego iers of services	iddition er "Ser ries foi that in	al sets would b vice to additiona r secondary tran clude one or mo	e included al set(s)." nsmission ore second	in the count un service that are lary transmissio	der "Servio different fr ns), list the	ce to the rom those em, together	
	BLO	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	ERS	RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:								
	 Service to first set 	2	2,109	26.99					
	 Service to additional set(s) 			-					
	• FM radio (if separate rate)			-					
	Motel, hotel		~						
	Commercial		0	\$10 per set					
	Converter Residential		2,109						
	Non-residential		2,109						
			U						
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscribe hose services the re two exception or facilities furni hit in which it is u rate column. te charged by the your cable system separate charge	er) info hat are ished t usually ne cabl tem fui e was i	ermation with re- ernot offered in of do not need to o nonsubscribe r billed. If any ra- e system for ea rnished or offere- made or establi	spect to all combinatio give rate i rs. Rate in tes are ch ch of the a ed during t	n with any seco nformation cond formation should arged on a varia upplicable service he accounting p	ndary tran cerning (1) d include t able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:			GORY OF SER ation: Non-res		RATE	CATEG	ORY OF SERVICE	RA
	• Pay cable	-		otel, hotel	luentiai	40.00	Expand	ded Basic	50
	Pay cable—add'l channel	-		mmercial		40.00	HBO/M		20
	• Fire protection	-		y cable		-		me/TMC/Flix	16
	•Burglar protection	-		y cable-add'l ch	annel	-	Starz		14
	Installation: Residential		• Fir	e protection		-	Choice		10
	First set	40.00	• Bu	rglar protection		-	High D	efinition	10
	 Additional set(s) 	15.00	Other	services:					
	• FM radio (if separate rate)	-		connect		40.00			
			- Die						
	Converter	7.00 DVR		sconnect		-			
		2.49 Non DVR	• Ou	itlet relocation		- 15.00 40.00			

Name Adams CATV, Inc. 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 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 anoncommercial educational, by entering the letter "N" (for network), "N-M" (for noncommercial educactional multicast). Fo	ting Period: 2				FORM SA1-2E. PAGE
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-lime basis under period, except (2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. • 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 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 calls in <i>Do not</i> list 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 ideeneeting attractions. 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). For the meaning of these terms, see page (v) of the general instructions in the paper SA-12 form. Column 4: Give the location of each station. For U.S. stations, is the community to which the stat	ame		CABLE SYSTEM:		SYSTEM ID 2717
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 station score of the space I. If the station score of the sist station score and 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 is 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 3: Column 3: List each station is call sign. Do not report origination gain and the paper SA1-2 form. Column 3: Column 4: Divertify EV (C assigned to the television station, or a noncommercial educational station, by entering the letter "N' (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.					
WBNG12NBinghamton, NYWICZ40IBinghamton, NYWBGH-CA20NBinghamton, NYWIVT34NBinghamton, NYWBPN-LP10IBinghamton, NYWVIA44EScranton, PAWBXI-CA38IBinghamton, NY	ers:	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination f d with a station according to its over-the the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network tring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instru n of each station. For U.S. stations, list	<i>t</i> (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also roogram services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station in	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
WICZ40IBinghamton, NYWBGH-CA20NBinghamton, NYWIVT34NBinghamton, NYWBPN-LP10IBinghamton, NYWVIA44EScranton, PAWBXI-CA38IBinghamton, NY		1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
aryWBGH-CA20NBinghamton, NYWIVT34NBinghamton, NYWBPN-LP10IBinghamton, NYWVIA44EScranton, PAWBXI-CA38IBinghamton, NY		WBNG	12	N	Binghamton, NY
WIVT34NBinghamton, NYWBPN-LP10IBinghamton, NYWVIA44EScranton, PAWBXI-CA38IBinghamton, NY		WICZ	40	l	Binghamton, NY
WBPN-LP10IBinghamton, NYWVIA44EScranton, PAWBXI-CA38IBinghamton, NY	ary	WBGH-CA	20	Ν	Binghamton, NY
WVIA44EScranton, PAWBXI-CA38IBinghamton, NY		WIVT	34	Ν	Binghamton, NY
WBXI-CA 38 I Binghamton, NY		WBPN-LP	10	I	Binghamton, NY
		WVIA	44	Е	Scranton, PA
WSKG46EBinghamton, NY		WBXI-CA	38	l	Binghamton, NY
		WSKG	46	Е	Binghamton, NY

Accounting P	eriod: 2019	/1					FORM	/I SA1-2E. PAGE 4
		CABLE SY	(STEM:					SYSTEM ID
Adams CAT	v, Inc.							2717
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate f Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	eadend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can ertain si jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A		5/0	LOOKTION OF STATION			3,0	LOOKTION OF STATION	
<u>N/A</u>								
		L						

Accounting Perio	od: 2019/1						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Adams CATV, Inc.							27177
	SUBSTITUTE CARRIAGI							
I I			-		-			
•	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				general mea			2 101111.
Special						hunder folgusiai		
Statement and	During the accounting per	•	r cable system	carry, on a substitute basi	s, any nonne		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	the progran	n
	log in block 2.		1 0			·		
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their	meaning is	
	clear. If you need more spa					-	Ū	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							l.
	"NBA Basketball: 76ers vs.		vies of baske	Iball. List specific program		ampie, i Lov	e Lucy OI	
			dcast live, enter	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
				e community to which the			FCC or, in	
	the case of Mexican or Can							46
	first. Example: for May 7 giv		when your sys	tem carried the substitute	brogram. Use	numerais, w	ith the mon	tn
	, , , ,		substitute pro	gram was carried by your	cable system	List the time	s accuratel	V
	to the nearest five minutes.							y
	stated as "6:00-6:30 p.m."	•		, ,		·		
				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 unde	r FCC rules a	nd regulation	is in	
	eneci on October 19, 1970.							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCU	IRRED	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. TII FROM –	MES - TO	DELETION
		Tes of NO	CALL SIGN	4. STATION S LOCATION	AND DAT	FROM -	- 10	
	<u>N/A</u>						-	
						-	-	
							-	
						_	_	
							-	
						_	_	
							_	
							-	
							-	
						_	-	
							-	
•							-	

Accounting Period:	2019/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Adams CATV, Inc.			Ş	8YSTEM ID# 27177
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanati 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 r	system's s ion of how	econdary trans to compute this	mission servi s amount, sec \$ 44	ice
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, <i>or</i> 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00 Line 1. Royalty fee for accounting period				1
	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 lin	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,	100)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	- 3. Subtract line 2 from line 1				
	Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	444,172.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	180,372.00		
	- 4. Multiply line 3 by .01		\$	1,803.72	
	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 .		\$	3,122.72
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,122.72	
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			\$	3,142.72
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-		-		ghts!

Name /	Adams CATV, CHANNELS Instructions: Ye to its subscriber: 1. Enter the tota system carried 2. Enter the tota on which the c and nonbroad	ou must give (1) the number s, and (2) the cable system's I number of channels on whi I television broadcast station I number of activated channe able system carried televisio cast services	total numb ich the cabl s els on broadcas 	nber o ble 		nting period.	SYSTEM ID# 27177 8 362 570-282-6121
M I Channels 2	Instructions: Ye to its subscriber: 1. Enter the tota system carried 2. Enter the tota on which the c and nonbroadd INDIVIDUAL TC we can contact a Name	s, and (2) the cable system's I number of channels on whi I television broadcast station I number of activated channel able system carried televisio cast services	total numb ich the cabl s els on broadcas 	nber o ble 	activated channels during the accoun	nting period.	362
Individual to Be Contacted for Further	we can contact a	Wendy Hartman 19 North Main Stree (Number, street, rural route, apa Carbondale, PA 18	unt.) Ət	ORM	TION IS NEEDED (Identify an individu		570-282-6121
for Further		19 North Main Stree (Number, street, rural route, apa Carbondale, PA 18				Telephone	570-282-6121
	Address	(Number, street, rural route, apa Carbondale, PA 18					
			,	suite ni	iber)		
		(Oity, IOWI, SIdle, ZIP)	407				
	Email	wendy@echo	es.net		Fa	ax (optional) 570-282-3787	7
O Certification	I, the undersigned (Owned) (Agen in X (Offic in I have examined	ed, hereby certify that (Check er other than corporation or it of owner other than corpo line 1 of space B and that the cer or partner) I am an officer line 1 of space B. d the statement of account and e, and correct to the best of m	one, <i>but oni</i> partnership ration or pa owner is no (if a corpora d hereby de hy knowledg	nly or nip) I a partne not a c poratior leclare dge, in /s	n the owner of the cable system as iden ship) I am the duly authorized agent of	ntified in line 1 of space B; the owner of the cable sys al entity identified as owne of fact contained herein bod faith.	stem as identified
		Typed or printe Title: (Title o	Enter sig ed name: Presic	ignatu D iden	e using an "/s/ signature" (e.g., /s/ John s		
		Date:				8/6/19	

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 telephoin 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

nting Period: 2019/1	FORM SA1-2E. PAG
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ns CATV, Inc.	271
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemer Concerning Gros Receipts Exclusio
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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
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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.

œ	Ca	ble rksheet	Total amount of remittance	Number of SAs rea	c'd	Initials
	VVO	rksneet	Date of remittance	Check EFT	F	ILING FEES
Cable ID #					Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	🗌 Ja	nuary 1 - June 30, 2017	[July 1 - December 31, 2017		
	Le	tter sent		Information received		
	Ac	cepted	E	Phone call/Date/Contact		
Space B Owner						
	Le	tter sent		Information received		<u>_</u>
	Ac	cepted		Phone call/Date/Contact		
Space D Area Served						
	Le	tter sent		Information received		
	Ac	cepted	C	Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	Le	tter sent	[Information received		
and Rates	Ac	cepted	[Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	Le	tter sent		Information received		
	Ac	cepted		Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio	Ac	cepted		Phone call/Date/Contact		

		Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
✓ Letter sent		Space J Part-time Carriage Log (SA3 only)
Accepted	Phone call/Date/Contact	Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Letter sent	Information received Phone call/Date/Contact	
		Channels Space O
Accepted	Phone call/Date/Contact	Channels Space O
Accepted	Phone call/Date/Contact Information received	Channels Space O
Accepted	Phone call/Date/Contact Information received	Channels Channels Space O Certification Space P Statement of
Accepted	Phone call/Date/Contact Information received Phone call/Date/Contact	Channels Channels Space O Certification Space P Statement of
Accepted Accepted Accepted Accepted Letter sent Accepted Letter sent Letter sent		Channels Channels Space O Certification Space P Statement of
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