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							
8/27/2019	\$ ALLOCATION NUMBER							

Return completed workbook by email to:

#### coplicsoa@copyright.gov

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

Α	ACCC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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
		BENTON CABEVISION INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		2220 125TH ST NW
		(Number, street, rural route, apartment, or suite number)
		RICE MN 56367-9701 (City, town, state, zip)
С		<b>CUCTIONS:</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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	-	(runnoer, suces, rurai 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.

	LEGAL NAME OF OWNER OF OARLE OVOTEN.	FORM SA1-2E. PAGE SYSTEM ID							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BENTON CABEVISION INC	3800							
	Instructions: List each separate community served by the cable system. A "community" is th								
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 known								
D									
	as the "first community." Please use it as the first community on all future filings.								
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home pa	irks should be reported in parentheses below the							
Served	identified city.								
<b>-</b>	CITY OR TOWN	STATE							
First Community	RICE COCKINOOD ESTATES MORI E HOME DARK)	MN							
Community	(ROCKWOOD ESTATES MOBILE HOME PARK) GILMAN	MN							
	WATAB	MN							
d Rows as Necessary		MN							
	BROCKWAY	MN							
	GILMANTON	MN							
	ALBERTA	MN							
	MILACA	MN							
	(HERITAGE HOUSE OF MILACA)	MN							
	HAYLAND	MN							
	MAYHEW LAKE	MN							
	LANGOLA	MN							
	BORGHOLM	MN							
	BUCKMAN	MN							
	SAUK RAPIDS	MN							
	TWO RIVERS	MN							
	BORGHOLM	MN							
	GRAHAM	MN							
	GRANITE LEDGE	MN							
	HILLMAN	MN							
	MORRILL	MN							
	BOCK	MN							

Accounting Period	l: 2019/1								
	LEGAL NAME OF OWNER OF CA	ABI E SYSTEM:							
Name	BENTON CABEVISION INC								
	CECONDARY TRANSMICCION	CEDVICE: CU	DCCD	IDEDC AND D	VTEC .				
E	In General: The information in sp			_	_				
	system, that is, the retransmission of television and radio broadcasts by your sys								
Secondary	about other services (including pay cable) in space F, not here. All the facts you last day of the accounting period (June 30 or December 31, as the case may be)								
Transmission Service: Sub-	Number of Subscribers: Both								
scribers and	down by categories of secondary	•							
Rates	each category by counting the number of billings in that category (the number of								
	separately for the particular service at the rate indicated—not the number of set Rate: Give the standard rate charged for each category of service. Include bo								
	unit in which it is generally billed.								
	category, but do not include disco				.,				
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. <b>Note</b>								
	categories, that person or entity s								
	subscriber who pays extra for cal								
	first set" and would be counted o  Block 2: If your cable system h								
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.								
	BLC	OCK 1 NO. OF							
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CATE				
	Residential:								
	Service to first set		1,812	24.95					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial Converter								
	Residential		321	2.00					
	Non-residential		JZ 1	2.00					
	- Non-residential								
	SERVICES OTHER THAN SECO	_			_				
F	In General: Space F calls for rate not covered in space E, that is, the								
•	service for a single fee. There are								
Services	furnished at cost or (2) services of								
Other Than	amount of the charge and the un		usually	billed. If any ra	ites are cha				
Secondary Transmissions:	enter only the letters "PP" in the I  Block 1: Give the standard rate		ne cabl	e system for ea	ch of the a				
Rates	Block 2: List any services that								
	listed in block 1 and for which a s				shed. List t				
	brief (two- or three-word) descrip	tion and includ	e the ra	ate for each.					
		BLO							
	CATEGORY OF SERVICE	RATE		GORY OF SER					
	Continuing Services:			ation: Non-res	idential				
	Pay cable     Pay cable add't shannol	40.00		otel, hotel mmercial					
	Pay cable—add'l channel     Fire protection			y cable					
	Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection	iai ii ioi				
	• First set	25.00		rglar protection					
	Additional set(s)	25.00		services:					
	` ′								

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Reconnect

DisconnectOutlet relocationMove to new address

• FM radio (if separate rate)

• Converter

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 38006

#### **BENTON CABEVISION INC**

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
KTCA - TPT2	2/2.1	Е	ST PAUL MN
KTCI - TPTMN	2.2	E-M	ST PAUL MN
KTCI - TPTLIFE	2.3	E-M	ST PAUL MN
KTCA - TPTKIDS	2.4	E-M	ST PAUL MN
KTCA - TPTNOW	2.5	E-M	ST PAUL MN
WCCO-DT	4.1	N	MINNEAPOLIS MN
WCCODT2	4.2	N-M	MINNEAPOLIS MN
KSTPDT	5.1	N	ST PAUL MN
KSTCDT1	5.2	l	ST PAUL MN
KSTCDT3	5.3	N-M	ST PAUL MN
KSTCDT2	5.4	N-M	ST PAUL MN
KSTCDT4	5.6	N-M	ST PAUL MN
KSTPDT2	5.7	N-M	ST PAUL MN
WFTC - FOX9	9.1	N	MINNEAPOLIS MN
WFTC - FOX9+	9.2	N-M	MINNEAPOLIS MN
WFTC - MOVIES!	9.3	N-M	MINNEAPOLIS MN
KMSP - BUZZR	9.4	N-M	MINNEAPOLIS MN
KMSP - LIGHTTV	9.5	N-M	MINNEAPOLIS MN
KMSP	9.9	N	MINNEAPOLIS MN
KARE - DT	11.1	N	MINNEAPOLIS MN
KARE - WX	11.2	N-M	MINNEAPOLIS MN
KARE - JUSTICE	11.3	N-M	MINNEAPOLIS MN
KARE - QUEST	11.4	N-M	MINNEAPOLIS MN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## **BENTON CABEVISION INC**

38006

## 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).

	T		1	T =	I	_	T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KMXK	FM		ST CLOUD MN				
INVINI	†	<del> </del>	OT GLOOD WIN				
	<del> </del>	<del> </del> -					
	<del></del>	<del> </del>					
	<b></b>	<del> </del>					
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	<b>†</b>	<del> </del>					
	<del>+</del>	<del> </del>					
	<del>+</del>	<del> </del> -	<del> </del>				
	+	<del> </del> -					
	<b></b>	<del> </del> -					
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	<b></b>	<b></b>					
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	<b>†</b>	<del> </del>					
	<b>†</b>	<del> </del>					
	+						
	+	<del> </del>					
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	<del></del>	<del> </del>					
	<b></b>						
	<b></b>	<b> </b>					
	<b></b>						
	<u></u>						
	<b>†</b>	1	<b> </b>				

Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#		
Name	BENTON CABEVISION	INC						38006		
				NT AND DD00D444						
<b>S</b> ubatituta	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 substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizat explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
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?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
Program Log										
	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									
	effect on October 19, 1976.									
					WHE	EN SUBSTI	TUTE			
	S	UBSTITUT	E PROGRAM	1	CARR	IAGE OCCI		7. REASON FOR DELETION		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T	IMES — TO	DELETION		
							_			
							_			
							_			
							— 			
							_			
							_			
							_			
								1		

Accounting Period:	2019/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BENTON CABEVISION INC	SYSTEM ID# 38006
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s)	ission service
	during the accounting period	(Amount of gross receipts)
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 \$2  • 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.	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 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	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	1. Base amount under statutory formula	00)
	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 \$527,	600)
	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	183.87
	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	\$ 1,502.87
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,502.87
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 1,522.87
	EFT Trace # or TRANSACTION ID # 26JPDHAS	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n	

Name   IECAL NAME OF OWNERS OF CASE, SYSTEM DISTRICTION CARESUSION NEXT	Accounting Period:	2019/1							FORM SA1-2E. PAG	GE 7
Manual Channels   Manual Cha	Name									
Individual to Be Contacted for Further Information  Address  2220 125th St NW (Number, street und route approximate)  Rice MN 56367  (City Cont, State, 2p)  Email Ithayes@blotelco.net Fax (optional)  Certification  Certification or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or  X (Officer or partners) I am an officer (if a corporation or partnership); or  X (Officer or partners) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  Cheryl Scapanski  Firster an electronic signature on the line above to certify this statement.  Enter signature using an "fyl signature" (e.g., fyl John Smith)  Title: Central Manager  (Title of official position head in cooperators or permership)		Instructions: You to its subscribers,  1. Enter the total r system carried te  2. Enter the total r on which the cat	and (2) the cable system's to number of channels on which elevision broadcast stations. number of activated channels ble system carried television b	the cable	er of activated cha	nnels during the a	accounting period.	[		
Tim Hayes  Telephone 320-393-2115  Address  2220 125th St NW  (Number stock, run Irods, apartment, or suite number)  Fice MS 56567  (City, texn. state, zer)  Email hayes@bctelco.net Fax (optional)  Certification  Certification  Certification  Certification  Certification  Certification  Certification  Certification  Certification  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partnership; or be legal entity identified as owner of the cable system in the 1 of space B; or  X (Officer or partnership) I am the duly authorized agent of the owner of the cable system in the 1 of space B; or  X (Officer or partnership) I am the duly authorized agent of the owner of the cable system in the 1 of space B; or  X (Officer or partnership) I am the duly authorized agent of the owner of the cable system in the 1 of space B; or  X (Officer or partnership) I am the duly authorized agent of the owner of the cable system in the 1 of space B; or  X (Officer or partnership) I am the 2 officer (if a partnership) of the legal entity identified as owner of the cable system in the 1 of space B; or  X (S/Cheryl Scapanski  Enter an electronic signature on the line above to certify this statement.  Enter signature using an "fy" signature" (e.g., fy" John Smith)  Title:  General Manager  (Tels of efficial position hold in congretion or partnership)	Individual to				RMATION IS NEE	DED (Identify an iı	ndividual to whom	n		
Rice MN 56367  (City, bown, state, zep)  Email thayes@bctelco.net Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  - I, the undersigned, hereby certify that (Check one, but only one, of the boxes,)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership, or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  - I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]  X /s/Cheryl Scapanski  Finter an electronic signature on the line above to certify this statement.  Enter signature using an "/y/ signature" (e.g., /s/ John Smith)  Typed or printed name:  Cheryl Scapanski  Title:  General Manager  (Title of official position field in corporation or partnership).	for Further	Name	Tim Hayes					Telephone	320-393-2115	
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  - I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partnership; of the legal entity identified as owner of the cable system in line 1 of space B.  - I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]  X /s/Cheryl Scapanski  Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name:  Cheryl Scapanski  Title:  Ceneral Manager  (Title of official position field in corporation or partnership)			(Number, street, rural route, apartm	nent, or suit	e number)					
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]  X /s/Cheryl Scapanski  Enter an electronic signature on the line above to certify this statement.  Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name:  Cheryl Scapanski  Title:  General Manager  (Title of official position heid in corporation or partnership)				.net			Fax (optional)	)		
• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]  X /s/Cheryl Scapanski  Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name: Cheryl Scapanski  Title: General Manager  (Title of official position held in corporation or partnership)										
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Title: General Manager  (Title of official position held in corporation or partnership)				Enter an	electronic signature	on the line above to	•	nent.		
(Title of official position held in corporation or partnership)			Typed or printed	name:	Cheryl Scap	anski				
Date: 8/27/2019						or partnership)				
			Date:				8/27/2019	9		

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: 2019/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ENTON CABEVISION INC	38006
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.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
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	·
xdays	
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 www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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  First community served	
Accounting period	

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