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

STATEM		FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	_
Cable Syste	ms (Short Form) ctions are located of this workbook	08/14/2019	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional	I - see instructions)	
В	Instructions: Give the full legal name of the owner of the of the subsidiary, not that of the parent co		diary of another corporation, give the full co	rporate title
Owner	List any other name or names under which If there were different owners during the a single statement of account and royalty fee	accounting period, only the owner on t	the last day of the accounting period should s	submit a
	Check here if this is the system's first filing.	. If not, enter the system's ID number	assigned by the Licensing Division.	62618
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	CANBY TELEPHONE ASSOCIATION			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF O	CABLE SYSTEM		
	(Number, street, rural route, apartment, or suite nu	imber)		
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busine names already appear in space B. In line 2			
System	IDENTIFICATION OF CABLE SYSTEM:			

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

1

MAILING ADDRESS OF CABLE SYSTEM:

NI	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CANBY TELEPHONE ASSOCIATION	62618
	Instructions: List each separate community served by the cable system. A "co	
-	"a separate and distinct community or municipal entity (including unincorpor	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future fil	
	Note: Entities and properties such as hotels, apartments, condominiums, or r	
Area		nobile nome parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	CANBY	OR
Community		
-		
Rows as Necessary		

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	CANBY TELEPHONE A	SSOCIATIO	N						6261
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	RIBERS AND RA	ATES				
E	In General: The information in s								
Cocondom	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period	· · ·					lnose exist	ng on the	
Service: Sub-	Number of Subscribers: Both						ble system	broken	
scribers and	down by categories of secondar	y transmission	service	e. In general, yo	u can con	npute the numbe	er of subsci	ibers in	
Rates	each category by counting the n		•	0,0		• •		charged	
	separately for the particular serv Rate: Give the standard rate of							e and the	
	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. Not categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	has rate categ	ories fo	or secondary trai	nsmission	n service that are	e different fi	om those	
	printed in block 1 (for example, t					•	,.		
	with the number of subscribers a sufficient.	and rates, in th	e right-	hand block. A tv	vo- or thre	ee-word descript	ion of the s	ervice is	
		OCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТІ	EGORY OF SEI		NO. OF SUBSCRIBERS	RATE
	Residential:	SOBOCIVID	LING	TOTE	0A11		(VIOL	SOBSCINIBLING	
	Service to first set		1,308	38.2/MTH	People	's Choice		915	94.7
	Service to additional set(s)				HD DV			222	15.0
	• FM radio (if separate rate)				SD DVI			99	10.0
	Motel, hotel				EZVIDE	EO		61	22.5
	Commercial					E HOME HD	DVR	129	17.0
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMI	SSIONS: RATE	s				
F	In General: Space F calls for ra	•	,		•	• •			
Г	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.				-		0	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) description				SHEU. LISU			IOIIII OI a	
							1		
		BLO			105	DATE		BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE	-	GORY OF SER		RATE	CATEGO	RY OF SERVICE	RATE
	Pay cable			otel, hotel	uentiai		нво		17.0
	• Pay cable—add'l channel			ommercial			CINEM	X	17.0
	-		_						17.0
	 Fire protection 			iy cable w cable odd'l ch	onnol			ENCORE	15.0
	•Burglar protection			iy cable-add'l ch e protection	aiiilei			ENCORE	
	•Burglar protection							-SSENTIALS	70
	Installation: Residential			•					7.0
	Installation: Residential • First set	45.00	• Bu	irglar protection					
	Installation: Residential • First set • Additional set(s)	45.00	• Bu Other	irglar protection services:		40.00	PAY PE	R VIEW	
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bu Other • Re	rglar protection services: connect		10.00	PAY PE	R VIEW	7.0 Pl
	Installation: Residential • First set • Additional set(s)	45.00 9.95	• Bu Other • Re • Dis	rglar protection services: econnect sconnect			PAY PE	RVIEW	
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bu Other • Re • Dis • Ou	rglar protection services: connect		10.00 25.00	PAY PE	R VIEW	

ccounting Period:	2019/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER C			SYSTEM ID#
	CANBY TELEPHONE			62618
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, i Substitute Basis Station basis under specific FCC i • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these to Column 4: Give the location	entify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carrier on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination per ed with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- ne Special Statement and Program d both on a substitute basis and also see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep- evision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educa- ing the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each oort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KATU	2	•	PORTLAND OR
	KRCW	3		PORTLAND OR
Add Rows as Necessary	KOIN	6	N	PORTLAND OR
	KGW	8	N	PORTLAND OR
	КОРВ	10	E	PORTLAND OR
	KPTV	12	l	PORTLAND OR
	KPDX	13	I	VANCOUVER WA
	KUNP	16	.	LAGRANDE OR
	KPXG	22	Ι	SALEM OR
	KNMT	24	I	PORTLAND OR

EGAL NAME OF									SYSTEM I 620
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab						н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	I-Band FM Carriage: Under 0 tem whenever it is received a ved at the headend, with the pyright Office regulations on 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 syste system's F this point, ed by the ne station i	em's hea ⁻ M anter see pag cable sy is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se ed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALLS	SIGN	AM or FM	S/D	LOCATION OF STATION	
	31 1 11	0,0					0,0		

Accounting Perio	od: 2019/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CANBY TELEPHONE	ASSOCIA	TION					62618
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		G			
I I	In General: In space I, ident	-	-			tion that you	r cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	-			sis, anv noni	network telev	rision proa	ram
Statement and		-			,,			
Program Log	broadcast by a distant sta						YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							·
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				asting the substitute prog		aanaad bu th	a FOO ar	in
	the case of Mexican or Car			the community to which the				in
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,					
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	5:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour system	was reau	ired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
						N SUBSTIT		7. REASON FOR
	5					AGE OCCU 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
							• <u>•</u>	
						_		
						_		
					·			
						_		
							-	
						_		
						_		
1								1

Accounting Period:	2019/1 FORM SA1-	2E. PAGE 6.
Name		STEM ID#
	CANBY TELEPHONE ASSOCIATION	62618
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space e) during the accounting period. For a further explanation of how to compute this amount, se 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.	342.28 receipts)
	COPYRIGHT ROYALTY FEE	· · · · · ·
L 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 \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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 this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	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	
	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
		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 \$ 393,842.28	
	2. Base amount under statutory formula \$ 263,800.00	
	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) \$ 1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
		619.42
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 2,619.42	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 2,6	39.42
	EFT Trace # or TRANSACTION ID # 26JGFT3M	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: PHONE ASSOCIATION		SYSTEM ID# 62618
M Channels	to its subscribe1. Enter the tot system carrie2. Enter the tot on which the	rs, and (2) the cable system's total al number of channels on which the	dcast stations	10 189
N Individual to Be Contacted		D BE CONTACTED IF FURTHER about this statement of account.)	NFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	DIANE ORI	Telephone	503 845-4442
	Address 	PO BOX 1189 (Number, street, rural route, apartment, MT ANGEL OR 97362 (City, town, state, zip) dori@cbsoregon.cc		5
O Certification	I, the undersig (Own (Age i X (Off i i I have examin are true, compl	ned, hereby certify that (Check one, <i>t</i> er other than corporation or partment of owner other than corporation line 1 of space B and that the owner cer or partner) I am an officer (if a c line 1 of space B. ed the statement of account and here the, and correct to the best of my kno- tion 1001(1986)]	e certified and signed in accordance with Copyright Office regulations) <i>but only one</i> , of the boxes.) ership) I am the owner of the cable system as identified in line 1 of space or partnership) I am the duly authorized agent of the owner of the cable r is not a corporation or partnership; or corporation) or a partner (if a partnership) of the legal entity identified as ow aby declare under penalty of law that all statements of fact contained herein wiedge, information, and belief, and are made in good faith. X /s/Paul Hauer	system as identified /ner of the cable system
		Ent Typed or printed nar Title: Pr	er an electronic signature on the line above to certify this statement. er signature using an "/s/ signature" (e.g., /s/ John Smith) me: Paul Hauer esident position held in corporation or partnership) 8/14/19	
			8/14/19	

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counting Period: 2019/1	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
NBY TELEPHONE ASSOCIATION	6261
 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." 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. 	P Special Statement Concerning Gross Receipts Exclusion
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
	Q Interest Assessmen
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	Q Interest Assessmen
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	Q Interest Assessmen
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