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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	8/27/2019	S ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	

	7000	JUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20191 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		La Harpe Video & Data Services Company	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		104 N. Center Street (Number, street, rural route, apartment, or suite number)	
		La Harpe, IL 61450 (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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	La Harpe Video & Data Services Company	63361
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hour identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	La Harpe	
Community	Fountain Green	IL
	Uninc. Carthage	IL
dd Rows as Necessary	Uninc. Blandinsville	IL
	Village of Terre Haute	IL

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	La Harpe Video & Data S		mpan	у					6336
			Decou		TEO				
E	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ing on the	
Transmission	last day of the accounting period						la avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate i	ndicate	d-not the num	ber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc	. (Example: "\$2	20/mth") for adva	. Summarize ai	ny standar	rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				es of seco	ondarv transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					i in the count un	der Servic	ce to the	
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, the	iers of services	that inc	clude one or mo	re secono	dary transmissio	ons), list the	em, together	
	with the number of subscribers a	and rates, in the	e right-h	and block. A tw	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.	OCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIBE		INAIL	UA11		(VICL	SUBSCRIBERS	
	Service to first set		380	33.97	Expand	led Basic		369	46.1
	Service to additional set(s)			00101					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	••••••			-				
F	In General: Space F calls for rat not covered in space E, that is, the function of the space E and the space E and the space of the spa	•	,		•				
-	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	billed. If any ra	tes are ch	arged on a varia	able per-pr	ogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat	rate column.	na cable	e system for ea	ch of the s	annlicable servic	oc lictod		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	otion and includ	e the ra	te for each.					
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	dential				
	• Pay cable			tel, hotel					
	Pay cable—add'l channel			nmercial					<u> </u>
	Fire protection		,	/ cable					
	•Burglar protection		,	/ cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set			glar protection					
	Additional set(s)			services:					
	 FM radio (if separate rate) 			connect					
			- 17/0						
	Converter			connect					
	Converter		• Out	connect tlet relocation ve to new addre					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
lame	La Harpe Video & Dat			63
	PRIMARY TRANSMITTERS:	• •		
G smitters: evision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(4 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 a 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	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep pr "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	time basis under rams [sections ations carried on a abstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WHBF	4	N	ROCK ISLAND, IL
	WHBF-DT2	4.2	I-M	ROCK ISLAND, IL
s as Necessary	KWQC	6	Ν	DAVENPORT, IA
	KWQC-DT2	6.2	I-M	DAVENPORT, IA
	KWQC-DT2 KHQA	6.2 7	I-M N	DAVENPORT, IA HANNIBAL, MO
	КНQА	7	N	HANNIBAL, MO
	KHQA KHQA-DT2	7 7.2	N N-M	HANNIBAL, MO HANNIBAL, MO
	KHQA KHQA-DT2 KHQA-DT3	7 7.2 7.3	N N-M I-M	HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO
	KHQA KHQA-DT2 KHQA-DT3 WQAD	7 7.2 7.3 8	N N-M I-M N	HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL
	KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2	7 7.2 7.3 8 8.2	N N-M I-M N I-M	HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL
	KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3	7 7.2 7.3 8 8.2 8.3	N N-M I-M N I-M I-M	HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL
	KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3 WQAD-DT4	7 7.2 7.3 8 8.2 8.3 8.4	N N-M I-M N I-M I-M I-M	HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL MOLINE, IL
	KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3 WQAD-DT4 WGEM	7 7.2 7.3 8 8.2 8.3 8.4 10	N N-M I-M N I-M I-M I-M N	HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL
	KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3 WQAD-DT4 WGEM WGEM-DT2	7 7.2 7.3 8 8.2 8.3 8.4 10 10.2	N N-M I-M N I-M I-M I-M N N-M	HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL QUINCY, IL
	KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3 WQAD-DT4 WGEM WGEM-DT2 WGEM-DT2	7 7.2 7.3 8 8.2 8.3 8.4 10 10.2 10.3	N N-M I-M N I-M I-M I-M N N N-M N-M	HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL QUINCY, IL
	KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3 WQAD-DT4 WGEM WGEM-DT2 WGEM-DT2 WGEM-DT3 WGEM-DT4	7 7.2 7.3 8 8.2 8.3 8.4 10 10.2 10.3 10.4	N N-M I-M N I-M I-M I-M N N N-M N-M I-M	HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL QUINCY, IL QUINCY, IL
	KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3 WQAD-DT4 WGEM WGEM-DT2 WGEM-DT2 WGEM-DT3 WGEM-DT4 KLJB	7 7.2 7.3 8 8.2 8.3 8.4 10 10.2 10.3 10.4 18	N N-M I-M N I-M I-M I-M N N N-M N-M I-M N-M N-M N-M N-M N-M N	HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL QUINCY, IL QUINCY, IL QUINCY, IL QUINCY, IL
	KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3 WQAD-DT4 WGEM WGEM-DT4 WGEM-DT2 WGEM-DT3 WGEM-DT4 KLJB KGCW	7 7.2 7.3 8 8.2 8.3 8.4 10 10.2 10.3 10.4 18 26	N N-M I-M N I-M I-M I-M N N-M N-M I-M N-M N-M N-M N N N	HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL QUINCY, IL QUINCY, IL QUINCY, IL QUINCY, IL DAVENPORT, IA
	KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3 WQAD-DT4 WGEM WGEM-DT2 WGEM-DT2 WGEM-DT3 WGEM-DT4 KLJB KGCW KGCW-DT2	7 7.2 7.3 8 8.2 8.3 8.4 10 10.2 10.3 10.4 18 26 26.2	N N-M I-M N I-M I-M I-M N N-M N-M I-M N-M I-M N N-M I-M	HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL QUINCY, IL QUINCY, IL QUINCY, IL DAVENPORT, IA DAVENPORT, IA
	KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3 WQAD-DT4 WGEM WGEM-DT4 WGEM-DT2 WGEM-DT3 WGEM-DT4 KLJB KGCW KGCW-DT2 KGCW-DT2	7 7.2 7.3 8 8.2 8.3 8.4 10 10.2 10.3 10.4 18 26 26.2 26.3	N N-M I-M N I-M I-M I-M N N-M N-M I-M I-M I-M I-M I-M	HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL QUINCY, IL QUINCY, IL QUINCY, IL DAVENPORT, IA DAVENPORT, IA DAVENPORT, IA

Accounting P							FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID
La Harpe vic	ieo & Data	Servic	es Company					6336
all-band basis w	t every radio s /hose signals	station ca were ge	arried on a separate and discr nerally receivable by your cab	le system during	the accountin	ig period	1.	н
receivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried b monitoring, to prmation abou- rm. Identify the cal tate whether the radio stat this by placing tive the station	y the sys be recei at the Co I sign of e the static ion's sig g a check n's locati	I-Band FM Carriage: Under (item whenever it is received a ived at the headend, with the pyright 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 th	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		-	the community with which the	1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	La Harpe Video & Data	Services	s Company					63361
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi		-		-	ion that your	· cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televis	ion program	1
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Note: If your answer is "No'	loovo tho	root of this pag	o blonk. If your onowor in '			-	
	-	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete	the program	11
	log in block 2. 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						iniouring io	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	guiations, o les like "mo	r authorizations vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ample "I I ov	r informatior /e Lucy" or	1.
	"NBA Basketball: 76ers vs.					ampio, 1 201		
				"Yes." Otherwise enter "N				
				sting the substitute progra		nood by the	FCC or in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv		, ,	·	0			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:7	15 p.m. to 6:2	8:30 p.m. sh	iould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	was require	d
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progr	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCL		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. TI FROM –	IMES — TO	DELETION
		100 01 110	ONEE OIGH		THE BITT	1110	10	
							_	
						_	_	
						-	_	
						-	_	
						_	_	
						-	_	
							_	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	La Harpe Video & Data Services Company		63361
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, see	e 7,247.78
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.	\$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	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 \$ 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		
	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		
	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		
	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)	52.00	
Due	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: 20 & Data Services Company	SYSTEM ID# 63361
M Channels	to its subscribe 1. Enter the tota system carried	You must give (1) the number of channels on which the cable system carried television broadcast statio rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	ns 22
		cable system carried television broadcast stations	240
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Mark Irish Telepho	one 217-659-7721
	Address	P.O. Box 462 (Number, street, rural route, apartment, or suite number)	
		La Harpe, IL 61450	
		(City, town, state, zip)	
	Email	mark@laharpetelephone.com Fax (optional) 217-659	//2/
•	CERTIFICATION	I (This statement of account must be certified and signed in accordance with Copyright Office regulation	ns)
O Certification	• I, the undersign	ned, hereby certify that (Check one, but only one, of the boxes.)	
	(Own	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	e B; or
	(Age	nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cabl	e svstem as identified
	ir	n line 1 of space B and that the owner is not a corporation or partnership; or	
		cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as a In line 1 of space B.	wner of the cable system
		ed the statement of account and hereby declare under penalty of law that all statements of fact contained here the, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)]	in
		X /s/ Mark Irish	_
		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: Mark D. Irish	
		Title: President (Title of official position held in corporation or partnership)	
		Date: August 27, 2019	
	•		

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 it may affect the legal sufficiency of the fling, a determination that would be made by a court of lay

unting Period: 2019/1	F	ORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
Harpe Video & Data Services Company		633
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable syster service of providing secondary transmissions of primary broadcast transmitters, the system sis scribers and amounts collected from subscribers receiving secondary transmissions pursuant For more information on when to exclude these amounts, see the note on page (vii) of the general in located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secon- made by satellite carriers to satellite dish owners?	em for the basic hall not include sub- t to section 119." (structions	P Special Statemer Concerning Gros Receipts Exclusio
X NO YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENT		
For an explanation of interest assessment, see page (viii) of the general instructions located in the page		
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