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							
8/7/19	\$							
	ALLOCATION NUMBER							

Return completed workbook by email to:

### coplicsoa@loc.gov

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

Α	ACCO	DUNTING 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		
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
		Auburn Essential Services
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		PO Box 506, 210 S Cedar St
		(Number, street, rural route, apartment, or suite number)  Auburn, IN 46706-2302 (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
System	names	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.
oysiciii	1	IDENTIFICATION OF GABLE OF OFFICE.
		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.

Accounting Period:	2019/1									
	/-	FORM SA1-2E. PAGE 1b.								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	Auburn Essential Services	63434								
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rules:								
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future fillings.	t will serve as a form of system identification hereafter known								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.									
	CITY OR TOWN	STATE								
First Community	Auburn Indiana									
Add Rows as Necessary										

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

**Auburn Essential Services** 

63434

# E

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:	00000020		5711233111 31 32111132	ooboobe			
<ul> <li>Service to first set</li> </ul>	701	36.95					
<ul> <li>Service to additional set(s)</li> </ul>							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial	45	42.95					
Converter							
<ul> <li>Residential</li> </ul>							
Non-residential							
		T		T	· · · · · · · · · · · · · · · · · · ·		

# F

### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block** 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Ī		
Fire protection		• Pay cable				
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		i		
Installation: Residential		Fire protection		i		
First set	48.95	Burglar protection		i		
<ul> <li>Additional set(s)</li> </ul>	38.95	Other services:		i		
• FM radio (if separate rate)		Reconnect	48.95	i		
Converter		Disconnect		i		
		Outlet relocation	38.95	l		
		<ul> <li>Move to new address</li> </ul>	48.95			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63434

### **Auburn Essential Services**

PRIMARY TRANSMITTERS: TELEVISION

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.
- 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
WANE-DT	2	N	FORT WAYNE, IN
WFWA-DT	3	E	FORT WAYNE, IN
WPTA-DT	4	N	FORT WAYNE, IN
WISE-DT	6	N	FORT WAYNE, IN
WISE-DT2	7	N	FORT WAYNE, IN
WFFT-DT	8	N	FORT WAYNE, IN
WGN	9	N	FORT WAYNE, IN
EWTN	10		FORT WAYNE, IN
WINM-DT	11	l	FORT WAYNE, IN
TBN	13		FORT WAYNE, IN
WFWA-DT2	14	E	FORT WAYNE, IN
WFWA-DT3	15	E	FORT WAYNE, IN
WFWA-DT4	16	E	FORT WAYNE, IN
WPTA-DT2	17	N	FORT WAYNE, IN
WANE-DT3	18	I	FORT WAYNE, IN
WPTA-DT3	19	l	FORT WAYNE, IN
WANE-DT2	20	I	FORT WAYNE, IN
YCN	22	l	FORT WAYNE, IN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **Auburn Essential Services**

63434

## 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		_					
	<del> </del>						
	<b></b>						
	<b></b>						
	<del> </del>						
	<del> </del>						
	<b></b>						
		]					
	<del> </del>						
	<del> </del>						
	<b></b>						
	<b>†</b>						
	<del> </del>						
	<b></b>						
	<del> </del>						
	<del> </del>						
	<b></b>						
	<del> </del>						
	<del> </del>						
	<b></b>						
		L					
	T						
	<del> </del>						
	<b></b>	<b> </b>					
	L	L					
	<b>†</b>	<b> </b>					
	<del> </del>						
	<b></b>						
	<del> </del>						
	<b></b>						
	<b></b>	<b></b>					
	1	1	1	1	l	l	1

Accounting Perio	d: 2019/1  LEGAL NAME OF OWNER OF	CARLE SYS	ΓΕM·				FOR	SYSTEM ID#			
Name			i Livi.					63434			
Substitute Carriage: Special Statement and Program Log	0.0.2										
	stated as "6:00–6:30 p.m."  Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation	ons in effect du our system wa	ring the accounting perions of the second second to delete under the second sec	od; enter the le	tter "P" if the and regulation	listed progr ons in TUTE	ram			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM  3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		TIMES TO	7. REASON FOR DELETION			

ccounting Period:	_	L NAME OF OW	NER OF CAB	LE SYSTEM	Л:									1-2E. PAGE /STEM II
Name		urn Esser												6343
<b>K</b> Gross Receipts	Instruall and (as ic page	OSS RECEI ructions: Th mounts (gros dentified in s e (vii) of the g Gross receip	e figure yours receipts) pace E) du general inst ots from sul	paid to y iring the a tructions bscribers	your cab account located for sec	ole system ing period. in the pape ondary tran	by subso For a fu er SA1-2 nsmissio	ribers for t ther expla form. n service(s	he syster nation of )	n's sec how to	ondary tran compute th	smission s is amount,	ervice see	•
		during the a										\$ (Amoun		<b>7,009.00</b> ss receipts)
L Copyright Royalty Fee	<ul><li>Instruc</li><li>Comp</li><li>Use I</li><li>Use I</li></ul>	RIGHT RO'ctions: To complete block? block 1 if the block 2 if the block 3 if the ge (vi) of the	ompute the I, block 2, e amount of e amount of e amount of	royalty f or block f gross re f gross re f gross re	3. eceipts in eceipts in eceipts in	n space K n space K n space K	is more t is more t	han \$137,′ han \$263,8	300 but le	ess thar		\$263,800	1	
				В	LOCK	1: GROSS	RECEI	PTS OF \$	137,100	OR LE	SS			
		uctions: As a unting period		m with gr	oss rece	ipts of \$13	7,100 or	ess, the roy	alty fee th	hat you	must pay fo	r this six-m	onth	
	Line '	1. Royalty fe	e for accour	nting perio	od									
	Line 2	2. Interest ch	arge. Ente	r the amo	unt from	ı line 4, spa	ce Q, pa	ge 8						0.00
	l ine :	3. TOTAL R	ΟΥΔΙ ΤΥ ΕΕ	Ε ΡΔΥΔ	BLE FO	R ACCOU	NTING P	FRIOD Add	l lines 1 a	and 2				
	Line	o. TOTAL III									than \$137			
	1. Ba	ase amount u	nder statuto	ory formul	a				\$	2	63,800.00	_		
	2. En	nter amount o	f gross rece	eipts from	space k	<b>‹</b>			\$	1	67,009.00	_		
	3. Su	ıbtract line 2	from line 1 .						\$		96,791.00	_		
	4. En	nter the amou	nt of gross	receipts f	rom spa	ce K					5	167,009.0	00	
	5. En	nter the amou	nt from line	3						···· <u>\$</u>	5	96,791.0	00	
	6. Su	btract line 5	from line 4 .							. 9	5	70,218.0	00_	
	7. Mu	ultiply line 6 b	y .005 (ente	er figure h	nere)							\$		351.09
	8. Inte	erest charge	. Enter the	amount fi	rom line	4, space Q	, page 8							0.00
	9. <b>TO</b>	OTAL ROYAI	LTY FEE PA	AYABLE	FOR AC	COUNTIN	G PERIC	<b>D.</b> Add line	s 7 and 8			\$		351.09
			BLOCK	3: GRO	SS RE	CEIPTS O	F MORI	THAN \$2	263,800 (	(but les	ss than \$52	7,600)		
	1. En	nter the amou	nt of gross	receipts f	rom spa	.ce K								
	2. Ba	ase amount u	nder statuto	ory formul	a				\$	2	63,800.00	_		
	3. Su	ubtract line 2	from line 1 .									_ _		
	4. Mu	ultiply line 3 b	у .01							<u> </u>				
	5. Ro	yalty due on	the first \$26	63,800 of	gross re	eceipts (unc	ler statut	ory formula			5	1,319.0	00	
	6. Inte	erest charge	. Enter the	amount fi	rom line	4, space Q	, page 8			· · ·		0.0	00_	
	7. <b>TO</b>	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6												
				FILING	G FEE /	AND TOTA	AL REMI	TTANCE	DUE					
Filing Fee and Fotal Remittance	1. Ro	yalty Fee Pa	yable for A	ccounting	Period (	(from Block	1, 2, or 3	, above)		<u>\$</u>	5	351.0	09	
Due	2. Fili	ing Fee (See	the instruct	tions for r	nore info	ormation on	filing fee	calculation	s)	<u>\$</u>	5	20.0	00_	
	3. TO	OTAL AMOU	NT DUE FO	R ACCO	UNTING	3 PERIOD.	Add line	es 2 and 3				\$		371.09
		Important						-	-	-	to the Regi		pyrigł	nts!
			See pa	ige i of th	ıe gener	ral instruct	ions in t	ne paper S	A1-2 forn	n for m	ore informa	tion.		

Accounting Period:	1: 2019/1	FORM SA1-2E. PAGE 7								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Auburn Essential Services	SYSTEM ID# 63434								
M Channels	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	30								
N Individual to Be Contacted										
for Further Information	Name Terri K. Firestein Telephone	301-788-6889								
	Address  10806 Garrison Hollow Rd. (Number, street, rural route, apartment, or suite number)  Clear Spring, MD 21722									
	(City, town, state, zip)  Email tfireccg@myactv.net Fax (optional)									
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)									
O Certification	• 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								
	X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owned in line 1 of space B.									
	<ul> <li>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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>									
	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: Terri K. Firestein									
	Title: Sr. Director and Consultant (Title of official position held in corporation or partnership)									
	Date: 08/07/2019									
		·								

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 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
uburn Essential Services	63434
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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