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.

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SA1-2E Short Form

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

STATEMENT OF ACCOUNT	
for Secondary Transmissions by	l

Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY	
DATE RECEIVED	AMOUNT	
8/26/2020	\$ ALLOCATION NUMBER	

Accounting Period Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Accounting Period Barcode Data Filing Period (optional - see instructions) B 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. 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.
Accounting Period B 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.
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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.
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
Community Antenna System, Inc.
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
MAILING ADDRESS OF OWNER OF CABLE SYSTEM 1010 Lake Street (Number, street, rural route, apartment, or suite number)
Hillsboro, WI 54634 (City, town, state, zip)
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 suffciency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Community Antenna System, Inc.	1408
D Area Served	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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile he identified city.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
	CITY OR TOWN	STATE
First		
Community		
	Cazenovia	WI
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA							515	TEM IC 140
	Community Antenna Sy	stem, Inc.							14(
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	IBERS AND R	ATES				
E	In General: The information in s								
	system, that is, the retransmission								
Secondary Fransmission	about other services (including p						nose exist	ing on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondary						,	·	
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				ny standar	rd rate variations	within a p	particular rate	
	Block 1: In the left-hand block				ies of seco	ondary transmise	sion servio	ce that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					in the count und	der "Servio	ce to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different fi	rom those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.		-			-			
	BLC	DCK 1					BLOC		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		6	83.88mth					
	 Service to additional set(s) 		2	1.25/mth					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
E	In General: Space F calls for rat	•	,		•	• •			
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services (
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the		aoaany	2		anged on a rand		ogium buolo,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				sned. List	these other serv	ices in the	e form of a	
	bher (two- or timee-word) descrip								
		BLO0 RATE				RATE		BLOCK 2 ORY OF SERVICE	RAT
	CATEGORY OF SERVICE Continuing Services:	NATE		GORY OF SER ation: Non-res		INATE	CATEG	OKT OF SERVICE	INA I
	Pay cable			otel, hotel	laentiai				
	,	8 65mth		mmercial					
	Pay cable—add'l channel Fire protection	8.65mth		y cable					
				y cable y cable-add'l ch	annel				
	•Burglar protection				annei				
	Installation: Desidential			e protection					
	Installation: Residential	40.00							
	• First set	40.00		rglar protection					
	First setAdditional set(s)		Other	services:		05.00			
	 First set Additional set(s) FM radio (if separate rate) 		Other • Re	services: connect		25.00			
	First setAdditional set(s)		Other • Re • Dis	services: connect sconnect					
	 First set Additional set(s) FM radio (if separate rate) 		Other • Re • Dis • Ou	services: connect		25.00 25.00 25.00			

				FORM SA1-2E. PAGE 3
lame	LEGAL NAME OF OWNER OF			SYSTEM ID# 1408
	Community Antenna PRIMARY TRANSMITTERS:			1400
G smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast). For the meaning of these to Column 4: Give the location	also in space I, if the station was carried 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	(1) stations carried only on a part-ti- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub ne Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction or gram services such as HBO, ESP e-air designation. For example, repo- vision station for broadcasting over t station, an independent station, or a for network multicast), "I" (for indepen- or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WISC	3	N	Madison, WI
				Mauson, wi
			NI NA	Madiaan W/
	WISC.2	3.2	N-M	Madison, WI
Necessary	WKBT	8	N	La Crosse, WI
lecessary	WKBT WMTV	8 15	N N	La Crosse, WI Madison, WI
Necessary	WKBT WMTV WMTV.3	8 15 15.3	N N N-M	La Crosse, WI Madison, WI Madison, WI
lecessary	WKBT WMTV WMTV.3 WHA	8 15 15.3 21	N N N-M E	La Crosse, WI Madison, WI Madison, WI Madison, WI
lecessary	WKBT WMTV WMTV.3 WHA WKOW	8 15 15.3 21 27	N N N-M E N	La Crosse, WI Madison, WI Madison, WI Madison, WI Madison, WI
Necessary	WKBT WMTV WMTV.3 WHA WKOW WKOW.2	8 15 15.3 21 27 27.2	N N N-M E N N-M	La Crosse, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
Necessary	WKBT WMTV WMTV.3 WHA WKOW WKOW.2 WKOW.3	8 15 15.3 21 27 27.2 27.3	N N N-M E N N-M N-M	La Crosse, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
Necessary	WKBT WMTV WMTV.3 WHA WKOW WKOW.2 WKOW.3 WMSN	8 15 15.3 21 27 27.2 27.2 27.3 47	N N N-M E N N-M N-M N	La Crosse, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
s Necessary	WKBT WMTV WMTV.3 WHA WKOW WKOW.2 WKOW.3 WMSN WMSN.2	8 15 15.3 21 27 27.2 27.2 27.3 47 47 47.2	N N N-M E N N-M N-M N-M N-M	La Crosse, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
5 Necessary	WKBT WMTV WMTV.3 WHA WKOW WKOW.2 WKOW.2 WKOW.3 WMSN WMSN.2 WMSN.3	8 15 15.3 21 27 27.2 27.3 47 47.2 47.3	N N N-M E N N-M N-M N	La Crosse, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
s Necessary	WKBT WMTV WMTV.3 WHA WKOW WKOW.2 WKOW.3 WMSN WMSN.2	8 15 15.3 21 27 27.2 27.2 27.3 47 47 47.2	N N N-M E N N-M N-M N-M N-M	La Crosse, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
as Necessary	WKBT WMTV WMTV.3 WHA WKOW WKOW.2 WKOW.2 WKOW.3 WMSN WMSN.2 WMSN.3	8 15 15.3 21 27 27.2 27.3 47 47.2 47.3	N N N-M E N N-M N-M N-M N-M	La Crosse, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
as Necessary	WKBT WMTV WMTV.3 WHA WKOW WKOW.2 WKOW.2 WKOW.3 WMSN WMSN.2 WMSN.3	8 15 15.3 21 27 27.2 27.3 47 47.2 47.3	N N N-M E N N-M N-M N-M N-M	La Crosse, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
as Necessary	WKBT WMTV WMTV.3 WHA WKOW WKOW.2 WKOW.2 WKOW.3 WMSN WMSN.2 WMSN.3	8 15 15.3 21 27 27.2 27.3 47 47.2 47.3	N N N-M E N N-M N-M N-M N-M	La Crosse, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
5 as Necessary	WKBT WMTV WMTV.3 WHA WKOW WKOW.2 WKOW.2 WKOW.3 WMSN WMSN.2 WMSN.3	8 15 15.3 21 27 27.2 27.3 47 47.2 47.3	N N N-M E N N-M N-M N-M N-M	La Crosse, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
s as Necessary	WKBT WMTV WMTV.3 WHA WKOW WKOW.2 WKOW.2 WKOW.3 WMSN WMSN.2 WMSN.3	8 15 15.3 21 27 27.2 27.3 47 47.2 47.3	N N N-M E N N-M N-M N-M N-M	La Crosse, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
s as Necessary	WKBT WMTV WMTV.3 WHA WKOW WKOW.2 WKOW.2 WKOW.3 WMSN WMSN.2 WMSN.3	8 15 15.3 21 27 27.2 27.3 47 47.2 47.3	N N N-M E N N-M N-M N-M N-M	La Crosse, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
s as Necessary	WKBT WMTV WMTV.3 WHA WKOW WKOW.2 WKOW.2 WKOW.3 WMSN WMSN.2 WMSN.3	8 15 15.3 21 27 27.2 27.3 47 47.2 47.3	N N N-M E N N-M N-M N-M N-M	La Crosse, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
s as Necessary	WKBT WMTV WMTV.3 WHA WKOW WKOW.2 WKOW.2 WKOW.3 WMSN WMSN.2 WMSN.3	8 15 15.3 21 27 27.2 27.3 47 47.2 47.3	N N N-M E N N-M N-M N-M N-M	La Crosse, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
s as Necessary	WKBT WMTV WMTV.3 WHA WKOW WKOW.2 WKOW.2 WKOW.3 WMSN WMSN.2 WMSN.3	8 15 15.3 21 27 27.2 27.3 47 47.2 47.3	N N N-M E N N-M N-M N-M N-M	La Crosse, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI

EGAL NAME OF	OWNER OF C							SYSTEM I 14
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) in the basis of i for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, 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 vive the statior	y the sys be recei t the Co sign of e he static ion's sig g a checl n's locati	I-Band FM Carriage: Under (stem whenever it is received a wed at the headend, with the opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	radend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
				T				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					- -			
			Ν/Δ					
			N/A					
							·	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	Community Antenna S	ystem, In	IC.					1408
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LOO	3			
	In General: In space I, identi	ify every noi	nnetwork televis	ion program, broadcast by	a <i>distant</i> stati	on, that you	ır cable syste	m carried on a
	substitute basis during the a							
Substitute	explanation of the programm				e general instru	uctions in th	e paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	During the accounting per		r cable system	carry, on a substitute basis	s, any nonnet	work televi		
Program Log	broadcast by a distant sta	tion?				L	YES	X NO
	Note: If your answer is "No"	', leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if thei	r meaning is	
				sion program ("substitute p	program") tha	t, during the	e accounting	
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substituted	d for the prog	ramming of	another stat	tion
	under certain FCC rules, re Do not use general categor	gulations, o ios liko "mo	r authorizations	s. See page (v) of the gene thall " List specific program	eral instruction	ns for furthe	er information	1.
	"NBA Basketball: 76ers vs.		vies of baske	ibali. Lisi specific program		ampie, i Lu	We Lucy Of	
				" "Yes." Otherwise enter "N				
				sting the substitute programe community to which the		need by the	FCC or in	
	the case of Mexican or Can						, i CC 01, iii	
	Column 5: Give the mor	th and day	when your sys	tem carried the substitute p	orogram. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv		aubatituta pra	arom was corriad by your a	able evetem	list the tim	an nanurata	h.,
	to the nearest five minutes.			gram was carried by your o ed by a system from 6:01:1				iy
	stated as "6:00–6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		,					
	s	UBSTITUT	E PROGRAM	l		N SUBSTI		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		TIMES — TO	DELETION
			ONEE OIGH		AND DAT	TROM	10	
							_	
								······
						·		

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
	Community Antenna System, Inc.		1408
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) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	5,034.68 ss 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	63,800	
	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	his six-mon	
	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 \$137,1		02.00
	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
	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)	
	4. Enter the employed of groups required from energy 1/		
	Enter the amount of gross receipts from space K Base amount under statutory formula Second Sec		
	2. base amount under statutory formula 3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	Kindippine's by .01 Section 2.1 S	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	· · ·	
	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
	EFT Trace # or TRANSACTION ID #		
	Important: 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 m		

Accounting Period:	2020/1			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Antenna System, Inc.		SYSTEM ID# 1408
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	rs, and (2) the cable system's tota al number of channels on which th d television broadcast stations al number of activated channels cable system carried television bro	roadcast stations	13
N	INDIVIDUAL 1		R INFORMATION IS NEEDED (Identify an individual to whom	·
Individual to Be Contacted for Further Information	Name	Randall Kubarski	Telephone	608-489-2321
	Address	1010 Lake Street (Number, street, rural route, apartmen Hillsboro,WI 54634	nt, or suite number)	
	Email	(City, town, state, zip)	enna.com Fax (optional) 608-489-23	21
O Certification		N (This statement of account must	t be certified and signed in accordance with Copyright Office regulations) , <i>but only one</i> , of the boxes.)	
	(Age	nt of owner other than corporatio	tnership) I am the owner of the cable system as identified in line 1 of space E on or partnership) I am the duly authorized agent of the owner of the cable s ner is not a corporation or partnership; or	
	X (Off	icer or partner) I am an officer (if a n line 1 of space B.	corporation) or a partner (if a partnership) of the legal entity identified as owr	ner of the cable system
	are true, compl		iowledge, information, and belief, and are made in good faith.	
		-	X /s/ Randall Kubarski	-
			inter an electronic signature on the line above to certify this statement. inter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed na	ame: Randall Kubarski	
			President cial position held in corporation or partnership)	
		Date:	August 19, 2020	

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 t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

unting Period: 2020/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
nmunity Antenna System, Inc.	140
 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? 	P Special Statement Concerning Gross Receipts Exclusion
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 Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
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