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	coplicsoa@copyright.gov
General instructions are located in the first tab of this workbook	09/10/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
	BV THIS STATEMENT: (V)	(VV/(Period))	

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2020/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20201 Barcode Data Filing Period (optional - see instructions)	
		20201	
Accounting Period			
		Instructions:	
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate of the subsidiary, not that of the parent corporation.	e title
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 single statement of account and royalty fee payment covering the entire accounting period.	a
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63466
		1	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		PLATEAU TELECOMMUNICATIONS INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		7111 N PRINCE ST (Number, street, rural route, apartment, or suite number)	
		CLOVIS NM 88101-9730	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the sys s already appear in space B. In line 2, give the mailing address of the system, if different from the address giv	
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)	
L			

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name	PLATEAU TELECOMMUNICATIONS INC	634
	Instructions: List each separate community served by the cable system. A "commu	
Р	"a separate and distinct community or municipal entity (including unincorporated c	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	
	as the "first community." Please use it as the first community on all future filings.	,
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	CLOVIS	NM
Community	FARWELL	TX
	LOGAN	NM
d Rows as Necessary	CLAYTON	NM
	FT SUMNER	NM
	BELEN	NM
	EDGEWOOD	NM
	LAS VEGAS	NM
	MOUNTAINAIR	NM
	SANTA FE	NM
	TUCUMCARI	NM
	BROADVIEW	NM
	ROY	NM
	SAN JON	NM
	ESTANCIA	NM
	MORIARTY	NM
	ROSWELL	NM
	SANTA ROSA	NM
	GRADY	
	CORONA	NM
	MOSQUERO	NM
	LOS LUNAS	NM
	AMISTAD	NM
	MCALISTER	NM
	RIBERA	NM

								FUr		2E. PAGE F EM IC
Name	LEGAL NAME OF OWNER OF CA								3131	6346
	PLATEAU TELECOMMU	NICATIONS	INC							0340
Е	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIBE	ERS AND RA	ATES					
	In General: The information in sp									
Secondary	system, that is, the retransmission about other services (including p									
Transmission	last day of the accounting period							ng on the		
Service: Sub-	Number of Subscribers: Both						able system,	broken		
scribers and	down by categories of secondary									
Rates	each category by counting the nu separately for the particular servi							charged		
	Rate: Give the standard rate cl							e and the		
	unit in which it is generally billed.	(Example: "\$2	0/mth"). S	Summarize a						
	category, but do not include disc						:	- 46 - 4 6		
	Block 1: In the left-hand block systems most commonly provide									
	that applies to your system. Note									
	categories, that person or entity s									
	subscriber who pays extra for ca					I in the count u	nder "Servic	e to the		
	first set" and would be counted o Block 2: If your cable system h					service that ar	e different fr	om those		
	printed in block 1 (for example, ti									
	with the number of subscribers a									
	sufficient.		-		n					
	BLC	DCK 1					BLOO			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	ERVICE	NO. OF SUBSCRIBERS		RATE
	Residential:									
	Service to first set	1	,953	27.00	RESIDE	ENTIAL TV	LITE	29	5	27.
	 Service to additional set(s) 				RES PF	REFERRED		719	3	77.
	• FM radio (if separate rate)				RES PF	REMIER		803	3	83.
	Motel, hotel				RES TO	OTAL CHOI	CE	130	6	137.
	Commercial		131	34.95	COMM	ERCIAL PR	EMIER	53	3	34.9
	Converter				COMM	PREMIER S	PORTS	3	5	59.
	Residential				COMM	PREM ENT	ERTAINM	22	2	69.
	Non-residential				COMM	TOTAL CH	DICE	2'	1	79.
	SERVICES OTHER THAN SEC				-		otom'o oomi	and that ware		
F	In General: Space F calls for rate not covered in space E, that is, the		,		•	• •				
	service for a single fee. There are									
	furnished at cost or (2) services of	or facilities furni		onsubscribe		e				
Services										
Other Than	amount of the charge and the un		usually bil					ogram basis,		
	amount of the charge and the un enter only the letters "PP" in the	rate column.	-	lled. If any ra	ites are ch	arged on a var	iable per-pr	ogram basis,		
Other Than Secondary	amount of the charge and the un	rate column. e charged by th	e cable s	lled. If any ra ystem for ea	ites are ch ch of the a	arged on a var applicable serv	iable per-pr ices listed.	-		
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s	rate column. e charged by th your cable sys separate charge	e cable s tem furnis e was ma	lled. If any ra ystem for ea shed or offer de or establi	ites are ch ich of the a ed during t	arged on a var applicable serv the accounting	iable per-pr ices listed. period that	were not		
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that	rate column. e charged by th your cable sys separate charge	e cable s tem furnis e was ma	lled. If any ra ystem for ea shed or offer de or establi	ites are ch ich of the a ed during t	arged on a var applicable serv the accounting	iable per-pr ices listed. period that	were not		
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	rate column. e charged by th your cable sys separate charge tion and include BLOC	e cable s tem furnis was ma e the rate CK 1	lled. If any ra ystem for ea shed or offere de or establis for each.	ttes are ch ch of the a ed during t shed. List	arged on a var applicable serv the accounting these other se	iable per-pr ices listed. period that rvices in the	were not form of a BLOCK 2		
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	rate column. e charged by th your cable sys separate charge tion and include BLOC RATE	e cable s tem furnis was ma the rate CK 1 CATEGO	lled. If any ra ystem for ea shed or offer de or establi for each. <u>RY OF SER</u>	ttes are ch ch of the a ed during t shed. List VICE	arged on a var applicable serv the accounting	iable per-pr ices listed. period that rvices in the	were not form of a		RATE
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. e charged by th your cable sys separate charge tion and include BLOC RATE	e cable s tem furnis was ma e the rate CATEGO Installatio	lled. If any ra ystem for ea shed or offere de or establi: for each. RY OF SER on: Non-res	ttes are ch ch of the a ed during t shed. List VICE	arged on a var applicable serv the accounting these other se	iable per-pr ices listed. period that rvices in the CATEGO	were not form of a BLOCK 2 DRY OF SERVIC		RATE 15.1
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. e charged by th your cable sys separate charge tion and include BLOC RATE	e cable s tem furnis e was man e the rate CK 1 CATEGO Installation	lled. If any ra ystem for ea shed or offer de or establi: for each. <u>RY OF SER</u> on: Non-res , hotel	ttes are ch ch of the a ed during t shed. List VICE	arged on a var applicable serv the accounting these other se	iable per-pr ices listed. period that rvices in the CATEG	were not form of a BLOCK 2 DRY OF SERVIC		15.
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	rate column. e charged by th your cable sys separate charge tion and include BLOC RATE	e cable s tem furnis e was ma e the rate CK 1 CATEGO Installati • Motel • Com	lled. If any ra ystem for ea shed or offerd de or establi: for each. <u>RY OF SER</u> on: Non-res , hotel nercial	ttes are ch ch of the a ed during t shed. List VICE	arged on a var applicable serv the accounting these other se	iable per-pr ices listed. period that rvices in the CATEG CINEM. HBO	were not form of a BLOCK 2 DRY OF SERVIC		15.0 20.0
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	rate column. e charged by th your cable sys separate charge tion and include BLOC RATE	e cable s tem furnis was made the rate K 1 CATEGO Installation • Motel • Comm • Pay c	lled. If any ra ystem for ea shed or offer de or establi: for each. <u>RY OF SER</u> on: Non-res , hotel nercial able	ites are ch ch of the a ed during t shed. List <u>VICE</u> idential	arged on a var applicable serv the accounting these other se	iable per-pr ices listed. period that rvices in the CATEGO CINEM, HBO SHOW	were not form of a BLOCK 2 DRY OF SERVIC AX		15. 20. 18.
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	rate column. e charged by th your cable sys separate charge tion and include BLOC RATE	e cable s tem furnis e was ma e the rate K 1 CATEGO Installatio • Motel • Comm • Pay c • Pay c	lled. If any ra ystem for ea shed or offer de or establi for each. <u>RY OF SER</u> on: Non-res , hotel nercial able able-add'l ch	ites are ch ch of the a ed during t shed. List <u>VICE</u> idential	arged on a var applicable serv the accounting these other se	iable per-pr ices listed. period that rvices in the CATEGO CINEM HBO SHOW STARZ	were not form of a BLOCK 2 DRY OF SERVIC AX FIME /ENCORE		15. 20. 18. 15.
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	rate column. e charged by th your cable sys separate charge tion and include BLOC RATE	e cable s tem furnis was ma the rate K 1 CATEGO Installation • Motel • Comm • Pay c • Pay c • Fire p	lled. If any ra ystem for ea shed or offero de or establi: for each. <u>RY OF SER</u> on: Non-res , hotel nercial able able-add'l ch rotection	ites are ch ch of the a ed during t shed. List <u>VICE</u> idential	arged on a var applicable serv the accounting these other se	iable per-pr ices listed. period that rvices in the CATEGO CINEM. HBO SHOW STARZ PREMII	were not form of a BLOCK 2 DRY OF SERVIC AX FIME /ENCORE ER SELECT		15.
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Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the in Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a significant brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. e charged by th your cable sys separate charge tion and include BLOC RATE	e cable s tem furnis was mai the rate CATEGO Installation • Motel • Comm • Pay c • Pay c • Fire p • Burgla Other sen • Recon • Disco	lled. If any ra ystem for ea shed or offerd de or establis for each. <u>RY OF SER</u> on: Non-res , hotel nercial able able-add'I ch rotection ar protection rvices: nnect	ites are ch ch of the a ed during t shed. List <u>VICE</u> idential	arged on a var applicable serv the accounting these other se	iable per-pr ices listed. period that rvices in the CATEGO CINEM. HBO SHOW STARZ PREMII	were not form of a BLOCK 2 DRY OF SERVIC AX FIME /ENCORE ER SELECT		15.0 20.0 18.0 15.0 57.9

Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTE
	PLATEAU TELECOM			63
	PRIMARY TRANSMITTERS:			
G	carried by your cable syste	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	(1) stations carried only on a part	time basis under
Primary ansmitters: elevision	76.59(d)(2) and (4), 76.61(substitute program basis, a	e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations ca	1(e)(2) and (4))]; and (2) certain st	ations carried on a
		ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis.	e Special Statement and Program	Log)—if the
	basis. For further information Column 1: List each station	also in space I, if the station was carried on concerning substitute basis stations, i n's call sign. <i>Do not</i> report origination p d with a station according to its over-the- the form	see page (v) of the general instruc rogram services such as HBO, ES	tions. PN, etc. Identify each
	Column 2: Give the chann of license. For example, W	el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.	, C	
		n case whether the station is a network s ering the letter "N" (for network), "N-M" (f		
	(for independent multicast)	, "E" (for noncommercial educational), o	r "E-M" (for noncommercial educat	
		erms, see page (iv) of the general instrue on of each station. For U.S. stations, list		is licensed by the
		dian stations, if any, give the name of th	,	5
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KRQE DT2	2	1	SANTA FE NM
	KNME DT	3	E	ALBUQUERQUE NM
ws as Necessary	KAMR DT	4	l	ALBUQUERQUE NM
	KFDA DT	10	I	AMARILLO TX
	KCPN	6	I	AMARILLO TX
	KVII	7	I	AMARILLO TX
	KENW	8	Е	PORTALES NM
	KENW DT2	9	E-M	AMARILLO TX
	KVII DT2	11	I	AMARILLO TX
	КСІТ	13	I	AMARILLO TX
	КОВ	14	Ν	
	KRQE	15	Ν	ALBUQUERQUE NM
	KASY	16	I	ALBUQUERQUE NM
			I	
	KOAT	17	I	ALBUQUERQUE NM
	KOAT KVIH	17 18	ı I-M	AMARILLO TX
			і. <u>н</u> І	
	KVIH	18	і І-М І Е	AMARILLO TX
	KVIH KWBQ	18 21		AMARILLO TX SANTA FE NM
	KVIH KWBQ KNME	18 21 22	l E	AMARILLO TX SANTA FE NM PORTALES NM
	KVIH KWBQ KNME KNME	18 21 22 23	l E	AMARILLO TX SANTA FE NM PORTALES NM PORTALES NM
	KVIH KWBQ KNME KNME KFDA DT4 KUPT	18 21 22 23 24	l E	AMARILLO TX SANTA FE NM PORTALES NM PORTALES NM ALBUQUERQUE NM
	KVIH KWBQ KNME KNME KFDA DT4	18 21 22 23 24 25	l E	AMARILLO TX SANTA FE NM PORTALES NM PORTALES NM ALBUQUERQUE NM ALBUQUERQUE NM
	KVIH KWBQ KNME KNME KFDA DT4 KUPT KASA DT KEYU	18 21 22 23 24 25 26	l E	AMARILLO TX SANTA FE NM PORTALES NM PORTALES NM ALBUQUERQUE NM ALBUQUERQUE NM ALBUQUERQUE NM ALBUQUERQUE NM
	KVIH KWBQ KNME KNME KFDA DT4 KUPT KASA DT	18 21 22 23 24 25 26 27	l E	AMARILLO TX SANTA FE NM PORTALES NM PORTALES NM ALBUQUERQUE NM ALBUQUERQUE NM ALBUQUERQUE NM

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Name	LEGAL NAME OF OWNER			SYS [.]	
	PLATEAU TELECON	MMUNICATIONS INC			6
	PRIMARY TRANSMITTERS	: TELEVISION			
G		dentify every television station (including tr			
U		tem during the accounting period, <i>except</i> (s in effect on June 24, 1981, permitting the			
Primary	76.59(d)(2) and (4), 76.61	(e)(2) and (4), or 76.63 (referring to 76.61			
Transmitters: Television		as explained in the next paragraph. s: With respect to any distant stations car	ried by your cable system on a s	substitute program	
relevision		rules, regulations, or authorizations:	ned by your cable system on a s		
		ere in space G—but do list it in space I (the	e Special Statement and Program	n Log)—if the	
	 station was carried only of List the station here, and 	d also in space I, if the station was carried	both on a substitute basis and a	lso on some other	
	basis. For further information	tion concerning substitute basis stations, s	ee page (v) of the general instru	ctions.	
		on's call sign. Do not report origination pro	•		
		ed with a station according to its over-the-		nort multistream	
	"WETA-2" as the same or	ed with a station according to its over-the-and the form.	air designation. For example, re	port multistream	
	"WETA-2" as the same or Column 2: Give the chan	n the form. nel number the FCC assigned to the televi			
	"WETA-2" as the same or Column 2: Give the chan of license. For example, ¹	n the form. nel number the FCC assigned to the televi WRC is channel 4 in Washington, D.C.	ision station for broadcasting over	er the air in its community	
	"WETA-2" as the same or Column 2: Give the chan of license. For example, ' Column 3: Indicate in eac educational station, by en	n the form. nel number the FCC assigned to the televi WRC is channel 4 in Washington, D.C. ch case whether the station is a network st tering the letter "N" (for network), "N-M" (fo	ision station for broadcasting over ation, an independent station, or pr network multicast), "I" (for inde	· er the air in its community r a noncommercial ependent), "I-M"	
	"WETA-2" as the same or Column 2: Give the chan of license. For example, ' Column 3: Indicate in eac educational station, by en (for independent multicas	n the form. nel number the FCC assigned to the televi WRC is channel 4 in Washington, D.C. ch case whether the station is a network st tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or	ision station for broadcasting over ation, an independent station, or pr network multicast), "I" (for inde "E-M" (for noncommercial educa	· er the air in its community r a noncommercial ependent), "I-M"	
	"WETA-2" as the same or Column 2: Give the chan of license. For example, ' Column 3: Indicate in eac educational station, by en (for independent multicas For the meaning of these Column 4: Give the locat	n the form. nel number the FCC assigned to the televi WRC is channel 4 in Washington, D.C. ch case whether the station is a network st tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list th	ision station for broadcasting over ation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. ne community to which the static	, er the air in its community r a noncommercial ependent), "I-M" ational multicast). on is licensed by the	
	"WETA-2" as the same or Column 2: Give the chan of license. For example, ' Column 3: Indicate in eac educational station, by en (for independent multicas For the meaning of these Column 4: Give the locat	n the form. nel number the FCC assigned to the televi WRC is channel 4 in Washington, D.C. ch case whether the station is a network st tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct	ision station for broadcasting over ation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. ne community to which the static	, er the air in its community r a noncommercial ependent), "I-M" ational multicast). on is licensed by the	
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Accounting P	eriod: 2020	/1					FORM	I SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
PLATEAU T	ELECOMM	UNICA	TIONS INC					63466
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S	it is carried by monitoring, to prmation about rm. dentify the call state whether	y the sys be recein at the Co I sign of the static	I-Band FM Carriage: Under of the whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM.	it the system's he system's FM ante this point, see pa	eadend, and (2 enna, during c ge (v) of the g	2) it can ertain si Jeneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters: Radio
signal, indicate Column 4: G	this by placing live the station	g a checl n's locati	nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	ne station is licen	sed by the FC			
		0/D			AN4 514	0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2020/1						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	PLATEAU TELECOMM	IUNICATI	ONS INC				63466
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
	In General: In space I, identi					ion. that your cable	e svstem carried on a
-	substitute basis during the a						
Substitute	explanation of the programm				e general instr	uctions in the pape	er SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBST	TITUTE CARRIAGE			
Special Statement and	 During the accounting per 	-	r cable system	carry, on a substitute basi	s, any nonne	twork television p	
Program Log	broadcast by a distant sta	tion?				Y	'ES XNO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	'Yes," you mι	ust complete the p	orogram
	log in block 2.			·	·		
	2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each subst				wherever pos	sible, if their mea	ning is
	clear. If you need more spa			ision program ("substitute	program") tha	it during the acco	unting
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love Lu	cy" or
			dcast live, ente	r "Yes." Otherwise enter "N	lo."		
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.		
	Column 4: Give the broat the case of Mexican or Can			e community to which the			or, in
				tem carried the substitute			ne month
	first. Example: for May 7 giv	/e "5/7."			-		
				gram was carried by your			
	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:	15 p.m. to 6:2	8:30 p.m. snouid	be
	Column 7: Enter the lette			was substituted for progra			
	to delete under FCC rules a						l program
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	ind regulations in	
					11		
			E PROGRAM	1		EN SUBSTITUTE	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то
						_	
						<u></u>	
						_	
						_	
						_	

Accounting Period:	2020/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PLATEAU TELECOMMUNICATIONS INC	SYSTEM ID# 63466
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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.	ission service
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	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
	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 \$137,1	
	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)
	1. Enter the amount of gross receipts from space K \$ 345,799.80	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	820.00
	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	\$ 2,139.00
	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)	2,139.00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 2,159.00
	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 n	

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Name		F OWNER OF CABLE SYSTEM: ELECOMMUNICATIONS INC	SYSTEM ID# 63466
M Channels	to its subscrib	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.	20
	system carri	ied television broadcast stations	30
	on which the	otal number of activated channels e cable system carried television broadcast stations adcast services	330
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	ZANE SLATER Telephone 5	575-389-4604
	Address	7111 N PRINCE ST	
		(Number, street, rural route, apartment, or suite number) CLOVIS NM 88101-9730	
		(City, town, state, zip)	
	Email	ZaneS@plateautel.com Fax (optional)	
	CERTIFICATIO	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I the underside	gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
Certification			
	(Ow	vner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; o	or
		ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst in line 1 of space B and that the owner is not a corporation or partnership; or	tem as identified
		fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.	of the cable system
	 I have examinare true, comp 	ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)]	
		X /s/ David J. Robinson	
		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: David Robinson	
		Title: Chief Executive Officer (Title of official position held in corporation or partnership)	
		Date: 9/4/20	
	·		

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. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
TEAU TELECOMMUNICATIONS INC	634
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemen 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 Exclusio
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?	
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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	
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