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			
2-16-21	\$ ALLOCATION NUMBER			

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

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20202 Barcode Data Filing Period (optional - see instructions)
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
		CIM TEL CABLE, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. BOX 266
		(Number, street, rural route, apartment, or suite number)
		MANNFORD, OK 74044 (City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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		IDENTIFICATION OF CABLE SYSTEM:
	1	
		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 fling, a determination that would be made by a court of law.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

	T	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
	CIM TEL CABLE, LLC	202
	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated com	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	will serve as a form of system identification hereafter kno
	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 hor	me parks should be reported in parentheses below the
Served	identified city.	
30.134		
	CITY OR TOWN	STATE
First	MANNFORD	OK
Community	CLEVELAND	OK
	OSAGE	OK
dd Rows as Necessary	JENNINGS	OK
uu nows as Necessaly	PRUE	OK OK
	WESTPORT	OK OK
	UNINC. CREEK COUNTY	OK OK
	UNINC. TULSA COUNTY	OK
	FAIRFAX	OK
	ENTERPRISE	OK
	WARNER	OK
	WEBBER FALLS	OK
	PORUM	OK
	KEOTA	OK
	KINTA	OK
	MCCURTAIN	OK
	KEEFETON	OK
	WHITEFIELD	OK
	STIGLER	OK
	PAWNEE	OK OK
	MARAMEC	OK
	HALLET	OK
	SKEDEE	OK
	BLACKBURN	OK
	LONGTOWN	OK
	QUINTON	OK
	EARLSBORO	OK
	BOWLEGS	OK
	SASAKWA	OK
	TRIBBEY	OK
	PEARSON	OK
	GORE	OK
	UNINC. PAWNEE COUNTY	OK OK
	UNINC. OSAGE COUNTY	OK OK
	CHECOTAH	OK
	UNINC. SEMINOLE COUNTY	OK
	ETOWAH	OK
	UNINC. POTTAWATOMIE COUNTY	OK

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CIM TEL CABLE, LLC

20206

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.

BLC	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	759	22.00-24.00	DIGITAL TV (TULSA)	1,241	24.00		
 Service to additional set(s) 	811	10.00-40.00	DIGITAL TV (OKC)	222	25.00		
 FM radio (if separate rate) 			MOTEL/HOTEL	17	3.77-7.1		
Motel, hotel	259	10.00					
Commercial							
Converter							
Residential							
Non-residential							

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	13.99-17.99	 Motel, hotel 			EXPANDED (TULSA)	48.00	
 Pay cable—add'l channel 		 Commercial 			EXPANDED (OKC)	50.00	
 Fire protection 		• Pay cable					
Burglar protection		 Pay cable-add'l channel 					
Installation: Residential		 Fire protection 					
• First set	50-185	 Burglar protection 					
Additional set(s)	75.00	Other services:					
 FM radio (if separate rate) 		 Reconnect 					
Converter		Disconnect					
		 Outlet relocation 					
		 Move to new address 					

Accounting Period: 2020/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

CIM TEL CABLE, LLC

SYSTEM ID# 20206

G

Primary Transmitters: Television

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
KJRH	8	N	TULSA, OK
KOTV	45	N	TULSA, OK
KOTV-DT3	45.3	I-M	TULSA, OK
KTUL	10	N	TULSA, OK
KTUL-DT2	10.2	I-M	TULSA, OK
KTUL-DT3	10.3	I-M	TULSA, OK
KTUL-DT4	10.4	I-M	TULSA, OK
KDOR	17	<u>l</u>	BARTLESVILLE, OK
KRSU	36	E	CLAREMORE, OK
KMYT	41	<u> </u>	TULSA, OK
KMYT-DT2	41.2	I-M	TULSA, OK
KMYT-DT3	41.2	I-M	TULSA, OK
KMYT-DT4	41.4	I-M	TULSA, OK
KOED	38	E	TULSA, OK
KOED-DT2	38.2	E-M	TULSA, OK
KOED-DT3	38.3	E-M	TULSA, OK
KOED-DT4	38.4	E-M	TULSA, OK
KTPX	28	<u> </u>	OKMULGEE, OK
KTPX-DT2	28.2	I-M	OKMULGEE, OK
KQCW	20	<u> </u>	MUSKOGEE, OK
KGEB	49	<u> </u>	TULSA, OK
KWHB	48	<u> </u>	TULSA, OK
кокі	22	N	TULSA, OK
KOKI-DT2	22.2	I-M	TULSA, OK

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 20206

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

CIM TEL CABLE, LLC

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.

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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.

KFOR 27 N OKLAHOMA CITY, OK KFOR-DT2 27.2 I-M OKLAHOMA CITY, OK KAUT 40 I OKLAHOMA CITY, OK KAUT-DT2 40.2 I-M OKLAHOMA CITY, OK KAUT-DT3 40.3 I-M OKLAHOMA CITY, OK KOCB 33 I OKLAHOMA CITY, OK KOCB-DT2 33.2 I-M OKLAHOMA CITY, OK KOCB-DT3 33.3 I-M OKLAHOMA CITY, OK KOCO 7 N OKLAHOMA CITY, OK KOCO-DT2 7.2 I-M OKLAHOMA CITY, OK KOKH 24 N OKLAHOMA CITY, OK KOKH-DT2 24.2 I-M OKLAHOMA CITY, OK KOKH-DT3 24.3 I-M OKLAHOMA CITY, OK KOPX 50 I OKLAHOMA CITY, OK KOPX-DT2 50.2 I-M OKLAHOMA CITY, OK KSBI 51 I OKLAHOMA CITY, OK KTBO 15 I OKLAHOMA CITY, OK <t< th=""><th>1. CALL SIGN</th><th>2. B'CAST CHANNEL NUMBER</th><th>3. TYPE OF STATION</th><th>4. LOCATION OF STATION</th></t<>	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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KWTV-DT239.2I-MOKLAHOMA CITY, OKKETA32EOKLAHOMA CITY, OKKETA-DT232.2E-MOKLAHOMA CITY, OKKETA-DT332.3E-MOKLAHOMA CITY, OK	ктво	15	I	OKLAHOMA CITY, OK
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KETA-DT232.2E-MOKLAHOMA CITY, OKKETA-DT332.3E-MOKLAHOMA CITY, OK	KWTV-DT2	39.2	I-M	OKLAHOMA CITY, OK
KETA-DT3 32.3 E-M OKLAHOMA CITY, OK	KETA	32	E	OKLAHOMA CITY, OK
	KETA-DT2	32.2	E-M	OKLAHOMA CITY, OK
KETA-DT4 32.4 E-M OKLAHOMA CITY, OK	KETA-DT3	32.3	E-M	OKLAHOMA CITY, OK
	KETA-DT4	32.4	E-M	OKLAHOMA CITY, OK

Accounting Period: 2020/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CIM TEL CABLE, LLC

SYSTEM ID#

20206

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.

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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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTUZ	29	I	SHAWNEE, OK
KOCM	46	I	NORMAN, OK
KJRH-DT2	8.2	I-M	TULSA, OK
KJRH-DT3	8.3	I-M	TULSA, OK

Accounting Period: 2020/2 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

20206

CIM TEL CABLE, LLC

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

Primary Transmitters: Radio

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.

- **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
		-					
		 				·	
		-					
l ====================================		l 					·

Accounting Perio	d: 2020/2						FORM	1 SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#		
Name	CIM TEL CABLE, LLC							20206		
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LOC	3					
	In General: In space I, ident					tion that ve	our cable evet	am carried on a		
•	-					-	-			
Substitute	•	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special										
Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant sta	tion?					YES	NO		
	Note: If your answer is "No	" leave the	rest of this na	ge blank. If your answer is	"Yes" vou r	nust comp	lete the prog	ram		
	_	, loave the	rest of this pa	go blank. Il your anower le	, 100, your	nast comp	icte the prog	i di i i		
	log in block 2.		110							
	2. LOG OF SUBSTITUTE			. (. 1	1					
	In General: List each subs				s wnerever po	ossible, if t	neir meaning	IS		
	clear. If you need more spa	•		rows to the tables. vision program ("substitute	nrogram") tl	nat during	the accounti	na		
	period, was broadcast by a									
	under certain FCC rules, re		•	•	•		,			
	Do not use general categor									
	"NBA Basketball: 76ers vs.				,	,	,			
				er "Yes." Otherwise enter "						
		-		asting the substitute progr						
			,	the community to which the		•	the FCC or, i	n		
	the case of Mexican or Car						la codula da acces			
			when your sys	stem carried the substitute	program. Us	se numera	is, with the m	ionth		
	first. Example: for May 7 giv		a substituta nr	ogram was carried by your	cable system	m List the	times accura	ntely.		
	to the nearest five minutes.		•		•			itery		
	stated as "6:00-6:30 p.m."	- Example:	a program can	iod by a byotom nom o.o.		.20.00 p	onodia bo			
		er "R" if the	listed progran	n was substituted for progr	amming that	your syste	em was <i>requ</i>	ired		
	to delete under FCC rules a				_		•			
	was substituted for program	nming that	your system w	as permitted to delete und	er FCC rules	and regul	ations in			
	effect on October 19, 1976									
					1					
						N SUBST				
	Si	<u>UBSTITUT</u>	E PROGRAM		CARRI	AGE OCC		7. REASON FOR DELETION		
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	_	TIMES	DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>			
							_			
							<u> </u>			

Accounting Period:	2020/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CIM TEL CABLE, LLC	SYSTEM ID# 20206
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.	nission service
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.	5263,800
	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 Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	100)
	1. Base amount under statutory formula	
	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	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	2,476.48
	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	\$ 3,795.48
	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)	3,795.48
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	\$ 3,815.48
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m	

U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2020/2	FORM SA	\1-2E. PAGE 7
Name	LEGAL NAME OF C		SYSTEM ID# 20206
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. All number of channels on which the cable ditelevision broadcast stations All number of activated channels cable system carried television broadcast stations	
		cast services	
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	BRUCE BEARD Telephone 314-462-9000	
	Address	1714 DEER TRACK TRAIL, SUITE 230 (Number, street, rural route, apartment, or suite number) ST. LOUIS, MO 63131 (City, town, state, zip)	
	Email	bbeard@cinnamonmueller.com Fax (optional)	
O Certification	I, the undersigned (Owner) X (Agentin) (Officion) I have examined.	I (This statement of account must be certified and signed in accordance with Copyright Office regulations) med, hereby certify that (Check one, but only one, of the boxes.) mer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or mut of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified at 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 owner of the cable system at line 1 of space B. det the statement of account and hereby declare under penalty of law that all statements of fact contained herein the tet, and correct to the best of my knowledge, information, and belief, and are made in good faith. X /s/ H. Gene Baldwin	
		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: H. Gene Baldwin Title: Vice President (Title of official position held in corporation or partnership) Date: February16, 2021	

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 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 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.

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

ounting Period: 2020/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
/I TEL CABLE, LLC	20206
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.	P Special Statement Concerning Gross 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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	-
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 www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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 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 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.

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)