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

STATEM	FNT	OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:					
-		ansmissions by	DATE RECEIVED	AMOUNT					
Cable Syste	•	,	2/24/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
in the first tab	of this	workbook		ALLOCATION NUMBER					
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))					
		2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
			Barcode Data Filing Period (optional	- see instructions)					
Accounting Period			ı 						
		Instructions:							
В		title of the subsidiary, not that of the pare		sidiary of another corporation, give the full o	corporate				
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 single statement of account and royalty for		the last day of the accounting period should nting period.	d submit a				
		Check here if this is the system's first filin	g. If not, enter the system's ID number	r assigned by the Licensing Division.	29335				
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	1					
		Michigan Cable Partners Inc.							
		BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFEREN	Т)					
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM						
		8800 Ferry Street (Number, street, rural route, apartment, or suite n	umber)						
		Montague MI 49437							
	INST	(City, town, state, zip)	ass or trade names used to ide	entify the business and operation of the	he system unless these				
С				he system, if different from the addre					
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM	:						
	2	(Number, street, rural route, apartment, or suite n	umber)						
		(City, town, state, zip code)							
			therizes the Convright Offee to collect th		and an Alta				

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
Name	Michigan Cable Partners Inc.	293					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 know 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 home parks should be reported in parentheses below the						
Served	identified city.						
	CITY OR TOWN	State					
First	Remus	MI					
Community	wheatland twp	MI					
	Mecosta	MI					
dd Rows as Necessary	Martiny twp	MI					
	Morton twp	MI					

	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	Michigan Cable Partners Inc.									
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND RA	ATES					
E	In General: The information in s					y transmission	service of	the cable		
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Secondary	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).									
Fransmission Service: Sub-	Number of Subscribers: Both						hle system	n broken		
scribers and	down by categories of secondar	•					-			
Rates	each category by counting the n	•		•		•				
	separately for the particular serv					•	,	-		
	Rate: Give the standard rate of	-	-	•				-		
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variatior	is within a	particular rate		
	Block 1: In the left-hand block				ies of sec	ondary transmis	ssion servi	ice that cable		
	systems most commonly provide			-						
	that applies to your system. Not									
	categories, that person or entity				••		•			
	subscriber who pays extra for ca					d in the count ur	nder "Serv	ice to the		
	first set" and would be counted of Block 2: If your cable system	0			· · ·	service that are	different	from those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a									
	sufficient.		Ū			·				
	BLC	DCK 1					BLOC			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RA	
	Residential:	ODDOCIND	LING	20.95	0A11		WICE	SOBSCINEERS		
	Service to first set		153		Fynand	led basic		126	66	
	Service to additional set(s)				Expans			120	1	
	• FM radio (if separate rate)								4	
	Motel, hotel								4	
	Commercial									
	Converter									
	Residential									
	Non-residential									
	• Non-residential									
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for ra									
Г	not covered in space E, that is, t									
Services	service for a single fee. There an furnished at cost or (2) services	•			•		• •	,		
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		,	,		5		5 ,		
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	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 servic brief (two- or three-word) description and include the rate for each.							e form of a		
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RA	
	Continuing Services:	INTL		ation: Non-resi		INAIL	CAILG	ORT OF SERVICE		
	• Pay cable			tel, hotel	aonna					
	Pay cable—add'l channel			mmercial						
	• Fire protection			y cable						
	•Burglar protection			y cable-add'l ch	annel				+	
	Installation: Residential			e protection					4	
	• First set	95.00		rglar protection						
		95.00 35.00		services:					4	
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	35.00		connect		35.00			4	
	· · · /					30.00				
	Converter		• DIS	connect					1	
			~	41-4-4-1- 12		05.00				
			_	tlet relocation ve to new addre		35.00 35.00				

-									
ame	LEGAL NAME OF OWNER OF	SYSTEM ID# 29335							
G mary mitters: vision	Michigan Cable Partners Inc.       29335         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 scarried 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 3: Indicate in each case whether the station, D.C.         Column 3: Indicate in each case whether the station, D, C.       Column 4: Give the channel number the FCC assigned to the television station, or a noncommercial educational station, by entering the letter "N" (for network multicast), "I" (for independent), "I-M"" (for independent), "I-M"" </th								
	1. CALL SIGN								
				4. LOCATION OF STATION					
		5		4. LOCATION OF STATION					
	WFQX	5		4. LOCATION OF STATION					
Necessary	WFQX WPBN	7		4. LOCATION OF STATION					
Necessary	WFQX WPBN WWTV	7 9		4. LOCATION OF STATION					
Necessary	WFQX WPBN	7		4. LOCATION OF STATION					
Necessary	WFQX WPBN WWTV WZZM	7 9 13		4. LOCATION OF STATION					
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Nichigan Ca	FOWNER OF (		I GI EMI.					SYSTEM I 293
	t every radio s	tation ca	rried on a separate and discrence of the second s					н
eceivable if (1) on the basis of or detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (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 his point, see pag ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the. And discrete	Primary Transmitters Radio
0.411 01011	ANZ	<i>c /=</i>			A	<u> </u>		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Peric	LEON NAME OF SUMES -		TENA.					01/07211		
Name	LEGAL NAME OF OWNER OF Michigan Cable Partne		TEM:					SYSTEM ID# 29335		
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM L	)G					
Substitute	In General: In space I, iden substitute basis during the a	tify every non accounting pe	nnetwork televi eriod, under sp	<i>sion program,</i> broadcast b becific present and former	y a <i>distant</i> sta FCC rules, reg	ulations, or a	authorizatio	ns. For a further		
Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. <b>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</b>									
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and Program Log	broadcast by a distant sta	ation?	·				YES	× NO		
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.			go blank. Il your anower	o roo, your			gram		
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograt <b>Column 3:</b> Give the call <b>Column 4:</b> Give the bro the case of Mexican or Cal <b>Column 5:</b> Give the mot first. Example: for May 7 gi	e of every nor a distant stati egulations, o vries like "mov . Bulls." m was broad l sign of the s badcast statio nadian statio inth and day ive "5/7." mes when the a. Example: a	nnetwork tele ion and that y r authorization vies" or "bask dcast live, ente station broadc on's location (t ons, if any, the when your sy e substitute pro-	vision program ("substitut our cable system substitu- ns. See page (v) of the ge etball." List specific progr er "Yes." Otherwise enter asting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you	ted for the pro- eneral instruct am titles, for e "No." ram. he station is lid e station is id e program. Us in cable system	ogramming ions for furt example, "I lentified). se numerals m. List the t	of another her informa Love Lucy" he FCC or, s, with the r imes accur	station ation. or in month rately		
	to delete under FCC rules was substituted for program	ter "R" if the and regulation mming that y	ons in effect d		od; enter the l	letter "P" if t	, he listed pr			
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y 5.	ons in effect d our system w	uring the accounting per as permitted to delete un	d; enter the l der FCC rules	letter "P" if t s and regula	he listed pr tions in	ogram		
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Accounting Period:	<b>2020/2</b> FORM SA1-2E. PAG	GE 6.
News	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	ID#
Name	Michigan Cable Partners Inc. 293	335
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts form subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross 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 \$263,80( • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( 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 this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period \$ 52.00	0
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.00	0
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
		_
	8. Interest charge. Enter the amount from line 4, space Q, page 8 0.00	<u> </u>
	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 \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	
	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 Due	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	0
	EFT Trace # or TRANSACTION ID # 76080142753	
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Michigan Cable Partners Inc.	SYSTEM ID# 29335
M Channels	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         on which the cable system carried television broadcast stations and nonbroadcast services	6 64
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name     Telephone       Address	
	Address       (Number, street, rural route, apartment, or suite number)         (City, town, state, zip)       Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	<ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <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. [18 U.S.C., Section 1001(1986)]</li> </ul>	system as identified mer of the cable system
	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: Christine Jones	
	(Title of official position held in corporation or partnership) Date: February 24, 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 fing, a determination that would be made by a court of law.

unting Period: 2020/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
nigan Cable Partners Inc.	2933
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     Name       Mailing Address     Mailing Address	- - - - -
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
xLine 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 x 0.00274	-
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	

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