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

Return completed workbook

STATEME	ENT	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	-
Cable System General instruct in the first table	ctions	are located	02/16/21	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	'YY/(Period))	
		2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting			Barcode Data Filing Period (optional	- see instructions)	
Period					
В		Instructions: Give the full legal name of the owner of the of the subsidiary, not that of the parent co		diary of another corporation, give the full corp	porate title
Owner		List any other name or names under which	the owner conducts the business of th	ne cable system.	
		If there were different owners during the a single statement of account and royalty fee		he last day of the accounting period should suing period.	ıbmit a
		Check here if this is the system's first filing	. If not, enter the system's ID number a	assigned by the Licensing Division.	61096
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		CLEAR CREEK MUTUAL TELEPHON	IE CO		
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		18238 S FISCHERS MILL RI (Number, street, rural route, apartment, or suite nu			
		OREGON CITY OR 97045 (City, town, state, zip)			
С				tify the business and operation of the e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	imber)		
		(City, town, state, zip code)			
<u>.</u>					

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 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.

CLEAR CREAT Community O O D aspense and dotted community served by the cable system. A "community is the same as a "community and "a defined in CPC field as spense and in dotted community." Prese use is at the first community or an incorporated community served is large and an one dysen interchine the so- at the "thirt community." Prese use is at the first community or an incorporated community served is large and incorporated community or an inclusion in the server and including and present is should be reported in parentheses below the destined city. Prese Community CITY OR TOWN STATE Intervention OREGON CITY OR	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
D "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. Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First OREGON CITY OR OR OR		CLEAR CREEK MUTUAL TELEPHONE CO	6109
Area 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 identified city. First CITY OR TOWN STATE OREGON CITY OR	_		
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	1							FORM SA1	-
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID
	CLEAR CREEK MUTUA	L TELEPHO	ONE C	0					6109
_	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCR	IBERS AND R	ATES				
E	In General: The information in s								
Secondam/	system, that is, the retransmission about other services (including particulation)								
Secondary Transmission	last day of the accounting period	, , ,			,		those exist	ing on the	
Service: Sub-	Number of Subscribers: Both						able system	, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n	-		0,0		•	•	charged	
	separately for the particular serv Rate: Give the standard rate of							e and the	
	unit in which it is generally billed								
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide	• •		0		,			
	that applies to your system. Not								
	categories, that person or entity	should be cour	nted as	a subscriber in	n each app	licable category	y. Example:	a residential	
	subscriber who pays extra for ca					d in the count u	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system	0			· · ·	service that an	e different f	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a					•	,.		
	sufficient.	2014			1				
	BLU	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		857	22.00/mth	Plus			342	22.7
	Service to additional set(s)				HD Cor			407	7.0
	• FM radio (if separate rate)					onverter		135	7.0
	Motel, hotel				DVR Se		aital	121	5.5
	Commercial Converter				DVR 30	ervice No Di	gitai	14	12.5
	Residential		599	3.00/mth					
	Non-residential		333	3.00/11101					
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for ra		,		-	• •			
F	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the			f					
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a	• •			-	-	-		
	brief (two- or three-word) descrip	ption and inclue	de the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	sidential				
	• Pay cable		• Mo	tel, hotel				ed Service	65.0
	 Pay cable—add'l channel 		• Co	mmercial			HBO		21.0
	Fire protection		• Pay	y cable			Cinema		21.3
	•Burglar protection		• Pay	y cable-add'l cł	nannel			me/TMC	21.0
	Installation: Residential			e protection			Starz		10.0
	• First set	29.95		rglar protection					
	 Additional set(s) 	19.95		services:					
			• Po			19.95			
	• FM radio (if separate rate)			connect		13.35			
	• FM radio (if separate rate) • Converter		• Dis	connect					
	,		• Dis • Out			29.95 29.95			

ccounting Period: 2	2020/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CLEAR CREEK MUTU			61096
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations : basis under specific FCC rule • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: a substitute basis. also in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations s's call sign. <i>Do not</i> report origination I with a station according to its over-the	t (1) stations carried only on a part-tin the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub the Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe pr "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial indent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KATU	2	N	PORTLAND OR
	KOIN	6	N	PORTLAND OR
dd Rows as Necessary	KGW	8	N	PORTLAND OR
	КОРВ	10	Е	PORTLAND OR
	KRCW	11	Ι	SALEM OR
	КРТV	12	Ν	PORTLAND OR
	KPDX	13	Ν	PORTLAND OR
	KNMT	17	N	PORTLAND OR
	KPXG	19	N	SALEM OR

EGAL NAME OF			EPHONE CO					SYSTEM 610
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of l For detailed info paper 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 rm. lentify the call tate whether t the radio stati this by placing vive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a check h's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright 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 pa ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC) it can ertain st eneral in eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0		S. LE SIGN	, 01 1 101	5,0		

Accounting Perio	od: 2020/2							FORM	/I SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYST	EM:						SYSTEM ID#
Name	CLEAR CREEK MUTU	AL TELEPI	HONE CO						61096
-	SUBSTITUTE CARRIAG	E: SPECIAL	L STATEME	NT AND PROGRAM LO	G				
	In General: In space I, ident	tify every nonr	network televi	<i>ision program,</i> broadcast by	/ a <i>distant</i> sta	tion, that y	our c	cable syst	tem carried on a
	substitute basis during the a								
Substitute	explanation of the programm	ning that must	t be included	in this log, see page (v) of t	he general in	structions	in the	e paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCERN	NING SUBS	TITUTE CARRIAGE					
Special Statement and	 During the accounting per 	riod, did your	r cable syster	n carry, on a substitute ba	isis, any noni	network te	levis	ion prog	ram
	broadcast by a distant sta	ation?						YES	× NO
Trogram Log									
	Note: If your answer is "No	o", leave the r	rest of this pa	ige blank. If your answer is	s "Yes," you i	must com	plete	the prog	Iram
	log in block 2.								
	2. LOG OF SUBSTITUTI								
	In General: List each subs				s wherever p	ossible, if	their	meaning	g is
	clear. If you need more spa			rows to the tables. vision program ("substitute	o program") t	hot durin	a tha	aaaaunt	ing
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general categor								
	"NBA Basketball: 76ers vs.	. Bulls."				•			
				er "Yes." Otherwise enter '					
				asting the substitute progr					
				the community to which th			the	FCC or,	in
	the case of Mexican or Car						ale v	with the m	aanth
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numera	ais, w	viun une m	ionin
			substitute pr	ogram was carried by you	r cable syste	m Listthe	e time	es accura	atelv
	to the nearest five minutes.								atory
	stated as "6:00–6:30 p.m."		1 3	, , , ,					
							tom u		ired
	Column 7: Enter the lett								
	to delete under FCC rules	and regulatio	ons in effect d	uring the accounting perio	od; enter the	letter "P" i	f the	listed pro	
	to delete under FCC rules a was substituted for program	and regulation mming that yo	ons in effect d	uring the accounting perio	od; enter the	letter "P" i	f the	listed pro	
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	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulatio mming that yc	ons in effect d our system w	luring the accounting period as permitted to delete und	d; enter the der FCC rules WHE	letter "P" i s and regu	f the Ilation	listed pro ns in TE	ogram
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Accounting Period:	2020/2	FORM SA1-2E. PAGE 6.
Name		SYSTEM ID#
	CLEAR CREEK MUTUAL TELEPHONE CO	61096
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this am 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.	ion service
_	COPYRIGHT ROYALTY FEE	
L 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 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. 	3,80(
	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 s accounting period is \$52.00	ix-month
	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 \$137,100)	
	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 \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	278.39
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	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	1,597.39
	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)	597.39
	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	1,617.39
	EFT Trace # or TRANSACTION ID # 76077904016	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of C See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more in	

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7.
Name		NER OF CABLE SYSTEM: IUTUAL TELEPHONE CO	SYSTEM ID# 61096
M Channels	to its subscribers, a 1. Enter the total nu system carried tel 2. Enter the total nu on which the cable	nust give (1) the number of channels on which the cable system carried television broadcast s nd (2) the cable system's total number of activated channels during the accounting period. mber of channels on which the cable avision broadcast stations	9
N Individual to Be Contacted	we can contact abo	E CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ut this statement of account.)	
for Further Information	Name E	IANE ORI Tel	lephone 503 845-4442
	() N	to BOX 1189 umber, street, rural route, apartment, or suite number) IT ANGEL OR 97362 ity, town, state, zip) dori@cbsoregon.com Fax (optional) 503	845-4445
O Certification	 I, the undersigned, (Owner of (Agent of in line) X (Officer of in line) I have examined the first of the second second	X /s/ Jay Henke 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: JAY HENKE Title: PRESIDENT (Title of official position held in corporation or partnership)	of space B; or he cable system as identified ied as owner of the cable system ned herein
		Date: 2/16/2021	

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.

unting Period: 2020/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
AR CREEK MUTUAL TELEPHONE CO	610
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? X NO	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name 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 Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
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