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.

STATEMENT OF ACCOUNT

SA1-2E Short Form

by email to:

Return completed workbook

	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru	ems (Short Form) actions are located of this workbook	02/17/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	YYY/(Period))	
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optiona	al - see instructions)	
Period				
В	Instructions: Give the full legal name of the owner of the subsidiary, not that of the pare		idiary of another corporation, give the full co	rporate title
Owner	List any other name or names under v	which the owner conducts the business of	the cable system.	
	single statement of account and royal	the accounting period, only the owner on ty fee payment covering the entire accour filing. If not, enter the system's ID number		submit a
	LEGAL NAME OF OWNER/MAIL	LING ADDRESS OF CABLE SYSTEM		
	Sand Creek Telephone Company	v.		
		OF CABLE SYSTEM (IF DIFFERENT	Γ)	
			,	
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		
	Po Box 66			
	Number, street, rural route, apartment, or su Sand Creek, MI, 49279	uite number)		
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any bunch as a line address of the second secon	usiness or trade names used to ide ine 2, give the mailing address of th	ntify the business and operation of the ne system, if different from the address	e system unless these s given in space B.
System	1			· · ·
	-			
	MAILING ADDRESS OF CABLE SYS	TEM:		
	2 (Number, street, rural route, apartment, or su	uite number)		
	(City, town, state, zip code)			

FOR COPYRIGHT OFFICE USE ONLY

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hame	Sand Creek Telephone Company	0
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Sand Creek	MI
Community	Adrian	MI
	Jasper	MI
d Rows as Necessary	Village of Fairfield	MI
	Village of Seneca	
	Village of Dover	MI

	LEGAL NAME OF OWNER OF C	ARI E QVQTEM						FORM SA1	TEM ID
Name	Sand Creek Telephone							515	
	· · ·	• •							
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of t	he cable	
_	system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Bot	•					•		
scribers and Rates	down by categories of secondar each category by counting the n	•				•			
Rates	separately for the particular serv			0,0		•		charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· ·		,	ny standa	rd rate variation	s within a p	particular rate	
	category, but do not include disc				oo of ooo	andan (transmis	alon oon d	a that apple	
	Block 1: In the left-hand block 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 "Servi	ce to the	
	first set" and would be counted o	0			· · ·				
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a						,		
	sufficient.		ongini						
	BLO	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		21	\$25.99	Expand	led		70	72.9
	 Service to additional set(s) 				Premiu	m		74	82.9
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC In General: Space F calls for ra					ll vour cablo ave	tom's con	icos that word	
F	not covered in space E, that is, t								
	service for a single fee. There a								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	billed. If any rat	tes are ch	narged on a vari	able per-pi	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cabl	e system for ear	ch of the	applicable servi	ces listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a	separate charg	ge was i	made or establis	hed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclu	de the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SERV	/ICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-resid	dential				
	• Pay cable		• Mo	tel, hotel					
	 Pay cable—add'l channel 		• Co	mmercial					
	Fire protection		• Pa	/ cable					
	•Burglar protection		• Pa	/ cable-add'l cha	annel				
	Installation: Residential		• Fire	e protection					
	• First set		• Bu	glar protection					
	 Additional set(s) 		Other	services:					
	• FM radio (if separate rate)		•Re	connect					
	• Converter		• Dis	connect					
							L		
			• Ou	tlet relocation					
				tlet relocation ve to new addre	SS				

nting Period:	2021/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Itumo	Sand Creek Telephon	e Company		0
	PRIMARY TRANSMITTERS:	TELEVISION		
G		ntify every television station (including n during the accounting period, <i>excep</i>		
-	FCC rules and regulations i	n effect on June 24, 1981, permitting t	he carriage of certain network program	ms [sections
mary mitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain stati	ons carried on a
evision	Substitute Basis Stations	With respect to any distant stations c	arried by your cable system on a sub	stitute program
		les, regulations, or authorizations: in space G—but do list it in space I (t	he Special Statement and Program L	og)—if the
	station was carried only on			
		also in space I, if the station was carrie n concerning substitute basis stations,		
		i's call sign. <i>Do not</i> report origination I with a station according to its over-the		
	"WETA-2" as the same on t	5	e-air designation. For example, repor	tmuusteam
		el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over t	he air in its community
	Column 3: Indicate in each	case whether the station is a network	, , , , , , , , , , , , , , , , , , , ,	
		ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), o		· · ·
	For the meaning of these te	rms, see page (iv) of the general instru	uctions in the paper SA1-2 form.	,
		n of each station. For U.S. stations, list dian stations, if any, give the name of t	,	5
			······································	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WTOL	11	N	TOLEDO, OH
	WTVG	13	N	TOLEDO, OH
Necessary	WNWO	24	Ν	TOLEDO, OH
	WPGU	26	N	TOLEDO, OH
	WGTE	30	Ν	TOLEDO, OH
	WUPW	36	Ν	TOLEDO, OH
	WLMB	40	N	TOLEDO, OH
		1		

EGAL NAME OI								SYSTEM
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. Mentify the call tate whether t the radio stat this by placing sive the station	y the sys be recein to the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under (item whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ant this point, see pa sed by the cable ne station is licen	eadend, and (2 enna, during c age (v) of the c system as a se sed by the FC	2) it can ertain st jeneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		
						·		

Accounting Perio	od: 2021/2							FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						SYSTEM ID#
Name	Sand Creek Telephone	e Compar	ıy						0
	SUBSTITUTE CARRIAG)G				
		-	-			tion that y		bla avat	om corriad on a
•	In General: In space I, ident substitute basis during the a								
Substitute	explanation of the programm								
Substitute Carriage:					ine general int				
Special	1. SPECIAL STATEMEN								
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any nonr	network te	levisio	on progr	am
Program Log	broadcast by a distant sta	ition?					<u> </u>	YES	NO
	Note: If your answer is "No	" loovo tho	root of this no	ao blank. If your anowar i	- "V " v r	must som			
		, leave life	rest of this pa	ige blank. If your answer is	s res, your	nust comp	Jiele li	ne prog	Ialli
	log in block 2.								
	2. LOG OF SUBSTITUTI								
	In General: List each subs				s wherever p	ossible, if	their n	neaning	is
	clear. If you need more spa						. 41		
	period, was broadcast by a			vision program ("substitute					
	under certain FCC rules, re								
	Do not use general categor								
	"NBA Basketball: 76ers vs.					······		,	
	Column 2: If the program	m was broa	dcast live, ent	er "Yes." Otherwise enter	"No."				
				asting the substitute prog					
				the community to which th			the F	CC or, i	n
	the case of Mexican or Car								
			when your sy	stem carried the substitute	e program. U	se numera	als, wit	th the m	ionth
	first. Example: for May 7 gi						4:		4 - I
	to the nearest five minutes.			ogram was carried by you					itely
	stated as "6:00–6:30 p.m."	. схаттріе. а	a program can	ned by a system norm 0.0	1.15 p.m. to o	.20.30 p.i	1. 5110		
		ter "R" if the	listed program	n was substituted for prog	ramming that	t vour svst	em wa	as requi	red
					5				
				luring the accounting perio	d; enter the l	etter "P" if	the lis	sted pro	ogram
	to delete under FCC rules a was substituted for program	and regulati	ions in effect d						ogram
	to delete under FCC rules	and regulati	ions in effect d						ogram
	to delete under FCC rules a was substituted for program	and regulati	ions in effect d		der FCC rules	and regu	lations	s in	ogram
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulati nming that <u>y</u>	ions in effect d your system w	as permitted to delete und	der FCC rules	and regu	lations	s in E	_
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulati	ions in effect d your system w	as permitted to delete und	der FCC rules WHE CARRI	and regu N SUBST	Iations TTUTI	s in E RED	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulati nming that y UBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	lations	s in E RED	_
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulati	ions in effect d your system w	as permitted to delete und	der FCC rules WHE CARRI	and regu N SUBST	Iations TTUTI	s in E RED	7. REASON FOR
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Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
indifie	Sand Creek Telephone Company		0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transit (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, se	,456.76
	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 1 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. 	\$263,80(
	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 t accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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
			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		
		1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
	FILING FEE AND TOTAL REWITTAINCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #	[
	<u>Important:</u> 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 mo		

Accounting Period:	2021/2		FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: Selephone Company	SYSTEM ID# 0
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the c	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable television broadcast stations . I number of activated channels able system carried television broadcast stations cast services .	7
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	Teresa Sadler Telephone	517-436-3130
	Address	Po Box 66 (Number, street, rural route, apartment, or suite number) Sand Creek, MI,49279 (City, town, state, zip)	
	Email	tsadler@sc-telco.com Fax (optional)	
O Certification	I, the undersign (Owned) (Agen in X (Offic in I have examined)	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space at of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 or line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained here te, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	e B; or system as identified wner of the cable system
		X /s/Harvey F Souders 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: Harvey F Souders	-
		Title: Vice President (Title of official position held in corporation or partnership) Date: 2-11-2021	

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.

ounting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
nd Creek Telephone Company	
 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? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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 Assessmen
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