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
8/18/2021	\$
	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	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20211 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate 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
		ACE TELEPHONE COMPANY OF MICHIGAN, INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		AcenTek
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		207 E CEDAR, PO BOX 360 (Number, street, rural route, apartment, or suite number)
		HOUSTON MN 55943 (City, town, state, zip)
_	INISTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s 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	1	IDENTIFICATION OF CABLE SYSTEM:
	<u> </u>	ACENTEK
		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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	ACE TELEPHONE COMPANY OF MICHIGAN, INC	6309
	Instructions: List each separate community served by the cable system. A "communit	ty" is the same as a "community unit" as defined in FCC rule:
D	"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 list	
	known as the "first community." Please use it as the first community on all future filing	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Area Served	identified city.	
00		
	CITY OR TOWN	STATE
First Community	MESICK	MI MI
Community	ANTIOCH	MI MI
	COLFAX	MI
Rows as Necessary	BOARDMAN	MI
	CLEON	MI
	GARFIELD	MI
	GRANT	MI
	MARILLA	MI
	POLKTON	MI
	SALEM	MI
	MAYFIELD	MI
	SLAGLE	MI
	SPRINGDALE	MI
	BUCKLEY	MI
	OVERSIEL	MI
	WELDON	MI
	ALLENDALE	MI
	COOPERSVILLE	MI
	HOLLAND	MI
	HANOVER	MI
	PARK	MI
	ROBINSON	MI
	ZEELAND	MI
	ORANGE	MI
	SOUTH BOARDMAN	MI
	SOUTH BOARDMAN SPRINGFIELD	MI
	SPRINGFIELD COPEMISH	
		MI
	THOMPSONVILLE	MI
	WEXFORD	MI
	BLENDON	MI
	GEORGETOWN	MI
	OLIVE	MI
		1
		/

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63092

ACE TELEPHONE COMPANY OF MICHIGAN, INC

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.

BLO	OCK 1		BLOCK	(2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,703	35.95			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	20	35.95			
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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		 Motel, hotel 		НВО	16.95
• Pay cable—add'l channel		Commercial		CINEMAX	12.50
Fire protection		• Pay cable		STARZ/ENCORE	12.50
•Burglar protection		 Pay cable-add'l channel 		SHOWTIME	10.99
Installation: Residential		 Fire protection 			
First set		 Burglar protection 			
Additional set(s)		Other services:			
• FM radio (if separate rate)		 Reconnect 			
Converter		Disconnect			
		 Outlet relocation 			
		 Move to new address 			

ACE TELEPHONE COMPANY OF MICHIGAN, INC

63092

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 othe 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 noncommercia 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
WCMV	27	E	CADILLAC MI PBS
WFQX	32	I	CADILLAC MI FOX
WTLJ	54	<u> </u>	GRAND RAPIDS MI
WPBN	7	N	TRAVERSE CITY MI NBC
WGTU	29	N	TRAVERSE CITY MI ABC
WWTV	40	N	TRAVERSE CITY MI CBS
WFQX	32.2	I-M	CADILLAC MI CW
WMNN	26	<u> </u>	CADILLAC MI MINEWS 26
WNMM	26.1	I-M	CADILLAD MI TV12
WMNN	26.2	I-M	CADILLAC MI ANTENNA TV
WPBN	7.3	I-M	TRAVERSE CITY MI COMET
WWMT	3	N	GRAND RAPIDS MI CBS
WOTV	41	N	BATTLE CREEK MI ABC
WGVU	35	E	GRAND RAPIDS MI PBS
WZZM	13	I-M	GRAND RAPIDS MI WEATHER
WOOD	8	N	GRAND RAPIDS MI NBC
WXSP	15	I-M	GRAND RAPIDS MI MY NETWORK
WXMI	17	I	GRAND RAPIDS MI FOX
WWMT	7.2	l	GRAND RAPIDS MI CW
WZZM	13	N	GRAND RAPIDS MI ABC
WXMI	17.2	I-M	GRAND RAPIDS MI ANTENNA TV
WXMI	17.3	I-M	GRAND RAPIDS MI THIS TV
WWMT	3.3	l	GRAND RAPIDS MI COMET
WWTV wzzm	9.3 13.4		CADILLAC MI METV GRAND RAPIDS mi QUEST

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63092

ACE TELEPHONE COMPANY OF MICHIGAN, INC

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

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.

Primary Transmitters: Radio

- 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
						[
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Accounting Perio									
	LEGAL NAME OF OWNER OF	F CABLE SYS	STEM:				FUR	M SA1-2E. PAGE 5 SYSTFM ID#	
Name	ACE TELEPHONE CO	MPANY O	F MICHIGAN	N, INC				63092	
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the program 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g	DMPANY On the property of the	AL STATEME nnetwork televis eriod, under sp st be included i RNING SUBS ur cable system e rest of this page and additional connetwork televis tion and that you or authorization ovies" or "baske dcast live, ente station broadce on's location (toons, if any, the or when your system	NT AND PROGRAM LO sion program, broadcast by ecific present and former F n this log, see page (v) of the side of t	a distant sta CC rules, reg he general ins sis, any nonr s "Yes," you r s wherever po e program") the ded for the pro- neral instruct am titles, for each 'No."	ulations, certuctions network to must com possible, if nat, durin pogrammir ions for for example, censed by entified).	relevision progression progres	stem carried on a ns. For a further SA1-2 form. Tram X NO gram g is ting station ation. or	
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograteffect on October 19, 1976	, tter "R" if the and regulati mming that y	listed program	n was substituted for progr uring the accounting perio	ramming that od; enter the l	your sys etter "P" i	tem was <i>requ</i> if the listed pi	uired	
						N SUBS		7. DE 400N 505	
	<u> </u>	BUBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH		CURRED TIMES	7. REASON FOR DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO		

Accounting Period:	2021/1			FORM S	SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ACE TELEPHONE COMPANY OF MICHIGAN, INC			,	63092				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	system's s tion of how	econdary trans to compute this	mission servi s amount, se					
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 \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.								
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00								
	Line 1. Royalty fee for accounting period				0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add I	ines 1 and 2							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	re than \$137,1	00)	.				
	Base amount under statutory formula	. \$	263,800.00	_					
	2. Enter amount of gross receipts from space K			_					
	3. Subtract line 2 from line 1			_					
	4. Enter the amount of gross receipts from space K								
	5. Enter the amount from line 3				•				
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but l	ess than \$527	,600)					
	Enter the amount of gross receipts from space K	. \$	373,577.02						
		\$	263,800.00	-					
	3. Subtract line 2 from line 1	\$	109,777.02	-					
	4. Multiply line 3 by .01		\$	1,097.77					
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00					
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6 .		\$	2,416.77				
	FILING FEE AND TOTAL REMITTANCE DU	JE							
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	2,416.77					
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,436.77				
	EFT Trace # or TRANSACTION ID #	26	T2FNRO						
	<u>Important:</u> Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the								

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ACE TELEPHONE COMPANY OF MICHIGAN, INC	SYSTEM ID# 63092
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.	
	Enter the total number of channels on which the cable system carried television broadcast stations	25
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	280
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 CYNTHIA SWEET Telephone 507 896 6	211
	Address 207 E CEDAR, PO BOX 360 (Number, street, rural route, apartment, or suite number) HOUSTON MN 55943 (City, town, state, zip)	
	Email csweet@acentek.net Fax (optional)	100000000000000000000000000000000000000
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the call in line 1 of space B. 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)] 	
	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: TODD ROESLER	
	Title: CEO (Title of official position held in corporation or partnership) Date: 08/17/2021	

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Accounting Period: 2021/1 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63092 ACE TELEPHONE COMPANY OF MICHIGAN, INC SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-P lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-Special Statement **Concerning Gross** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Receipts Exclusion** 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 Name Name Mailing Address Mailing Address **INTEREST ASSESSMENT** You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment davs 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 (interest charge) * 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

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ID number

First community served Accounting period