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

STATEMI	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:	
	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	08/12/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YYY/(Period))	
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20211	Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th the subsidiary, not that of the parent corp		liary of another corporation, give the full corp	orate title of
Owner	List any other name or names under which	n the owner conducts the business of th	e cable system.	
	If there were different owners during the a statement of account and royalty fee payn		he last day of the accounting period should sul riod.	bmit a single
	Check here if this is the system's first filing	. If not, enter the system's ID number a	ssigned by the Licensing Division.	63831
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	Computer Techniques, Inc.			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	)	
	MAILING ADDRESS OF OWNER OF			
	1100 N. Sportsman Dr			
	(Number, street, rural route, apartment, or suite n Taylorville, IL 62568	umber)		
	(City, town, state, zip)	ess or trade names used to ider	tify the business and operation of the	system unless these
C	names already appear in space B. In line			-
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM	:		

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.

2

(Number, street, rural route, apartment, or suite number)

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Computer Techniques, Inc.	63831
D	Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated communicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile for	nunities within unincorporated areas and including single, discrete ve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First Community	Taylorville Langleyville	IL IL
<b>,</b>	Hillsboro	IL
dd Rows as Necessary	Nokomis	IL
	Edinburg	IL
	Pana	IL

	LEGAL NAME OF OWNER OF CA	ARI E SYSTEM						FORM SA1	TEM IC
Name	Computer Techniques,							010	6383
Е	SECONDARY TRANSMISSION								
<b>_</b>	In General: The information in s system, that is, the retransmission	•		0		•			
Secondary	about other services (including p								
Fransmission	last day of the accounting period							0	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the n								
Rates	separately for the particular serv		,	0,0			<i>.</i>	sonargea	
	Rate: Give the standard rate of	-	-					-	
	unit in which it is generally billed	· ·	,		iy standai	rd rate variatior	is within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				es of sec	ondarv transmi	ssion servi	ice that cable	
	systems most commonly provide	•		0					
	that applies to your system. Not			-		-			
	categories, that person or entity					• •	•		
	subscriber who pays extra for ca first set" and would be counted o					i în the count u	nder "Servi	ce to the	
	Block 2: If your cable system					service that ar	e different	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	and block. A tw	o- or thre	e-word descrip	ion of the s	service is	
		OCK 1					BLOC	<2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	• Service to first set		772	49.95					
				49.95					
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
								•	
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rate	•	,		•				
•	not covered in space E, that is, t service for a single fee. There a						-		
Services	furnished at cost or (2) services	•	2		•		0.	,	
Other Than	amount of the charge and the ur		usually l	oilled. If any rat	es are ch	arged on a var	iable per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cable	system for ea	ch of the	applicable conv	ices listed		
Rates	Block 2: List any services that			•				t were not	
	listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip	otion and includ	le the rat	e for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RAT
				tion: Non-resi	dential				
	Continuing Services:		<ul> <li>Mote</li> </ul>	el, hotel			Starz/E		19.
	• Pay cable						Showti	ime	
	• Pay cable • Pay cable—add'l channel		• Corr	imercial					19.
	Pay cable     Pay cable—add'l channel     Fire protection		• Corr • Pay	cable			HBO		19.
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>		• Corr • Pay • Pay	cable cable-add'l cha	annel		Cinem	ax	19. 19.
	<ul> <li>Pay cable</li> <li>Pay cable—add'I channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>		• Corr • Pay • Pay • Fire	cable cable-add'l cha protection	annel			ax	19. 19.
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>		• Corr • Pay • Pay • Fire • Burg	cable cable-add'l cha protection llar protection	annel		Cinem	ax	19. 19.
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Com • Pay • Pay • Fire • Burg Other s	cable cable-add'l cha protection llar protection <b>ervices:</b>	annel		Cinem	ax	19. 19.
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Com • Pay • Pay • Fire • Burg <b>Other s</b> • Rec	cable cable-add'l cha protection ar protection ervices: onnect	annel		Cinem	ax	19. 19.
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Com • Pay • Pay • Fire • Burg <b>Other s</b> • Recu • Disc	cable cable-add'l cha protection llar protection <b>ervices:</b>	annel		Cinem	ax	

counting Period: 2	2021/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM IE
-		·		6383
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC ru • 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, WI <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	a during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th )(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations ca- les, regulations, or authorizations: in space G—but do list it in space I (th a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the ne form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network s ing the letter "N" (for network), "N-M" ( "E" (for noncommercial educational), or ms, see page (iv) of the general instru- n of each station. For U.S. stations, list	translator stations and low power televi (1) stations carried only on a part-time the carriage of certain network programs 1(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitue by sour cable system on a substitue as Special Statement and Program Log d both on a substitute basis and also on see page (v) of the general instructions rogram services such as HBO, ESPN, -air designation. For example, report no vision station for broadcasting over the station, an independent station, or a non for network multicast), "I" (for independ or "E-M" (for noncommercial educationa ctions in the paper SA1-2 form. the community to which the station is li- ne community with which the station is i	basis under s [sections s carried on a ute program )—if the some other s. etc. Identify each nultistream air in its community ncommercial ent), "I-M" al multicast). censed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WILL	9.3	E	Urbana, IL
	WILL.5	9.5	E-M	Urbana, IL
dd Rows as Necessary	WCIX	11.3	I-M	Springfield, IL
	WRJK-LP	11.3	I	Arlington Heights, IL
	WICS	15.3	N	Springfield, IL
	WICS.4	15.4	I-M	Springfield, IL
	WICS.5	15.5	I-M	Springfield, IL
	WRSP	16.3	Ν	Springfield, IL
	WRSP.4	16.4	I-M	Springfield, IL
	WRSP.5	16.5	I-M	Springfield, IL
	WAND	20.3	N	Decatur, IL
	WAND.4	20.4	I-M	Decatur, IL
	WBUI	22.3	I	Decatur, IL
	WCIA	34	Ν	Champaign, IL

EGAL NAME OF			YSTEM:					SYSTEM I
Computer Te	echniques,	Inc.						638
	every radio s	tation ca	rried on a separate and discronerally receivable by your cab					н
ipecial Instruct eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: Si Column 3: If ignal, indicate t Column 4: G	tions Concer it is carried by monitoring, to mation abou m. entify the call tate whether t the radio stati this by placing ive the statior	rning All y the sys be recei t the Co sign of e he statio ion's sign g a checl y's location	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. n 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	Copyright Office re t the system's hea system's FM ante his point, see pag ed by the cable s le station is licens	egulations, an adend, and (2) nna, during ce ge (v) of the ge ystem as a se sed by the FCC	FM sign ) it can b ertain sta eneral in parate a	al is generally e expected, ted intervals. structions in the. nd 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							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF C		EM:					SYSTEM ID# 63831
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non	network televis riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-			5			
Special Statement and	During the accounting peri	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televi	<u>sion</u> prograr	n
Program Log	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ust complete	e the progra	m
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re- Do not use general categori "NBA Basketball: 76ers vs. <b>Column 2:</b> If the program <b>Column 3:</b> Give the call s <b>Column 4:</b> Give the broa the case of Mexican or Can <b>Column 5:</b> Give the mon first. Example: for May 7 giv <b>Column 6:</b> State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every nor distant stati gulations, o ies like "mor Bulls." n was broad sign of the s idcast static adian statio adian statio adian statio adian statio es when the Example: a er "R" if the ind regulatio ming that y	m on a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the o when your syst substitute pro program carri- listed program ons in effect du	rows to the tables. sion program ("substitute jur cable system substitutes. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra be community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period	brogram") that d for the prog eral instruction in titles, for ex- lo." m. station is licent station is ident program. Use cable system. 15 p.m. to 6:2 mming that y c enter the let	t, during the ramming of ns for furthe ample, "I Lo nsed by the tified). numerals, List the tim 8:30 p.m. s our system ter "P" if the	e accounting another sta er informatio ove Lucy" or e FCC or, in with the mon hes accurate hould be was <i>require</i> e listed progr	g tion n. hth ely
	s	WHEN SUBSTITUTE CARRIAGE OCCURRED			7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM	TIMES — TO	DELETION
							_	
							_	
							_	
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							_	
						L	—	1

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C Computer Tecl	WNER OF CABLE SYSTEM: nniques, Inc.				SYSTEM ID# 63831
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's and (2) the cable system's and an umber of channels on whic	total numl h the cabl	s on which the cable system carried television br er of activated channels during the accounting p e		15
	on which the	al number of activated channel cable system carried televisio dcast services	n broadca			270
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		RMATION IS NEEDED (Identify an individual to	whom	
for Further Information	Name	Billy Williams			Telephone	217-824-6398
	Address	1100 N Sportsman Dr (Number, street, rural route, apartr Taylorville, IL 62568 (City, town, state, zip)	<b>r</b> nent, or suit	e number)		
	Email	billy.williams@c	ticompute	Fax (op	tional	
•	CERTIFICATION	(This statement of account mu	ist be cer	fied and signed in accordance with Copyright Of	ffice regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check or	ne, <i>but onl</i>	<i>v one</i> , of the boxes.)		
	(Owne	r other than corporation or pa	artnershij	) I am the owner of the cable system as identified i	in line 1 of space E	3; or
	(Agent			rtnership) I am the duly authorized agent of the ov not a corporation or partnership; or	wner of the cable s	ystem as identified
	X (Offic	<b>er or partner)</b> I am an officer (i in line 1 of space B.	f a corpora	tion) or a partner (if a partnership) of the legal entit	ty identified as owr	ner of the cable system
		te, and correct to the best of my	-	lare under penalty of law that all statements of fact le, information, and belief, and are made in good fa		
			X	/s/ Billy Williams		
				lectronic signature on the line above to certify this st ature using an "/s/ signature" (e.g., /s/ John Smith)	tatement.	
		Typed or printed	name:	Billy Williams		
		Title: (Tit	Presid le of official	ent position held in corporation or partnership)		
		Date:		August	t 5, 2021	

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ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:				SA1-2E. PAGI
Name	Computer Techniques, Inc.				638
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a 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 explanat 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.	system's ion of how	secondary transm v to compute this a	ission service amount, see	40,843.00
	IMPORTANT: You must complete a statement in space P concerning gross r	eceipts.		(Amount of	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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	) but less	than \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$1	37,100 O	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that	you must pay for th	is six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
					0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add			-	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LI		,	,	
	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			240,843.00	
	5. Enter the amount from line 3			22,957.00	-
	6. Subtract line 5 from line 4			217,886.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,089.43
	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		\$	1,089.43
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$20	63,800 (b	ut 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			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6	6		
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Foo and					
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		<b>\$</b>	1,089.43	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		<b>\$</b>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,109.43

GAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 8
mouter Techniques Inc	SYSTEM ID
mputer Techniques, Inc.	6383 <sup>-</sup>
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Q 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       \$         -       (interest charge)	
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       \$	
x	
x	
x       days         Line 3       Multiply line 2 by the number of days late and enter the sum here	

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