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 COPYRIGH	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located	1-21-22	\$	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	-

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		Barcode Data Filing Period (optional - see instructions)
T Chioù		
В		Instructions: 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.
	-	1
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Haefele TV Inc
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 312 (Number, street, rural route, apartment, or suite number)
		Spencer, NY 14883-0312 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these as 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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	Spencer
		MAILING ADDRESS OF CABLE SYSTEM:
	2	Same as above
	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 sufficiency of the fling, a determination that would be made by a court of law.

Name			FORM SA1-2E. PA
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: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, dis unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the 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 iden city. First Community SPENCER TOWN NY Citry or town STATE VAN ETTEN VILLAGE NY VAN ETTEN VILLAGE NY VAN ETTEN TOWN NY CAryut A TOWN NY CAryut A TOWN NY VAN ETTEN VILLAGE NY VAN ETTEN TOWN NY CAYUTA TOWN NY BARTON TOWN NY BARTON TOWN NY CATHARINE TOWN NY CANDOR VILLAGE NY CANDOR VILLAG	Name		SYSTEM
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								FORM SA1	-2E. PAGE	
Name		ABLE SYSTEM:						515	168	
	Haefele TV Inc									
Е	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									
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission	last day of the accounting period									
Service: Sub- scribers and	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									
Rates	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 serv									
	Rate: Give the standard rate c unit in which it is generally billed	-	-					-		
	category, but do not include disc				ny stanua		5 within a			
	Block 1: In the left-hand block	in space E, th	e form lis	sts the catego						
	systems most commonly provide									
	that applies to your system. Not categories, that person or entity			-		-				
	subscriber who pays extra for ca						•			
	first set" and would be counted of							e		
	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 a							•		
	sufficient.		-		1					
	BLC	DCK 1 NO. OF					BLOC	K 2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	Residential:		4 000							
	Service to first set		1,266	19.95						
	 Service to additional set(s) FM radio (if separate rate) 		1,755	1.00						
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC						tom'a cor	vises that wars		
F	In General: Space F calls for rat not covered in space E, that is, t	•	,		•					
	service for a single fee. There ar	e two exceptio	ns: you o	do not need to	give rate	information con	cerning (1) services		
Services	furnished at cost or (2) services									
Other Than Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis,									
Transmissions:	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.									
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 services in the form of a brief (two- or three-word) description and include the rate for each.									
	, , , ,	BLO						BLOCK 2		
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT	
	Continuing Services:			tion: Non-res						
	• Pay cable	9.00/14.95	• Mote	el, hotel						
	 Pay cable—add'l channel 		• Com	nmercial						
	Fire protection		• Pay	cable						
	 Burglar protection 		• Pay	cable-add'l ch	annel					
	Installation: Residential			protection						
	• First set	30.00		glar protection						
	Additional set(s)	10.00		ervices:						
	• FM radio (if separate rate)			onnect		30.00				
	• Converter			onnect		40.00				
				et relocation e to new addr		10.00 30.00				

Namo	LEGAL NAME OF OWNER OF	- CABLE SYSTEM:		SYSTEM					
Name	Haefele TV Inc			1					
	PRIMARY TRANSMITTERS:	PRIMARY TRANSMITTERS: TELEVISION							
G Primary ransmitters: 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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> 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 								
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	n case whether the station is a network sta ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th dian stations, if any, give the name of the	or network multicast), "I" (for indepen "E-M" (for noncommercial educatio stions in the paper SA1-2 form. the community to which the station is	endent), "I-M" onal multicast). is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WBNG DT 12-1	8	N	BINGHAMTON, NY					
	WBNG DT 12-2	8	N-M	BINGHAMTON, NY					
Rows as Necessary	WBNG DT 12-3	8	N-M	BINGHAMTON, NY					
	WNBG DT 12-4	8	N-M	BINGHAMTON, NY					
	WNBG DT 12-5	8	N-M	BINGHAMTON, NY					
	WETM DT 18-1	23	N	ELMIRA, NY					
	WETM DT 18-2	23	N-M	ELMIRA, NY					
	WETM DT 18-3	23	N-M	ELMIRA, NY					
	WETM DT 18-4	23	N-M	ELMIRA, NY					
	WCNY DT 24-1	20	E	SYRACUSE, NY					
	WCNY DT 24-2	20	E-M	SYRACUSE, NY					
	WCNY DT 24-3	20	E-M	SYRACUSE, NY					
	WCNY DT 24-4	20	E-M	SYRACUSE, NY					
	WIVT DT 34-1	27	Ν	BINGHAMTON, NY					
	WIVT DT 34-1 WBGH DT 34-2	27 27	N N	BINGHAMTON, NY BINGHAMTON, NY					
	WBGH DT 34-2	27	N	BINGHAMTON, NY					
	WBGH DT 34-2 WIVT DT 34-3	27 27	N N-M	BINGHAMTON, NY BINGHAMTON, NY					
	WBGH DT 34-2 WIVT DT 34-3 WIVT DT 34-4	27 27 27 27	N N-M N-M	BINGHAMTON, NY BINGHAMTON, NY BINGHAMTON, NY					
	WBGH DT 34-2 WIVT DT 34-3 WIVT DT 34-4 WENY DT 36-1	27 27 27 27 35	N N-M N-M N	BINGHAMTON, NY BINGHAMTON, NY BINGHAMTON, NY ELMIRA, NY					
	WBGH DT 34-2 WIVT DT 34-3 WIVT DT 34-4 WENY DT 36-1 WENY DT 36-2	27 27 27 35 35 35	N N-M N-M N N-M	BINGHAMTON, NY BINGHAMTON, NY BINGHAMTON, NY ELMIRA, NY ELMIRA, NY					
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Name		OF CABLE SYSTEM:		SYSTE						
	Haefele TV Inc									
	PRIMARY TRANSMITTERS:	: TELEVISION								
G	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, <i>except</i> (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]									
9										
Primary	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									
ransmitters:		as explained in the next paragraph.								
Television		s: With respect to any distant stations carr rules, regulations, or authorizations:	ied by your cable system on a su	bstitute program						
		ere in space G—but do list it in space I (the	Special Statement and Program	Log)—if the						
	station was carried only o									
		I also in space I, if the station was carried b tion concerning substitute basis stations, se								
		on's call sign. <i>Do not</i> report origination pro								
		ed with a station according to its over-the-a	ir designation. For example, rep	ort multistream						
	"WETA-2" as the same or	n the form. nel number the FCC assigned to the televis	sion station for broadcasting over	the air in its community						
		WRC is channel 4 in Washington, D.C.	sion station for broadcasting over							
		Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial								
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"									
		S	, · · · ·	, ·						
	(for independent multicast	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or " terms, see page (iv) of the general instructi	"E-M" (for noncommercial educat	, ·						
	(for independent multicast For the meaning of these Column 4: Give the locati	i), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction ion of each station. For U.S. stations, list the ion of each station.	"E-M" (for noncommercial educat ions in the paper SA1-2 form. le community to which the station	ional multicast). is licensed by the						
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	(for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WSKG DT 46-2 WSKG DT 46-3 WSKG DT 46-4 WYDC DT 48-1	i), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction of each station. For U.S. stations, list th adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 31 31 31 31 30	"E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station community with which the station and the static and the	ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION BINGHAMTON, NY BINGHAMTON, NY CORNING, NY						
	(for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WSKG DT 46-2 WSKG DT 46-3 WSKG DT 46-4 WYDC DT 48-1 WJKP DT 48-2	i), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 31 31 31 30 30	"E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station community with which the station 3. TYPE OF STATION E-M E-M E-M N N-M	ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION BINGHAMTON, NY BINGHAMTON, NY CORNING, NY CORNING, NY						
	(for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WSKG DT 46-2 WSKG DT 46-3 WSKG DT 46-3 WSKG DT 46-4 WYDC DT 48-1 WJKP DT 48-2 WYDC DT 48-3	i), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 31 31 31 30 30 30	"E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station community with which the station 3. TYPE OF STATION E-M E-M E-M N N-M	ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION BINGHAMTON, NY BINGHAMTON, NY CORNING, NY CORNING, NY CORNING, NY						
	(for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WSKG DT 46-2 WSKG DT 46-3 WSKG DT 46-4 WYDC DT 48-1 WJKP DT 48-2 WYDC DT 48-3 WSPX DT 56-1	i), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 31 31 31 30 30 30 30 36	"E-M" (for noncommercial educations in the paper SA1-2 form. The community to which the station community with which the station of the static of the static of the state of	ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION BINGHAMTON, NY BINGHAMTON, NY CORNING, NY CORNING, NY CORNING, NY CORNING, NY CORNING, NY						
	(for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN WSKG DT 46-2 WSKG DT 46-3 WSKG DT 46-3 WSKG DT 46-4 WYDC DT 48-1 WJKP DT 48-2 WYDC DT 48-3 WSPX DT 56-1 WSPX DT 56-2	i), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 31 31 31 30 30 30 36 36	"E-M" (for noncommercial educations in the paper SA1-2 form. te community to which the station community with which the station of the state of	ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION BINGHAMTON, NY BINGHAMTON, NY CORNING, NY CORNING, NY CORNING, NY SYRACUSE, NY SYRACUSE, NY						

Accounting P			VOTEM				FOR	M SA1-2E. PAGE 4.
LEGAL NAME OF		CABLE S	YSTEM:					SYSTEM ID#
Haefele TV I	nc							1686
	t every radio s	tation ca	rried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio state this by placing Sive the station	y the sys be recein the Co sign of the he static ion's sig g a chec n's locati	I-Band FM Carriage: Under (tem 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	at the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during ca ge (v) of the g system as a se sed by the FC) it can b ertain sta eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters: Radio
		T	the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
NA								
							+	

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5	
N	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Name	Haefele TV Inc							1686	
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	T AND PROGRAM LOG					
Substitute	In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special		-			s. anv nonne	work telev	ision prograr	n	
Statement and Program Log									
Program Log	oroadcast by a distant station? YES X NO NO Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	-	", leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ist complet	e the progra	m	
	log in block 2. 2. LOG OF SUBSTITUTE		MS						
	In General: List each subs			te line. Use abbreviations v	wherever pos	sible, if the	ir meaning is	5	
	clear. If you need more spa	ice, please a	add additional i	ows to the tables.			-		
				sion program ("substitute p					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general categor								
	"NBA Basketball: 76ers vs.	Bulls."		r "Yes." Otherwise enter "N		• •	,		
				sting the substitute progra					
	Column 4: Give the broat the case of Mexican or Car			e community to which the			e FCC or, in		
				tem carried the substitute p			with the mo	nth	
	first. Example: for May 7 given the first of		, ,	·	5	,			
				gram was carried by your o				ely	
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. s	should be		
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d	
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	e listed prog		
	was substituted for program	• •	/our system wa	s permitted to delete unde	r FCC rules a	ind regulati	ons in		
	effect on October 19, 1976	•							
	5	UBSTITUT	E PROGRAM			N SUBST		7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. ⁻ FROM	TIMES — TO	DELETION	
							-		
							_		
							_		
		+							
1							<u>-</u>		

-		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Haefele TV Inc	SYSTEM ID#
		1686
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	nission service
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 \$ 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.	263,800
-	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 accounting period is \$52.00	this 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
	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 \$ 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	
	o. Interest charge. Linter the amount nom line 4, space Q, page 0	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 \$ 371,143.51	
	2. Base amount under statutory formula	-
	3. Subtract line 2 from line 1	-
	4. Multiply line 3 by .01	1,073.44
	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	<u> </u>
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
		\$ 2,392.44
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2,392.44
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	\$ 2,412.44
	EFT Trace # or TRANSACTION ID #]
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m	

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWN Haefele TV Inc	NER OF CABLE SYSTEM:			SYSTEM ID# 1686
M Channels	CHANNELS Instructions: You to its subscribers, a 1. Enter the total nu system carried to	34			
	on which the cat	umber of activated chann ole system carried televis ist services			81
N Individual to Be Contacted		E CONTACTED IF FURT out this statement of acco	THER INFORMATION IS NEEDED (Iden punt.)	ntify an individual to whom	
for Further Information	Address 2	ee Haefele 4 E Tioga St PO B umber, street, rural route, apar	ox 312 rtment, or suite number)	Telephone 607-5	89-6235
		pencer, NY 14883 ity, town, state, zip) htv@htva.net		Fax (optional <u>607-589-7211</u>	
O Certification	I, the undersigned, h (Owner of (Agent of in l X (Officer of in l I have examined the	hereby certify that (Check of ther than corporation or owner other than corpor ine 1 of space B and that t or partner) I am an officer ine 1 of space B. e statement of account and and correct to the best of r	ration or partnership) I am the duly auth the owner is not a corporation or partnersh (if a corporation) or a partner (if a partner d hereby declare under penalty of law that my knowledge, information, and belief, and X /s/ Lee Haefele Enter an electronic signature on the line Enter signature using an "/s/ signature" (system as identified in line 1 of space B; or orized agent of the owner of the cable system as nip; or "ship) of the legal entity identified as owner of the all statements of fact contained herein d are made in good faith.	
		Date:	Title of official position held in corporation or part	1/21/22	

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 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
efele TV Inc	1680
 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 sub scribers 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 YES. Enter the total here and list the satellite carrier(s) below	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
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
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	Interest Assessment
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	Interest Assessment
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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	Interest Assessment

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Cable Worksheet		Total amount of Number of SAs rec'd remittance				
			Date of remittance	Check	□ FILING FEES	
Cable ID #					Amount Initials	
Examined by		Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	□Janua	ry 1 - June 30, 2017]July 1 - December 31, 2017		
	Letter	sent		Information received		
	Accep	ted		Phone call/Date/Contact		
Space B Owner						
	Letter	sent		Information received		
	Accep	ted		Phone call/Date/Contact		
Space D Area Served						
	Letter	sent		Information received		
	Accep	ted		Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	Letter	sent		Information received		
and Rates	Accep	ted]Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	Letter	sent	E	Information received		
	Accep	ted	C	Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio	Accep	ted	C	Phone call/Date/Contact		

		Space I Substitute Carriage
Letter sent		
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
⊡Letter sent	☐ Information received	(SA3 only)
	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	□ Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□Info/add'l fee received	
Accepted	Phone call/Date/Contact	