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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:				
-	ary Transmissions by	DATE RECEIVED	AMOUNT	_				
Cable Syste	ems (Short Form) uctions are located	02/01/2022	\$	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at:				
in the first tab	o of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150				
A	ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (Y	'YYY/(Period))					
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optiona	I - see instructions)					
Accounting Period								
В	Instructions: Give the full legal name of the owne title of the subsidiary, not that of the		sidiary of another corporation, give the full	corporate				
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/MA	ILING ADDRESS OF CABLE SYSTEM	Λ					
	CABLE & CELLULAR COMMUNICATIONS, LLC							
	BUSINESS NAME(S) OF OWNE	R OF CABLE SYSTEM (IF DIFFEREN	Τ)					
	MAILING ADDRESS OF OWNER	R OF CABLE SYSTEM						
	P.O. BOX 280 (Number, street, rural route, apartment, or suite number)							
	CIRCLE, MT 59215 (City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any line and a line already appear in space B. In		,	2				
System	IDENTIFICATION OF CABLE SYSTE							
-	1							
	MAILING ADDRESS OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYS	STEM:						
	MAILING ADDRESS OF CABLE SYS							

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM				
Name	CABLE & CELLULAR COMMUNICATIONS, LLC	621				
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 "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the					
Area Served	identified city.					
First	CITY OR TOWN MILES CITY	STATE MT				
First Community	MILES CITT	M I				
-						
Add Rows as Necessary						

									-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	CABLE & CELLULAR COMMUNICATIONS, LLC								6213 [,]
_	SECONDARY TRANSMISSION		IBSCR	BERS AND R	ATES				
E	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								
Secondary Transmission							those exist	ting on the	
Service: Sub-									
scribers and	down by categories of secondar	•							
Rates	each category by counting the n	•	, ,	0,0			0	charged	
	separately for the particular serv					•	,		
	Rate: Give the standard rate of unit in which it is generally billed	-	-					-	
	category, but do not include disc	· ·		,			is within a		
	Block 1: In the left-hand block					ondary transmi	ssion servi	ce that cable	
	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								
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t	iers of services	s that ir	nclude one or m	ore secon	dary transmissi	ons), list th	em, together	
	with the number of subscribers a	and rates, in the	e right-	hand block. A t	wo- or thre	e-word descrip	tion of the s	service is	
	sufficient.	DCK 1					BLOCK	()	
		NO. OF					DLOON	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		1,382	43.95					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel		93	12.80					
	Commercial]
	Converter								
	Residential								
	 Non-residential]
									<u>r</u>
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SSIONS: RATE	S				
F	In General: Space F calls for ra		,		-				
•	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								
Services	furnished at cost or (2) services				0		0.	,	
Other Than	amount of the charge and the ur	nit in which it is	usually	y billed. If any ra	ates are cl	harged on a var	iable per-p	rogram basis,	
Secondary	enter only the letters "PP" in the rate column.								
Fransmissions: Rates									
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.								
	BLOCK 1								
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res			UATEO		
	• Pay cable			otel, hotel			сноіс	E	####
	• Pay cable—add'l channel			ommercial			ULTIM		####
	• Fire protection			y cable				/ENCORE	17.95
	•Burglar protection			y cable-add'l ch	nannel				19.95
	Installation: Residential			e protection			НВО		23.95
	• First set	25.00		rglar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		25.00			1
	Converter			sconnect		_0.00			
	Convertor		• ∩						1
				itlet relocation	ess	25.00			

	· ·							
Name				SYSTEM ID# 62131				
	CABLE & CELLULAR COMMUNICATIONS, LLC							
G Primary ansmitters: elevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an Substitute Basis Stations 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 informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination per d with a station according to its over-the-	(1) stations carried only on a part the carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep- vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections rations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each boort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	КНМТ	22	N	Billings, MT				
	KSVI	18	N	Billings, MT				
as Necessary	KTVQ	10	N	Billings, MT				
Necessary	KTVQ KUSM	10 8	N E	Billings, MT Bozeman, MT				
Necessary	KTVQ KUSM KULR	10 8 11	N E N	Billings, MT Bozeman, MT Billings, MT				
ecessary	KTVQ KUSM	10 8	N E	Billings, MT Bozeman, MT				
Necessary	KTVQ KUSM KULR	10 8 11	N E N	Billings, MT Bozeman, MT Billings, MT				
Necessary	KTVQ KUSM KULR KTVQ-CW	10 8 11 10	N E N N-M	Billings, MT Bozeman, MT Billings, MT Billings, MT				
Necessary	KTVQ KUSM KULR KTVQ-CW KTGF-ME.TV	10 8 11 10 14	N E N N-M N-M	Billings, MT Bozeman, MT Billings, MT Billings, MT Great Falls, MT				
Necessary	KTVQ KUSM KULR KTVQ-CW KTGF-ME.TV KTVQ-HD	10 8 11 10 14 10	N E N N-M N-M N	Billings, MT Bozeman, MT Billings, MT Billings, MT Great Falls, MT Billings, MT				
Necessary	KTVQ KUSM KULR KTVQ-CW KTGF-ME.TV KTVQ-HD KULR-HD	10 8 11 10 14 10 11	N E N N-M N-M N N N	Billings, MT Bozeman, MT Billings, MT Billings, MT Great Falls, MT Billings, MT Billings, MT				
Necessary	KTVQ KUSM KULR KTVQ-CW KTGF-ME.TV KTVQ-HD KULR-HD KHMT-HD	10 8 11 10 14 10 11 22	N E N N-M N-M N N N N N	Billings, MT Bozeman, MT Billings, MT Billings, MT Great Falls, MT Billings, MT				
Necessary	KTVQ KUSM KULR KTVQ-CW KTGF-ME.TV KTVQ-HD KULR-HD KHMT-HD KSVI-HD	10 8 11 10 10 14 10 11 22 18	N E N N-M N-M N N N N N N	Billings, MT Bozeman, MT Billings, MT Billings, MT Great Falls, MT Billings, MT				
as Necessary	KTVQ KUSM KULR KTVQ-CW KTGF-ME.TV KTVQ-HD KULR-HD KULR-HD KSVI-HD KUSM-HD	10 8 11 10 14 10 14 10 11 22 18 8	N E N N-M N-M N N N N N N N N E	Billings, MT Bozeman, MT Billings, MT Billings, MT Great Falls, MT Billings, MT				
as Necessary	KTVQ KUSM KULR KTVQ-CW KTGF-ME.TV KTVQ-HD KULR-HD KULR-HD KSVI-HD KUSM-HD	10 8 11 10 14 10 14 10 11 22 18 8	N E N N-M N-M N N N N N N N N E	Billings, MT Bozeman, MT Billings, MT Billings, MT Great Falls, MT Billings, MT				
as Necessary	KTVQ KUSM KULR KTVQ-CW KTGF-ME.TV KTVQ-HD KULR-HD KULR-HD KSVI-HD KUSM-HD	10 8 11 10 14 10 14 10 11 22 18 8	N E N N-M N-M N N N N N N N N E	Billings, MT Bozeman, MT Billings, MT Billings, MT Great Falls, MT Billings, MT				
as Necessary	KTVQ KUSM KULR KTVQ-CW KTGF-ME.TV KTVQ-HD KULR-HD KULR-HD KSVI-HD KUSM-HD	10 8 11 10 14 10 14 10 11 22 18 8	N E N N-M N-M N N N N N N N N E	Billings, MT Bozeman, MT Billings, MT Billings, MT Great Falls, MT Billings, MT				
as Necessary	KTVQ KUSM KULR KTVQ-CW KTGF-ME.TV KTVQ-HD KULR-HD KULR-HD KSVI-HD KUSM-HD	10 8 11 10 14 10 14 10 11 22 18 8	N E N N-M N-M N N N N N N N N E	Billings, MT Bozeman, MT Billings, MT Billings, MT Great Falls, MT Billings, MT				
as Necessary	KTVQ KUSM KULR KTVQ-CW KTGF-ME.TV KTVQ-HD KULR-HD KULR-HD KSVI-HD KUSM-HD	10 8 11 10 14 10 14 10 11 22 18 8	N E N N-M N-M N N N N N N N N E	Billings, MT Bozeman, MT Billings, MT Billings, MT Great Falls, MT Billings, MT				
as Necessary	KTVQ KUSM KULR KTVQ-CW KTGF-ME.TV KTVQ-HD KULR-HD KULR-HD KSVI-HD KUSM-HD	10 8 11 10 14 10 14 10 11 22 18 8	N E N N-M N-M N N N N N N N N E	Billings, MT Bozeman, MT Billings, MT Billings, MT Great Falls, MT Billings, MT				
s as Necessary	KTVQ KUSM KULR KTVQ-CW KTGF-ME.TV KTVQ-HD KULR-HD KULR-HD KSVI-HD KUSM-HD	10 8 11 10 14 10 14 10 11 22 18 8	N E N N-M N-M N N N N N N N N E	Billings, MT Bozeman, MT Billings, MT Billings, MT Great Falls, MT Billings, MT				
ws as Necessary	KTVQ KUSM KULR KTVQ-CW KTGF-ME.TV KTVQ-HD KULR-HD KULR-HD KSVI-HD KUSM-HD	10 8 11 10 14 10 14 10 11 22 18 8	N E N N-M N-M N N N N N N N N E	Billings, MT Bozeman, MT Billings, MT Billings, MT Great Falls, MT Billings, MT				

EGAL NAME O			JNICATIONS, LLC					SYSTEM I 621
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of or detailed infr aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Sive the statior	y the sys be recei It the Co sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	the system's he system's FM ante his point, see page ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ir eparate a	be expected, ated intervals. hstructions in the. and discrete	Primary Transmitters Radio
		1						
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Ŭ	d: 2021/2						FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CABLE & CELLULAR	COMMUN	NICATIONS,	LLC				62131
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programn	ify every no	nnetwork telev period, under sp	<i>ision program,</i> broadcast by becific present and former F	/ a <i>distant</i> stat	ulations, or	r authorization	ns. For a further
Carriage:	1. SPECIAL STATEMEN				<u></u>			
Special	 During the accounting per 	-			isis, any nonn	etwork tel	evision prog	ram
Statement and Program Log	broadcast by a distant sta		,			[YES	× NO
r rogram 20g	,		root of this no	an blank. If your anowar i	- "Voo " vou r	unt comm	-	
	Note: If your answer is "No	, leave the	e rest of this pa	ige blank. If your answer is	s res, your	nust comp	nete the prog	Iram
	log in block 2. 2. LOG OF SUBSTITUT		AMS					
	In General: List each subs			ate line. Use abbreviation	s wherever po	ossible, if t	their meaning	g is
	clear. If you need more spa				II) (1			•
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re							
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for e	xample, "	I Love Lucy"	or
	"NBA Basketball: 76ers vs. Column 2: If the program		idcast live ent	er "Yes." Otherwise enter	"No "			
				asting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car Column 5: Give the more			stem carried the substitute			lls with the n	nonth
	first. Example: for May 7 gi		when your by		s program. Ot			
				ogram was carried by you				ately
	to the nearest five minutes stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.n	n. should be	
		er "R" if the	e listed prograr	n was substituted for prog	ramming that	your syste	em was <i>requ</i>	ired
	to delete under FCC rules							ogram
	was substituted for prograr effect on October 19, 1976	•	your system w	as permitted to delete und	ier FCC rules	and regul	lations in	
		•						1
	S	UBSTITUT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S					
		res or ino	CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	
			CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES	

Accounting Period:	2021/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Manie	CABLE & CELLULAR COMMUNICATIONS, LLC	62131
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 trans (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
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	or this six-montl
	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	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	7,600)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	1,126.32
	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	\$ 2,445.32
	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)	2,445.32
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	\$ 2,465.32
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informa	

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: ULAR COMMUNICATIO	S, LLC		SYSTEM ID# 62131
M Channels	 to its subscribers, Enter the total r system carried to Enter the total r on which the cata 	and (2) the cable system's number of channels on whic elevision broadcast stations number of activated channe ble system carried television	; broadcast stations	ounting period.	13
	and nonbroadca	st services		······	
N Individual to Be Contacted		BE CONTACTED IF FURTH pout this statement of accou	ER INFORMATION IS NEEDED (Identify an indiv t.)	vidual to whom	
for Further Information	Name	Annie Edwards		Telephone 406	6-485-3301
		P.O. Box 280 (Number, street, rural route, apar Circle, MT 59215 (City, town, state, zip)	nent, or suite number)		
	Email	mrtcreg@midr	rers.coop	Fax (optional)	
O Certification	I, the undersigned (Owner (Agent of in lir X (Office in lir I have examined filter	d, hereby certify that (Check other than corporation or p of owner other than corpor the 1 of space B and that the r or partner) I am an officer the statement of account and and correct to the best of m in 1001(1986)]		identified in line 1 of space B; or nt of the owner of the cable syste e legal entity identified as owner of ents of fact contained herein in good faith.	em as identified
		Title: (Title of d	President ficial position held in corporation or partnership)		
		Date:		01/25/2022	

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 fing, a determination that would be made by a court of law.

counting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ABLE & CELLULAR COMMUNICATIONS, LLC	6213 [,]
 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	
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
xLine 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 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	
* 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@loc.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	
ID number First community served Accounting period	

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 th 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.