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

STATEME	NT	OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form) General instructions are located in the first tab of this workbook			DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
			\$ 2-28-22 ALLOCATION NUMBER		For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y)	(YY/(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 owner of th the subsidiary, not that of the parent corpo		diary of another corporation, give the full corp	porate title of
Owner		List any other name or names under which	the owner conducts the business of th	he cable system.	
		If there were different owners during the a statement of account and royalty fee paym		he last day of the accounting period should suriod.	-
		Check here if this is the system's first filing	. If not, enter the system's ID number	assigned by the Licensing Division.	62458
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		Pioneer Telephone Cooperative, Inc			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		PO Box 539 (Number, street, rural route, apartment, or suite n	imber)		
		Kingfisher, OK 73750 (City, town, state, zip)			
С				ntify the business and operation of the e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:		·	-
	<u> </u>	MAILING ADDRESS OF CABLE SYSTEM			
	2	(Number, street, rural route, apartment, or suite n	umber)		

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.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Pioneer Telephone Cooperative, Inc.	6245
D	Instructions: List each separate community served by the cable system. A "communi separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings.	ty" is the same as a "community unit" as defined in FCC rules: "a nunities within unincorporated areas and including single, discret rve as a form of system identification hereafter known as the "firs
_	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the identifie
Area Served	city.	
	CITY OR TOWN	STATE
First	Temple	OK
Community	Chattanooga	OK
	Comanche	OK
dd Rows as Necessary	Davidson	OK
	Frederick	OK
	Grandfield	OK
	Hastings	OK
	Loco	ОК
	Manitou	OK
	Tipton	OK

									-2E. PAGE	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								TEM ID 6245	
	Pioneer Telephone Cooperative, Inc.									
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	BERS AND R	ATES					
Е		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	system, that is, the retransmission about other services (including p									
Transmission	(51	ast day of the accounting period (June 30 or December 31, as the case may be).								
Service: Sub-	Number of Subscribers: Both						ole system	, broken		
scribers and	down by categories of secondary									
Rates	each category by counting the ne separately for the particular serv		,	0,0				charged		
	Rate: Give the standard rate c							ge and the		
	unit in which it is generally billed									
	category, but do not include disc									
	Block 1: In the left-hand block systems most commonly provide	•		0						
	that applies to your system. Not									
	categories, that person or entity			-		-				
						in the count un	der "Servie	ce to the		
	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, t	-		•						
	with the number of subscribers a									
	sufficient.						51.0.01			
	BLC	OCK 1 NO. OF					BLOCK	NO. OF	1	
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CATE	GORY OF SEF	RVICE	SUBSCRIBERS	RATE	
	Residential:				_	. <u>.</u>				
	 Service to first set 		19	29.95-90.95	Essenti			352	86.9	
	Service to additional set(s)				Comple	ete		319	96.9	
	• FM radio (if separate rate)									
	Motel, hotel		1	96.95						
	Commercial		4	96.95						
	Converter Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s					
E	In General: Space F calls for rat		'		•					
F	not covered in space E, that is, t service for a single fee. There ar					-				
Services	furnished at cost or (2) services	•			•		• • • •			
Other Than	amount of the charge and the ur	nit in which it is								
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, enter only the letters "PP" in the rate column.									
Transmissions:	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									
	listed in block 1 and for which a	brief (two- or three-word) description and include the rate for each.								
			le the r		ished. List	these other serv				
		otion and includ			Ished. List	these other serv		BLOCK 2		
	brief (two- or three-word) descrip		CK 1			RATE		BLOCK 2 DRY OF SERVICE	RATE	
		otion and includ BLO	CK 1 CATEO	ate for each.	VICE				RATE	
	brief (two- or three-word) descrip CATEGORY OF SERVICE	otion and includ BLO	CK 1 CATE(Install	ate for each. GORY OF SER	VICE				RATE	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	otion and includ BLO	CK 1 CATEO Install • Mo	ate for each. GORY OF SER ation: Non-res	VICE				RATE	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	otion and includ BLO	CK 1 CATEO Install • Mo • Co	ate for each. GORY OF SER ation: Non-res	VICE				RATE	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	otion and includ BLO	CK 1 CATEC Install • Mc • Co • Pa	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial	VICE				RATE	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	otion and includ BLO	CK 1 CATEO Install • Mo • Co • Pa • Pa	ate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable	VICE				RATE	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	otion and includ BLO	CK 1 CATEO Install • Mo • Co • Pa • Pa • Fin	ate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l c	WICE sidential				RATE	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOC RATE	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu	ate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection	WICE sidential				RATE	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC RATE	CK 1 CATE(Install • Mo • Co • Pa • Pa • Fin • Bu Other	ate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable y cable-add'l cl e protection rglar protectior	WICE sidential				RATE	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE	CK 1 CATEC Install • Mc • Co • Pa • Pa • Fin • Bu Other • Re	ate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection rglar protectior services: connect	VICE sidential	RATE			RATE	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOC RATE	CK 1 CATEC Install • Mc • Co • Pa • Pa • Fin • Bu Other • Re • Dis	ate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection rglar protectior services: connect	VICE sidential	RATE			RATE	

ng Period: 2	2021/2			FORM SA1-2E. PAGE				
ame	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
	Pioneer Telephone Co	•		6245				
G imary smitters: evision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rule • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station' multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by enteri (for independent multicast), For the meaning of these ter Column 4: Give the location	so in space I, if the station was carried concerning substitute basis stations, s call sign. <i>Do not</i> report origination pr with a station according to its over-the-	(1) stations carried only on a part-tin e carriage of certain network program I(e)(2) and (4))]; and (2) certain stati- rried by your cable system on a sub- e Special Statement and Program L both on a substitute basis and also see page (v) of the general instruction rogram services such as HBO, ESPI -air designation. For example, repor- vision station for broadcasting over t station, an independent station, or a li- for network multicast), "I" (for indepen- r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station is	ne basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" onal multicast). s licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KFDX	26	N	Wichita Falls,				
	KFDXDT3 Antenna	3.4	N-M	Wichita Falls,				
s as Necessary	KFDXDT3 LAFF	4.3	N-M	Wichita Falls,				
	KAUZ	22	N	Wichita Falls,				
	KAUZDT2 CW	6.2	N-M	Wichita Falls,				
	KAUZDT3 Circle	6.3	N-M	Wichita Falls,				
	KJTL	15	I	Wichita Falls,				
	KJTLDT2 Grit	18.2	I-M	Wichita Falls,				
	KJTLDT3 Bounce	18.3						
		10.0	I-M	Wichita Falls,				
	KSWO	11	I-M N	Wichita Falls, Wichita Falls,				
	KSWO KSWODT2 Telemundo							
		11	N	Wichita Falls,				
	KSWODT2 Telemundo	11 7.2	N N-M	Wichita Falls, Wichita Falls,				
	KSWODT2 Telemundo KSWODT3 MeTV	11 7.2 7.3	N N-M N-M	Wichita Falls, Wichita Falls, Wichita Falls,				
	KSWODT2 Telemundo KSWODT3 MeTV KSWODT4 Dabi	11 7.2 7.3 7.4	N N-M N-M N-M	Wichita Falls, Wichita Falls, Wichita Falls, Wichita Falls,				
	KSWODT2 Telemundo KSWODT3 MeTV KSWODT4 Dabi KETA-PBS	11 7.2 7.3 7.4 13	N N-M N-M E	Wichita Falls, Wichita Falls, Wichita Falls, Wichita Falls, Oklahoma City				
	KSWODT2 Telemundo KSWODT3 MeTV KSWODT4 Dabi KETA-PBS KFOR	11 7.2 7.3 7.4 13 27	N N-M N-M E	Wichita Falls, Wichita Falls, Wichita Falls, Wichita Falls, Oklahoma City Oklahoma City				
	KSWODT2 Telemundo KSWODT3 MeTV KSWODT4 Dabi KETA-PBS KFOR	11 7.2 7.3 7.4 13 27	N N-M N-M E	Wichita Falls, Wichita Falls, Wichita Falls, Wichita Falls, Oklahoma City Oklahoma City				
	KSWODT2 Telemundo KSWODT3 MeTV KSWODT4 Dabi KETA-PBS KFOR	11 7.2 7.3 7.4 13 27	N N-M N-M E	Wichita Falls, Wichita Falls, Wichita Falls, Wichita Falls, Oklahoma City Oklahoma City				
	KSWODT2 Telemundo KSWODT3 MeTV KSWODT4 Dabi KETA-PBS KFOR	11 7.2 7.3 7.4 13 27	N N-M N-M E	Wichita Falls, Wichita Falls, Wichita Falls, Wichita Falls, Oklahoma City Oklahoma City				

	OWNER OF (SYSTEM ID
Pioneer Tele	phone Co	operati	ve, Inc.					624
	every radio s	tation ca	rried on a separate and discre					Н
Special Instruct eceivable if (1) on the basis of r For detailed infor paper SA1-2 for Column 1: Id Column 2: Si Column 3: If ignal, indicate to Column 4: G	tions Concernities carried by monitoring, to mation about m. entify the call tate whether the radio state the radio state this by placing ive the station	rning All y the sys be recei t the Co sign of e he statio ion's sign g a checl n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	copyright Office re t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	egulations, an adend, and (2) nna, during ce ge (v) of the ge ystem as a se red by the FCC	FM sigr) it can b ertain sta eneral ir parate a	al is generally be expected, ated intervals. Istructions in the.	Primary Transmitters: Radio
		ľ	the community with which the			0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Period	d: 2021/2							ORM SA1-2E. PAGE 5	
Name	LEGAL NAME OF OWNER OF							SYSTEM ID	
Name	Pioneer Telephone Cooperative, Inc.							62458	
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm	a <i>distant</i> static CC rules, regula	ations, or au	Ithorization	ns. For a further				
Carriage:	1. SPECIAL STATEMENT				ie general mear		<u>o papo. o.</u>		
Special					sis, any nonne	twork telev	ision prog	ram	
Statement and Program Log	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? YES X NO								
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	log in block 2. 2. LOG OF SUBSTITUTE								
	clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes.	of every nor distant statio gulations, or ies like "mov Bulls." n was broad sign of the s adcast statio adian station th and day v re "5/7." es when the	nnetwork televi on and that you r authorizations vies" or "baske loast live, enter station broadca n's location (th ns, if any, the o when your syst substitute pro	ision program ("substitute ur cable system substitut s. See page (v) of the ger tball." List specific progra r "Yes." Otherwise enter ' asting the substitute progra the community to which the community with which the tem carried the substitute gram was carried by your	ed for the prog neral instructio am titles, for ex 'No." e station is lice e station is ider program. Use r cable system	ramming o ns for furth- ample, "I L ensed by the ntified). e numerals, . List the tir	f another er informa ove Lucy" e FCC or, with the r nes accur	station ation. or in month rately	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program	er "R" if the I and regulatio	listed program	was substituted for progr ring the accounting perio	ramming that y d; enter the let	ter "P" if th	e listed pr		
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the I and regulatio nming that yo	listed program ons in effect du our system wa	was substituted for progr ring the accounting perio s permitted to delete und	ramming that y d; enter the let ler FCC rules a	ter "P" if the and regulati	e listed pr ons in ITUTE	ogram	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the I and regulatio nming that yo	listed program	was substituted for progr ring the accounting perio s permitted to delete und	ramming that y d; enter the let ler FCC rules a WHE CARR 5. MONTH	ter "P" if the and regulati	e listed pr ons in ITUTE	7. REASON FOI DELETION	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the I and regulatio nming that yo BUBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	was substituted for progr ring the accounting perio s permitted to delete und	ramming that y d; enter the let ler FCC rules a WHE CARR 5. MONTH	ter "P" if the and regulati	e listed pr ons in ITUTE URRED TIMES	7. REASON FO DELETION	
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	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the I and regulatio nming that yo BUBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	was substituted for progr ring the accounting perio s permitted to delete und	ramming that y d; enter the let ler FCC rules a WHE CARR 5. MONTH	ter "P" if the and regulati	e listed pr ons in ITUTE URRED TIMES	7. REASON FOF	

Accounting Period:	2021/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Pioneer Telephone Cooperative, Inc.	62458
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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.	ission service
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 but less than or equal to \$2 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 t accounting period is \$52.00	his 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 \$137,1	00)
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	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 \$ 319,679.40	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	558.79
	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	\$ 1,877.79
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,877.79
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	\$ 1,897.79
	EFT Trace # or TRANSACTION ID # 55960000	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m	

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		NER OF CABLE SYSTEM: ne Cooperative, Inc.			SYSTEM ID# 62458
M Channels	to its subscribers, 1. Enter the total r system carried	and (2) the cable system's number of channels on which	S	accounting period.	16
		able system carried televisio			268
N Individual to Be Contacted		BE CONTACTED IF FURTH pout this statement of accou	IER INFORMATION IS NEEDED (Identify an i nt.)	ndividual to whom	
for Further Information	Name	Debble Parks		Telephone	405-375-0758
		PO Box 539 Number, street, rural route, apartr Kingfisher, OK 7375(City, town, state, zip)	•		
	Email	daparks@ptci.c	om	Fax (optional	
0	CERTIFICATION (T	his statement of account mu	ust be certified and signed in accordance with (Copyright Office regulations)	
Certification			ne, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system a	as identified in line 1 of space E	3; or
	in X (Officer	line 1 of space B and that the	tion or partnership) I am the duly authorized ag e owner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of t		-
	I have examined the	ne statement of account and h , and correct to the best of m	nereby declare under penalty of law that all stater y knowledge, information, and belief, and are ma		
			Х		
			Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/		
		Typed or printed	name: Richard Ruhl		
		Title: (Tit	General Manager le of official position held in corporation or partnership)		
		Date:		2/28/2022	

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

unting Period: 2021/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
neer Telephone Cooperative, Inc.	6245
 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? X NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
Line 1 Enter the amount of late payment or underpayment	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	
* 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	
ID number	

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.

C	Cal Woi	ble rksheet	Total amount of remittance	d Initials	
			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	Γ	Phone call/Date/Contact	

		Space I Substitute Carriage
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log (SA3 only)
☑Letter sent	□Information received	(SAS ONY)
Accepted	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	
	Phone call/Date/Contact	