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                             |          | OF ACCOUNT  | FOR COPYRIG                            | HT OFFICE USE ONLY   | Return completed workbook by email to:  |
|------------------------------------|----------|---|--|--|---|
|                                    |          | ansmissions by                                      | DATE RECEIVED                          | AMOUNT   | -   |
| Cable Syste                        | -        | -   | DATE RECEIVED                          | AMOONT   | <u>coplicsoa@copyright.gov</u>  |
| General instru<br>in the first tab | ctions   | are located   | 2/24/22                                | \$ ALLOCATION NUMBER   | For additional information,<br>contact the U.S. Copyright<br>Office Licensing Division at:<br>Tel: (202) 707-8150 |
| Α                                  | ACCO     | DUNTING PERIOD COVERED                              | BY THIS STATEMENT: ()                  | /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<br>Period               |          |   |  |  |   |
|                                    |          | Instructions:                                       |  |  |   |
|                                    |          | Give the full legal name of the owner of t          |  | osidiary of another corporation, give the full o                             | corporate   |
| B                                  |          | title of the subsidiary, not that of the pare       | ent corporation.                       |  |   |
| Owner                              |          | List any other name or names under whic             | h the owner conducts the business o    | f the cable system.  |   |
|                                    |          | If there were different owners during the           | accounting period, only the owner of   | n the last day of the accounting period should                               | d submit a  |
|                                    |          | single statement of account and royalty for         | ee payment covering the entire accou   | inting period.   |   |
|                                    |          | Check here if this is the system's first filin      | g. If not, enter the system's ID numbe | er assigned by the Licensing Division.                                       | 63345   |
|                                    |          |   |  |  |   |
|                                    |          | LEGAL NAME OF OWNER/MAILIN                          | G ADDRESS OF CABLE SYSTE               | M  |   |
|                                    |          | HTC Communications Co.                              |  |  |   |
|                                    |          | BUSINESS NAME(S) OF OWNER OI                        | F CABLE SYSTEM (IF DIFFEREN            | IT)  |   |
|                                    |          |   |  |  |   |
|                                    |          | MAILING ADDRESS OF OWNER OF                         | CABLE SYSTEM                           |  |   |
|                                    |          | P.O. Box 149  |  |  |   |
|                                    |          | (Number, street, rural route, apartment, or suite n | umber)                                 |  |   |
|                                    |          | (City, town, state, zip)                            |  |  |   |
| С                                  |          |   |  | entify the business and operation of the system, if different from the addre |   |
| System                             | 1        | IDENTIFICATION OF CABLE SYSTEM:                     |  |  |   |
|                                    | <u> </u> |   |  |  |   |
|                                    |          | MAILING ADDRESS OF CABLE SYSTEM                     | :                                      |  |   |
|                                    | 2        | (Number, street, rural route, apartment, or suite n | umber)                                 |  |   |
|                                    |          | (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.

|                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM   |
|----------------------|--|--|
| Name                 | HTC Communications Co.   | 633  |
|                      |  |  |
| D                    | Instructions: List each separate community served by the cable system. A "communi<br>"a separate and distinct community or municipal entity (including unincorporated co<br>discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis<br>as the "first community." Please use it as the first community on all future filings. | mmunities within unincorporated areas and including singl<br>st will serve as a form of system identification hereafter kn |
| Area                 | Note: Entities and properties such as hotels, apartments, condominiums, or mobile h  | ome parks should be reported in parentheses below the  |
| Served               | identified city.   |  |
|                      | CITY OR TOWN   | STATE  |
| First                | Waterloo   | IL.  |
| Community            | Prairie Du Rocher  | IL.  |
|                      | Columbia   | IL   |
| dd Rows as Necessary | Valmeyer   | IL   |
|                      | Red Bud  | IL   |
|                      | Dupo   | IL   |
|                      | Maeystown  | IL   |
|                      | Ruma   | IL   |
|                      | East Carondelet  | IL   |
|                      | Fults  | IL   |
|                      |  |  |
|                      | Renault  | IL   |
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|               | LEGAL NAME OF OWNER OF C  |                   |         |                   |             |                   |             |                           | 1-2E. PAGI       |
|---------------|---|-------------------|---------|-------------------|-------------|-------------------|-------------|---------------------------|------------------|
| Name          | HTC Communications (  |                   |         |                   |             |                   |             | 510                       | 633 <sup>4</sup> |
|               |   |                   |         |                   |             |                   |             |                           |                  |
| Е             | SECONDARY TRANSMISSION  |                   |         |                   |             |                   |             |                           |                  |
| <b>-</b>      | In General: The information in s system, that is, the retransmission    | -                 |         | -                 |             | •                 |             |                           |                  |
| Secondary     | about other services (including p                                       |                   |         |                   |             |                   |             |                           |                  |
| Transmission  | last day of the accounting period                                       |                   |         |                   |             |                   |             |                           |                  |
| Service: Sub- | Number of Subscribers: Both   | n blocks in spa   | ce E ca | Ill for the numbe | er of subso | cribers to the ca | -           |                           |                  |
| scribers and  | down by categories of secondary   | •                 |         | •                 |             | •                 |             |                           |                  |
| Rates         | each category by counting the n<br>separately for the particular serv   |                   | -       | •••               |             | •                 |             | s 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<br>that applies to your system. Not       |                   |         |                   |             |                   |             |                           |                  |
|               | categories, that person or entity                                       |                   |         | Ũ                 |             | 0                 |             |                           |                  |
|               | subscriber who pays extra for ca  |                   |         |                   |             |                   |             |                           |                  |
|               | first set" and would be counted o                                       |                   |         |                   |             |                   |             |                           |                  |
|               | Block 2: If your cable system   | -                 |         | •                 |             |                   |             |                           |                  |
|               | printed in block 1 (for example, t<br>with the number of subscribers a  |                   |         |                   |             |                   |             |                           |                  |
|               | sufficient.   | and rates, in the | e nym-i | TATIU DIOCK. A LV |             | e-word descript   |             | Service IS                |                  |
|               |   | DCK 1             |         |                   |             |                   | BLOCH       | ٢2                        |                  |
|               |   | NO. OF            |         |                   |             |                   |             | NO. OF                    |                  |
|               | CATEGORY OF SERVICE   | SUBSCRIB          | ERS     | RATE              | CATE        | EGORY OF SEI      | RVICE       | SUBSCRIBERS               | RA               |
|               | Residential:  |                   |         |                   |             |                   |             |                           |                  |
|               | Service to first set  |                   | 8,728   | 29.95             |             |                   |             |                           |                  |
|               | <ul> <li>Service to additional set(s)</li> </ul>                        |                   |         |                   |             |                   |             |                           |                  |
|               | • FM radio (if separate rate)   |                   |         |                   |             |                   |             |                           |                  |
|               | Motel, hotel  |                   | 1,956   | 20.00             |             |                   |             |                           |                  |
|               | Commercial  |                   | 474     | 40.95             |             |                   |             |                           |                  |
|               | Converter   |                   |         |                   |             |                   |             |                           |                  |
|               | Residential   |                   |         |                   |             |                   |             |                           |                  |
|               | Non-residential   |                   |         |                   |             |                   |             |                           |                  |
|               | SERVICES OTHER THAN SEC   | ONDARY TRA        |         |                   | s           |                   |             |                           |                  |
| -             | In General: Space F calls for rat                                       |                   |         |                   |             | Il your cable sy  | stem's ser  | vices that were           |                  |
| F             | not covered in space E, that is, t                                      |                   |         |                   |             |                   |             |                           |                  |
| Services      | service for a single fee. There ar<br>furnished at cost or (2) services |                   |         |                   |             |                   |             |                           |                  |
| Other Than    | amount of the charge and the ur   |                   |         |                   |             |                   |             |                           |                  |
| Secondary     | enter only the letters "PP" in the                                      |                   | ,       | ,<br>,            |             | 5                 |             | 5 ,                       |                  |
| ransmissions: | Block 1: Give the standard rat  |                   |         |                   |             |                   |             |                           |                  |
| Rates         | Block 2: List any services that   |                   |         |                   | •           | •                 | •           |                           |                  |
|               | listed in block 1 and for which a brief (two- or three-word) descrip    |                   |         |                   | sned. List  | these other ser   | vices in th | e ionn of a               |                  |
|               |   |                   |         |                   |             |                   |             |                           |                  |
|               | CATEGORY OF SERVICE   | BLO<br>RATE       |         |                   |             | DATE              | CATEO       | BLOCK 2<br>ORY OF SERVICE | RA               |
|               | Continuing Services:  | RATE              |         | GORY OF SER       |             | RATE              | CATEG       | HBO                       | : RA             |
|               | Pay cable   |                   |         | tel, hotel        | uentiai     |                   | Showti      |                           | 18               |
|               | • Pay cable—add'l channel   |                   |         | mmercial          |             |                   | Cinema      |                           | 16               |
|               | • Fire protection   |                   |         | y cable           |             | -                 | Starz!      | ~~                        | 12               |
|               | Burglar protection  |                   |         | y cable-add'l ch  | annel       |                   | HD Bas      | sic                       | 10               |
|               | Installation: Residential   |                   |         | e protection      |             |                   | Variety     |                           | 15               |
|               | First set   |                   |         | rglar protection  |             |                   |             | ainment Tier              | 10               |
|               | Additional set(s)   | -<br>8.00         |         | services:         |             |                   | Sports      |                           | 10               |
|               | • FM radio (if separate rate)   | 0.00              |         | connect           |             |                   | HD Tie      |                           | 5                |
|               | • Converter   |                   |         | sconnect          |             | -                 | DVR Fe      |                           | 10               |
|               | Converter   |                   |         |                   |             | 40.00             |             |                           | 10               |
|               |   |                   |         | tlat ralaastian   |             |                   |             |                           |                  |
|               |   |                   |         | tlet relocation   | 200         | 49.00             |             |                           |                  |

LEGAL NAME OF OWNER OF CABLE SYSTEM:

### **HTC Communications Co.**

### PRIMARY TRANSMITTERS: TELEVISION

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on  $\varepsilon$  substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the

FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

| 1. CALL SIGN        | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
|---------------------|--------------------------|--------------------|------------------------|
| KTVI-FOX            | 2                        | N                  | St. Louis, MO          |
| KMOV-CBS            | 4                        | N                  | St. Louis, MO          |
| KSDK-NBC            | 5                        | N                  | St. Louis, MO          |
| KETC-PBS            | 9                        | <b>I</b>           | St. Louis, MO          |
| KPLR-CW             | 11                       | l                  | St. Louis, MO          |
| KPLR-Grit TV        | 13                       | I-M                | St. Louis, MO          |
| KETC-KIDZ           | 14                       | I-M                | St. Louis, MO          |
| KETC-WORLD          | 15                       | I-M                | St. Louis, MO          |
| KETC-CREATE         | 16                       | I-M                | St. Louis, MO          |
| KTVI-AntennaTV      | 17                       | N-M                | St. Louis, MO          |
| KMOV-COZI TV        | 18                       | N-M                | St. Louis, MO          |
| KPLR-CourtTV        | 19                       | I-M                | St. Louis, MO          |
| KPLR-CometTV        | 20                       | I-M                | St. Louis, MO          |
| KTVI-CourtTV Myster | 21                       | N-M                | St. Louis, MO          |
| KMOV - Circle       | 22                       | N-M                | St. Louis, MO          |
| KTVI - DABL         | 23                       | N-M                | St. Louis, MO          |
| KNLC-MeTV           | 24                       | I-M                | St. Louis, MO          |
| KNLC-NLEC           | 25                       | I-M                | St. Louis, MO          |
| KNLC-Heroes         | 26                       | I-M                | St. Louis, MO          |
| KNLC-Movies         | 27                       | I-M                | St. Louis, MO          |

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

## SYSTEM ID# 63345

LEGAL NAME OF OWNER OF CABLE SYSTEM:

### **HTC Communications Co.**

### PRIMARY TRANSMITTERS: TELEVISION

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on  $\varepsilon$  substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

• Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the

FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

| 1. CALL SIGN     | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
|------------------|--------------------------|--------------------|------------------------|
| KNLC-Decades     | 28                       | I-M                | St. Louis, MO          |
| KNLC-Start TV    | 29                       | I-M                | St. Louis, MO          |
| KDNL-ABC         | 30                       | Ν                  | St. Louis, MO          |
| KDNL-TBD         | 31                       | N-M                | St. Louis, MO          |
| KDNL-ChargeTV    | 32                       | N-M                | St. Louis, MO          |
| KMOV - LAFF      | 33                       | N-M                | St. Louis, MO          |
| KMOV-MyNetworkTV | 34                       | N-M                | St. Louis, MO          |
| KSDK-Justice     | 35                       | N-M                | St. Louis, MO          |
| KSDK-BounceTV    | 36                       | N-M                | St. Louis, MO          |
| KDNL-Stadium     | 37                       | I-M                | St. Louis, MO          |
| KSDK-Quest       | 38                       | N-M                | St. Louis, MO          |
| WRBU Grit TV     | 45                       | I                  | St. Louis, MO          |
| WRBU             | 46                       | I                  | St. Louis, MO          |
| WBRU Defy TV     | 47                       | I                  | St. Louis, MO          |
| WBRU TrueReal    | 48                       | <b>I</b>           | St. Louis, MO          |
| WBRU Newsy       | 49                       | l                  | St. Louis, MO          |

| PRIMARY TRANSMITTERS: RADIO         In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.         Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.         Column 1: Identify the call sign of each station carried.         Column 2: State whether the station is AM or FM.         Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "5/D" column.         Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian station and the system of the station is identified).         CALL SIGN AM or FM S/D LOCATION OF STATION         CALL SIGN AM or FM S/D       LOCATION OF STATION         CALL SIGN AM or FM S/D       LOCATION OF STATION  |                                  |
|---|----------------------------------|
| <ul> <li>eceivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the.</li> <li>baper SA1-2 form.</li> <li>Column 1: Identify the call sign of each station carried.</li> <li>Column 2: State whether the station is AM or FM.</li> <li>Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.</li> <li>Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).</li> </ul>   | н                                |
| CALL SIGN       AM or FM       S/D       LOCATION OF STATION       CALL SIGN       AM or FM       S/D       LOCATION OF STATION         Image: Sign Sign Sign Sign Sign Sign Sign Sign  | Primary<br>Transmitters<br>Radio |
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| Image: Second |                                  |
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| Accounting Perio         | od: 2021/2<br>LEGAL NAME OF OWNER OF  |  |  |  |   |  |  | FORM SA1-2E. PAGE   |
|--------------------------|---|--|--|--|---|--|--|---|
| Name                     | HTC Communications  |  | I EM:  |  |   |  |  | SYSTEM IE<br>6334   |
|                          | SUBSTITUTE CARRIAG  | E: SPECIA  |  | NT AND PROGRAM LO  | DG  |  |  |   |
| Substitute               | In General: In space I, ident<br>substitute basis during the a<br>explanation of the programm   | tify every non<br>accounting pe  | network televi<br>eriod, under sp  | <i>sion program,</i> broadcast b<br>becific present and former   | y a <i>distant</i> sta<br>FCC rules, reg  | ulations, o  | r authoriz   | zations. For a further  |
| Carriage:                | 1. SPECIAL STATEMEN   |  |  |  |   |  | • •  |   |
| Special<br>Statement and | • During the accounting pe  | riod, did you  | r cable syster   | n carry, on a substitute b   | asis, any noni  | network te   | levision p   | program   |
| Program Log              | broadcast by a distant sta  | ation?   |  |  |   |  | YE   | s × NO  |
|                          | Note: If your answer is "No   | o", leave the  | rest of this pa  | ge blank. If your answer   | is "Yes," you ı   | must com   | olete the  |   |
|                          | log in block 2.   |  |  |  | -   |  |  |   |
|                          | period, was broadcast by a<br>under certain FCC rules, re<br>Do not use general catego<br>"NBA Basketball: 76ers vs.<br>Column 2: If the prograt<br>Column 3: Give the call<br>Column 4: Give the broat<br>the case of Mexican or Cat<br>Column 5: Give the mon<br>first. Example: for May 7 gi<br>Column 6: State the time | a distant stati<br>egulations, ou<br>ries like "mov<br>. Bulls."<br>m was broad<br>l sign of the s<br>vadcast statio<br>nadian statio<br>nth and day<br>ive "5/7."<br>mes when the | ion and that yo<br>r authorization<br>vies" or "bask<br>dcast live, ente<br>station broadc<br>on's location (t<br>ons, if any, the<br>when your systemed as the pro- | ns. See page (v) of the ge<br>etball." List specific progr<br>er "Yes." Otherwise enter<br>asting the substitute prog<br>the community to which th | ited for the pro-<br>eneral instruct<br>am titles, for e<br>"No."<br>gram.<br>ne station is liv<br>ne station is id<br>e program. U<br>ur cable syste | ogrammin<br>tions for fu<br>example, "<br>censed by<br>lentified).<br>se numera<br>m. List the | g of anot<br>rther info<br>I Love Lu<br>the FCC<br>als, with t | ther station<br>formation.<br>ucy" or<br>C or, in<br>the month<br>ccurately |
|                          | stated as "6:00–6:30 p.m."<br>Column 7: Enter the lett<br>to delete under FCC rules<br>was substituted for program  | ter "R" if the<br>and regulation<br>mming that y   | ons in effect d  |  | od; enter the   | letter "P" if  | the liste  | d program   |
|                          | stated as "6:00–6:30 p.m."<br>Column 7: Enter the lett<br>to delete under FCC rules<br>was substituted for program<br>effect on October 19, 1976  | ter "R" if the<br>and regulatic<br>mming that y<br>3.  | ons in effect d<br>our system w  | uring the accounting per<br>as permitted to delete un  | od; enter the l<br>der FCC rules  | letter "P" if<br>s and regu  | the liste lations in   | d program   |
|                          | stated as "6:00–6:30 p.m."<br>Column 7: Enter the lett<br>to delete under FCC rules<br>was substituted for program<br>effect on October 19, 1976  | ter "R" if the<br>and regulatic<br>mming that y<br>b.<br>UBSTITUTE   | E PROGRAM<br>3. STATION'S  | uring the accounting peri<br>as permitted to delete un   | od; enter the l<br>der FCC rules<br>WHE<br>CARRI<br>5. MONTH  | N SUBST  | TITUTE   | 7. REASON FO<br>DELETION  |
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| Accounting Period:                 | 2021/2 FORM  | SA1-2E. PAGE 6. |
|------------------------------------|--|-----------------|
|                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#      |
| Name                               | HTC Communications Co.   | 63345           |
| K<br>Gross Receipts                | GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission servi (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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. | ice             |
|                                    |  |                 |
| L<br>Copyright<br>Royalty Fee      | COPYRIGHT ROYALTY FEE<br>Instructions: To compute the royalty fee you owe<br>• Complete block 1, block 2, or block 3.<br>• Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br>• Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(<br>• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(<br>See page (vi) of the general instructions located in the paper SA1-2 form for more information.  |                 |
|                                    | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS   |                 |
|                                    | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00  |                 |
|                                    | Line 1. Royalty fee for accounting period  |                 |
|                                    | 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 \$527,600)   |                 |
|                                    | 1. Enter the amount of gross receipts from space K \$ 319,933.90   |                 |
|                                    | 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) \$ 1,319.00  | -               |
|                                    | 6. Interest charge. Enter the amount from line 4, space Q, page 8  | -               |
|                                    |  | -               |
|                                    | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6  | 1,880.34        |
|                                    | FILING FEE AND TOTAL REMITTANCE DUE  |                 |
| Filing Fee and<br>Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)       \$ 1,880.34  | _               |
| Due                                | 2. Filing Fee (See the instructions for more information on filing fee calculations)   | -               |
|                                    | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3   | 1,900.34        |
|                                    | EFT Trace # or TRANSACTION ID #  |                 |
|                                    | <b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information  |                 |

| Accounting Period:                 | 2021/2  | FORM SA1-2E. PAGE 7  |
|------------------------------------|---|--|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>HTC Communications Co.  | SYSTEM ID#<br>63345  |
| <b>M</b><br>Channels               | CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations  | st stations<br>  |
| N<br>Individual to<br>Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  |  |
| for Further<br>Information         | Name Craig A. Hern  | Telephone 618-939-6112   |
|                                    | Address 213 S. Main St.; PO Box 149<br>(Number, street, rural route, apartment, or suite number)<br>Waterloo, IL 62298<br>(City, town, state, zip)  |  |
|                                    | Email chern@htc.net Fax (optional)  | 618-939-3399   |
| O                                  | CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office re + 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity ide in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact cont are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ Craig A. Hern Enter an electronic signature on the line above to certify this statement Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Craig A. Hern Title: Vice President of Operations (Title of official position held in corporation or partnership) | e 1 of space B; or<br>of the cable system as identified<br>ntified as owner of the cable system<br>tained herein |
|                                    | Date: February 23, 2  | 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.

| unting Period: 2021/2   | FORM SA1-2E. PAGE                          |
|---|--|
| AL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID                                  |
| Communications Co.  | 6334                                       |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS<br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-<br>lowing sentence:<br>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic<br>service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-<br>scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." | P<br>Special Statement<br>Concerning Gross |
| 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.  | Receipts Exclusion                         |
| 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   |  |
| 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.   | Q  |
| Line 1 Enter the amount of late payment or underpayment   | La Interest Assessmen                      |
|   | Interest Assessmen                         |
| Line 1 Enter the amount of late payment or underpayment   | Interest Assessmen                         |
|   | Interest Assessmen                         |
| Line 1 Enter the amount of late payment or underpayment   |  |
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