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	ENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instru	oms (Short Form) actions are located of this workbook.	02/08/22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
A		BY THIS STATEMENT: (YY	YY/(Period)) Period 2 = July 1 - December 31	
	2021/2	Barcode Data Filing Period (optional		
Accounting Period				
B	Instructions: Give the full legal name of the owner of th subsidiary, not that of the parent corporat List any other name or names under which	ion.	ary of another corporation, give the full corporat	e title of the
		accounting period, only the owner on th	e last day of the accounting period should submi	it a single
	Check here if this is the system's first filing	. If not, enter the system's ID number as	ssigned by the Licensing Division.	63533
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	SPTC Telcom, LTD			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	P.O. Box 1379 (Number, street, rural route, apartment, or suite n	umber)		
	Lubbock, TX 79408-1379			
	(City, town, state, zip)			
C	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	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 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 filing, a determination that would be made by a court of law.

Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	SPTC Telcom, LTD	63
	Instructions: List each separate community served by the cable system. A "communit	
	separate and distinct community or municipal entity (including unincorporated comm	munities within unincorporated areas and including single, discr
_	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	e as a form of system identification hereafter known as the "fi
	community." Please use it as the first community on all future filings.	
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the ident
Area Served	city.	
Serveu		
l		
l	CITY OR TOWN	STATE
First	WOODROW	TX
Community	FIELDTON	TX
	HOLLANDVILLE	TX
	PETTIT	
Id Rows as Necessary		
I		TX
I	COUNTY LINE	TX
I	MERRELL	ТХ
I	CONE	ТХ
I	CAPROCK	TX
I	ACUFF	ТХ
I	HALFWAY	TX
I	McADOO	TX
I	COTTON CENTER	TX
I	EDMONSON	
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I	HAPPY UNION	TX
I	LUBBOCK	TX
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	LEGAL NAME OF OWNER OF CA	BLE SYSTEM						SYS	1-2E. PAGE
Name	SPTC Telcom, LTD							010	6353
	SECONDARY TRANSMISSION		RCON		тго				
E	In General: The information in s					y transmission	service of	the cable	
	system, that is, the retransmission			-					
Secondary	about other services (including p						those exist	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hle system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n	umber of billing	in tha	t category (the	number o	f persons or or	ganizations		
	separately for the particular serv							no and the	
	Rate: Give the standard rate c unit in which it is generally billed.	-	-	•				-	
	category, but do not include disc				ly standar				
	Block 1: In the left-hand block	•		•					
	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 o								
	Block 2: If your cable system	•							
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		, ngnt-n						
	BLC	DCK 1					BLOCK	٢2	
		NO. OF SUBSCRIBE		RATE	CATE			NO. OF SUBSCRIBERS	RAT
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	:K5	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAI
	Service to first set		337	\$77/MTH					
	Service to additional set(s)		283	\$7/STB					
	• FM radio (if separate rate)		200	<i></i>					
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
									1
	SERVICES OTHER THAN SEC In General: Space F calls for rate					l vour ochlo ov	tom'o oon	viene that ware	
F	not covered in space E, that is, t	•	'		•				
	service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any rat	tes are ch	arged on a var	lable per-p	rogram basis,	
ransmissions:	Block 1: Give the standard rat		he cable	e system for eac	ch of the a	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-	-	-		
	listed in block 1 and for which a				hed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	and includ	e the ra	te for each.					
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATI
	Continuing Services:			tion: Non-resi	dential				
	• Pay cable			el, hotel				A V	¢ 4 4 /m
	Pay cable—add'l channel			nmercial			CINEM		\$14/m
	Fire protection Burglar protection			cable add'l ch	annel		STARZ		\$17/m \$19/m
	 Burglar protection Installation: Residential 			cable-add'l cha	aiiiiei		HBO		\$19/m
	First set			protection glar protection			RED Z	ONE	\$19/1
	Additional set(s)			ervices:					ψ30/
	• FM radio (if separate rate)			connect		\$25	VARIE	ТҮ	\$12/m
	Converter			connect		ΨZJ		TY HD PLUS	\$6/m
			0.0						
	Converter		• Out	let relocation		\$99/term.	HISPA	NIC	\$5/m

ounting Period: 2	1			FORM SA1-2E. F
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEI
	SPTC Telcom, LTD			6
	PRIMARY TRANSMITTERS:			
G	carried by your cable system	entify every television station (including tr m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the	1) stations carried only on a part-ti	me basis under
Primary Transmitters: Television	substitute program basis, a	e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph. :: With respect to any distant stations car		
		ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis.	e Special Statement and Program	Log)—if the
	basis. For further information Column 1: List each station	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 pr	see page (v) of the general instruct ogram services such as HBO, ESF	ions. PN, etc. Identify each
	"WETA-2" as the same on	d with a station according to its over-the- the form. el number the FCC assigned to the telev		
	Column 3: Indicate in each	RC is channel 4 in Washington, D.C. n case whether the station is a network st ering the letter "N" (for network), "N-M" (for		
	(for independent multicast) For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t dian stations, if any, give the name of the	"E-M" (for noncommercial educati tions in the paper SA1-2 form. he community to which the station	onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KMYL	14-5	N-M	LUBBOCK, TX
	KCBD	11-4	N-M	LUBBOCK, TX
d Rows as Necessary	KJTV-CD	32-2	I-M	WOLFFORTH, TX
	KLBB	48-2	N-M	LUBBOCK, TX
	KLBB	48-3	N-M	LUBBOCK, TX
	KLBB	48	Ν	LUBBOCK, TX
	кттz	5	Е	LUBBOCK, TX
	KCBD	11	N	LUBBOCK, TX
	KLBK	13	N	LUBBOCK, TX
	KMYL	14	N	LUBBOCK, TX
	КРТВ	16	I	LUBBOCK, TX
	KLCW	22	N	WOLFFORTH, TX
	КАМС	28	N	LUBBOCK, TX
	κjtv-tv	34-2	N-M	LUBBOCK, TX
	ΚJTV-TV	34	N	LUBBOCK, TX
	κχτα	46	N	LUBBOCK, TX
	КВZО	51	N	LUBBOCK, TX

EGAL NAME OF			I GI LIWI.					SYSTEM I 635
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cable				ied on an	н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate f Column 4: G	it is carried by monitoring, to mation about m. lentify the call tate whether t the radio stati this by placing ive the statior	v the sys be recein t the Cop sign of e he station on's sign a check h's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s byright Office regulations on th each station carried. on is AM or FM. nal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM anter is point, see page ed by the cable sy e station is licens	idend, and (2) nna, during ce e (v) of the gen ystem as a sep ed by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0				5,0		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	SPTC Telcom, LTD							63533
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG	i			
I	In General: In space I, identi substitute basis during the ad	counting pe	riod, under spe	cific present and former FC	C rules, regula	ations, or au	thorizations.	For a further
Substitute Carriage:	explanation of the programm	-			e general instru	ictions in the	e paper SA1-	2 form.
Special	1. SPECIAL STATEMENT							
Statement and	During the accounting peri	-	r cable system	carry, on a substitute bas	is, any nonne	twork televi	sion progran	
Program Log	broadcast by a distant stat	ion?				L	YES	NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE			to line. Lice abbroviations	whorever per	cible if the	ir mooning is	
	In General: List each subst clear. If you need more spa				wherever pos	Sible, il trie	ii meaning is	>
	Column 1: Give the title	of every nor	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categori	ies like "mo	vies" or "baske	tball." List specific program	n titles, for ex	ample. "I Lo	ove Lucv" or	n.
	"NBA Basketball: 76ers vs. Column 2: If the program	Bulls." 1 was broac	lcast live, enter	· "Yes." Otherwise enter "I	No."		,	
	Column 3: Give the call	0		0 1 0			500 ·	
	Column 4: Give the broat the case of Mexican or Can						e FCC or, in	
	Column 5: Give the mon						with the mor	nth
	first. Example: for May 7 giv							
	Column 6: State the time to the nearest five minutes.							ely
	stated as "6:00–6:30 p.m."	-				-		
	Column 7: Enter the lette							
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.	• •						
	s	UBSTITUT	E PROGRAM			EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6.	TIMES — TO	DELETION
		Tes of No	GALL SIGN	4. STATION S LOCATION	AND DAT	FROM		
					•			
					•			
							_	

Accounting Period:	2021/2 FORM SA1-2E. F	PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	M ID#
Indille	SPTC Telcom, LTD 6	3533
K 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 of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	
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 \$263,800. • 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.	
	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	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	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 \$ 273,158.96	
	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	59_
	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) \$ 1,412.59	
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 \$ 1,432.	59
	EFT Trace # or TRANSACTION ID #	
	Important: 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.	

Name SPTC Taccon, LTD S33 M CHAINELS Instructions: You may give (1) the number of charinels or which the cable system carried biolekish bookcast stature to be subscriptions; and (2) the cable system's biol number of activated charmels during the accounting period. 17 2. Enter the board number of activated charmels during the accounting period. 17 2. Enter the board number of activated charmels during the accounting period. 338 N Instructions: You may give (1) the number of activated statutes. 338 N and number of activated during the number of activated statutes. 338 N and number of activated during the number of activated statutes. 338 N and number of activated during the number of account). 338 N Michael Thomann Telephone (205) 763-2301 Address P.O. Box 1379 Under stem card status the statures of account on the number. Under stem card status the statures of account must be certified and signed in accordance with Copytonic (206) 7.63-2301 Interface (206) 7.63-2301 Address P.O. Box 1379 Under stem card status the statures of account on the interface (206) 7.63-2301 Confidention - Life the status account on the interface (206) 7.63-2301 Interface (206) 7.63-2301	Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
M Instructions: You must give (1) the number of channels on which the cable system cancels identicion broadcast statures in the discription of channels on which the cable system is built duranted during the accounting period. 1: Since the built under of channels on which the cable 17 2: Enter the total number of activated channels 338 N Individual To BE CONTACTED F FURTHER NFORMATION IS NEEDED (identity on individual to an other boatcast statures 338 N Individual To BE CONTACTED F FURTHER NFORMATION IS NEEDED (identity on individual to an other boatcast statures in the number of account). 338 N Individual To BE CONTACTED F FURTHER NFORMATION IS NEEDED (identity on individual to an other boatcast individual to account in the number of account). The providual to account about this statement of account). N Individual To BE CONTACTED F FURTHER NFORMATION IS NEEDED (identity on individual to account into the active into a first, control of the context.) The individual to account into the active into a first, control of the context.) Note: P.O. Box 1379 Underscore P.O. Box 1379 The individual context. Under score into account into a second mean the certified and signed in account into a second into account into account into a second into account into a second into account into account into a second into account into account into	Name		OF CABLE SYSTEM:				SYSTEM ID# 63533
Individual to Be Contacted for Further information Name Michael Thomann Telephone (806) 763-2301 Address P.O. Box 1379 (Wither: steet, trainout, spatneret, or sulta number)		Instructions: You must to its subscribers, and 1. Enter the total numb system carried telev 2. Enter the total numb on which the cable s	(2) the cable system's per of channels on whi rision broadcast station per of activated chann- system carried televisi	s total nun ich the ca ns els ion broado	ber of activated channels during the account		
Information Address P.O. Box 1379 ("Latter strett, run in rate, againment, or suste number) (Coly, town, state, zp) Email mthomann@sptc.net Fax (optional (806) 753-2307 O Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • O • O(dependent of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • O(orner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) I am the duly authorized agent of the conter of the cable system in line 1 of space B. and that the owner is not a corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of the type all entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements. • I have examined the statement of account and hereby declare under genalty of law that all statements. • I have examined the statement of account and hereby declare under genalty of law that all statements. • I have examined the statement of account and hereby signature on the line above to certify this s	Individual to				ORMATION IS NEEDED (Identify an individe	lual	
Thumber: street, cust route, apartment, or suite number): Lubbock, TX 79408 (Ce), town, site, #p) Email mthoman@sptc.net Fax (optional (g06) 763-2307 O Certification • I, the undersigned, hereby certify that (Check one, <i>but only</i> one, of the boxes.) (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partnership) I am officer (f a corporation or partnership) of the legal entity identified as owner of the cable system in in 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the bast of my knowledge, information, and belef, and are made in good faith. (18 U.S.C., Section 1001(1986)] X (s/ Wade Maner Typed or printed name: Wade Maner Title: ECOIGM (Tell of dificial position held in corporation or partnership) Certification or partnership)		Name Micl	hael Thomann			Telephone	(806) 763-2301
Certification CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • Quertification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • Quertification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • Quertification • Quertification or partnership) I am the owner of the cable system as identified in line 1 of space B; or • Quertification • Quertification or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; • Officer or partner) I am an officer (I a corporation or partnership) of the legal entity identified as owner of the cable system 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 contained herein 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)] • There 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: Wade Maner • Title: CEO/CM • Title: CEO/CM		(Numb	er, street, rural route, apar bock, TX 79408	tment, or su	ite number)		
O Certification • I, 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 1 of space B; or Agent of owner other than corporation or partnership) I am the duly authorized agent of the cable system as identified in line 1 of space B; or Officer or partner) I am an officer (if a corporation or partnership) of the legal entity identified as owner of the cable system 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 contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. (If U.S.C., Section 1001(1986)) If U.S.C., Section 1001(1986) X /s/ Wade Maner Typed or printed name: Wade Maner Title: CEO(SM) (Tel of official position held in corporation or partnership)		Email	mthomann@sp	otc.net	Fa	ax (optional (806) 763-23	07
Typed or printed name: Wade Maner Title: CEO/GM (Title of official position held in corporation or partnership)	-	 I, the undersigned, here (Owner other (Agent of ow in line (Officer or p in line I have examined the sta are true, complete, and 	by certify that (Check of than corporation or p ner other than corpor 1 of space B and that the artner) I am an officer 1 of space B. atement of account and correct to the best of m	partnersh partnersh ration or p he owner i (if a corpo I hereby de ny knowled	ily one, of the boxes.) artnership) I am the duly authorized agent of ant a corporation or partnership; or ration) or a partner (if a partnership) of the legen clare under penalty of law that all statements alge, information, and belief, and are made in g	ntified in line 1 of space B f the owner of the cable s pal entity identified as own of fact contained herein	ystem as identified
Title: CEO/GM (Title of official position held in corporation or partnership)				Enter an Enter sig	electronic signature on the line above to certify nature using an "/s/ signature" (e.g., /s/ John Sr		
Date: 2/8/2022			Title:	CEO/	GM		
			Date:			2/8/2022	

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

ounting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
IC Telcom, LTD	6353
 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	
Name 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
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