This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
2/10/2023	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

#### coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

	•						
Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
	20222 Barcode Data Filing Period (optional - see instructions)						
Accounting Period							
В	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner	List any other name or names under which the owner conducts the business of the cable system.						
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	Cass Cable TV, Inc.						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	PO Box 200 (Number, street, rural route, apartment, or suite number)						
	Virginia, IL 62691						
	(City, fown, state, zip)						
	NOTE OF TAKE A STATE OF TAKE O						
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.						
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite number)						
	(City, town, state, zip code)						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2022/2									
	LEGAL NAME OF CAMILED OF CARL E CYCTEM.	FORM SA1-2E. PAGE 1b.  SYSTEM ID#								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	3463								
	Cass Cable TV, Inc.									
_	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated community or municipal entity).									
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
_	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	ne parks should be reported in parentheses below the identified								
Area Served	city.									
001700										
	CITY OR TOWN	STATE								
First	Pittsfield	IL								
Community	Griggsville	<u>IL</u>								
Add Rows as Necessary										

Accounting Period: 2022/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3463

Cass Cable TV, Inc.

# Ε

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential 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, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLC	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	751	21.45			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

# F

### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2					
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE					
Continuing Services:		Installation: Non-residential				
Pay cable	17.55	Motel, hotel	45.00	Pay cable - Add'l	12.95	
Pay cable—add'l channel	15.95	Commercial		Pay cable - Add'l	12.35	
Fire protection		Pay cable				
Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	45.00	Burglar protection				
Additional set(s)		Other services:				
• FM radio (if separate rate)		Reconnect	45.00			
Converter		Disconnect				
		Outlet relocation	30.00			
		Move to new address	35.00			

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

Cass Cable TV, Inc.

3463

# G

#### Primary Transmitters: Television

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 a substitute program basis, as explained in the next paragraph.

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

- Do 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KHQA	7	N	Hannibal, MO
KHQA2	7	N-M	Hannibal, MO
WGEM	10	N	Quincy, IL
WGEM2	10	I-M	Quincy, IL
WGEM3	10	N-M	Quincy, IL
WSEC	15	Е	Jacksonville, IL
WSEC2	15	E-M	Jacksonville, IL
WTJR	32	I	Quincy, IL
KDNL	31	N	St. Louis, MO
KETC	39	Е	St. Louis, MO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cass Cable TV, Inc.

3463

### 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.

Н

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 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. paper SA1-2 form.

Primary Transmitters: Radio

- 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 "S/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 identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perior	<b>d: 2022/2</b>  LEGAL NAME OF OWNER OF (	CABLE SYST	FM·					FOF	SYSTEM ID#		
Name	Cass Cable TV, Inc.								3463		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	 }						
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
Special Statement and	During the accounting peri	od, did you	r cable system	carry, on a substitute ba	sis, an	y nonnet	twork televi	ision prograr	n		
Program Log	broadcast by a distant station?										
	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 PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.										
	"NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broa	Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in									
	Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time	he case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month irst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately									
	to the nearest five minutes. 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 nd regulation	listed program ons in effect du	was substituted for progr	ammi d; ente	ng that y er the let	our system ter "P" if the	ı was <i>require</i> e listed progi			
	effect on October 19, 1976.										
	s	UBSTITUT	E PROGRAM				N SUBST	_	7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	111	MONTH ND DAY	ı	TIMES TO	DELETION		
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Accounting Period: 2	<b>2022/2</b> FORM SA1-2E	. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Cass Cable TV, Inc.	EM ID# 3463
<b>K</b> 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.  \$114,08 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	2.00
		0.00
		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	2.00_
	1. Base amount under statutory formula	
	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)	
	Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	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)	
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	7.00
	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.	

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7			
Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:				SYSTEM ID# 3463			
M Channels	to its subscribers, and (2	2) the cable system's	total num	ls on which the cable system carried tele ber of activated channels during the acc le	ounting period.	10			
	Enter the total number on which the cable syand nonbroadcast se	stem carried televisio	on broadc			12			
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about th			<b>DRMATION IS NEEDED</b> (Identify an indiv	vidual to whom				
for Further Information	Name Chac	l Winters			Telephone	217-452-4105			
	(Number	Redbud Road r, street, rural route, apartr	ment, or sui	te number)					
	(City, to	nia, IL 62691 vn, state, zip)			Fav (astianal 247, 452, 702)				
	Email	chad.winters@c	Casscapie	etv.com	Fax (optional 217-452-7030	J			
O 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.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or								
				artnership) I am the duly authorized agent not a corporation or partnership; or	t of the owner of the cable sy	rstem as identified			
		<b>rtner)</b> I am an officer (i of space B.	if a corpor	ation) or a partner (if a partnership) of the	legal entity identified as owne	er of the cable system			
		orrect to the best of m		clare under penalty of law that all statemer ge, information, and belief, and are made i					
			_X	/s/ Chad Winters					
				electronic signature on the line above to cer nature using an "/s/ signature" (e.g., /s/ Joh	•				
		Typed or printed	l name:	Chad Winters					
		Title:		President position held in corporation or partnership)					
		Date:			2/10/2023				

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counting Period: 2022/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ass Cable TV, Inc.	3463
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
TES. Effet the total fiere and list the satellite carrier(s) below.	  -
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	<u> </u>
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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	
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  First community served  Accounting period	

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