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.

		ı R			
FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED AMOUNT					
04/01/2024	\$ ALLOCATION NUMBER	F co O (2			

Return completed workbook by

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
Accounting	Barcode Data Filing Period (optional - see instructions)								
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								
	Argent Communications LLC								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	10 Benning St, Suite 10, Box 235 (Number, street, rural route, apartment, or suite number)								
	West Lebanon, NH 03784 (City, town, state, zip)								
С	TRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these nes 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	IDENTIFICATION OF CABLE SYSTEM:								
	MILAN NH MAILING ADDRESS OF CABLE SYSTEM:								
	(Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								

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		FORM SA1-2E. PAGE							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I							
Name	Argent Communications LLC								
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rule							
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter 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 home parks should be reported in parentheses below the								
Area Served	identified city.	ome parks should be reported in parentheses below the							
	CITY OR TOWN	STATE							
First	MILAN	NH							
Community									
Rows as Necessary									

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Argent Communications LLC

SYSTEM ID#

E

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.

BLO	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:	31		Lifeline	9	46.02
Service to first set		64.02			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		T I		T	

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

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Argent Communications LLC

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
ZAPTO IT	2	N	NATIONAL
C-SPAN	3	N	NATIONAL
HSN	4	N	NATIONAL
WCSH	6	N	PORTLAND, ME
QVC	7	N	NATIONAL
WMTW	8	N	PORTLAND, ME
WMUR	9	N	MANCHESTER, NH
WCBB	10	N	BOSTON, MA
WENH	11	N	BOSTON, MA
ION	12	N	BOSTON, MA
WGME	13	N	BOSTON, MA
FS1	15	N	NATIONAL
TBS	16	N	NATIONAL
A&E	17	N	NATIONAL
CW	18	N	NATIONAL
ANIMAL PLANET	19	N	NATIONAL
LIFETIME	23	N	NATIONAL
DISCOVERY	24	N	NATIONAL
WEATHER CHANEL	25	N	NATIONAL
USA	26	N	NATIONAL
HLN	28	N	NATIONAL
TNT	29	N	NATIONAL
CNN	30	N	NATIONAL

SYSTEM ID#

Argent Communications LLC

.....

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).

	T =	I a:-	I	1	I	I o:-	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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	l					 	<u> </u>
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ccounting Perio	od: 2022/2 LEGAL NAME OF OWNER OF	CABLE SYS	TFM [.]				FORM	M SA1-2E. PAGE 5. SYSTEM ID#	
Name	Argent Communicatio							0	
	SUBSTITUTE CARRIAG	E. CDECI	NI STATEME	NT AND DECCRAMIC					
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system care substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a								
Carriage:	· · · · · · · · · · · · · · · · · · ·								
Special	During the accounting per	-			sis, any nonr	network te	levision prog	ram	
Statement and Program Log	broadcast by a distant sta	-	·	•	•		YES	X NO	
rogram Log	Note: If your answer is "No		root of this no	go blank If your answer is	"Voo." vou	must som			
	log in block 2.	, leave lile	rescortins pa	ge blatik. II your allswel is	s res, your	iliusi com	piete trie prog	grann	
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their mean 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 accouperiod, was broadcast by a distant station and that your cable system substituted for the programming of anothe under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further inform Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Luc "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 of the 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 first. 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 acc to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was re to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed was substituted for programming that your system was permitted to delete under FCC rules and regulations in							g the account g of another surther informa 'I Love Lucy' the FCC or, als, with the neetimes accurate, should be tern was required.	ing station tion. or in nonth ately	
	effect on October 19, 1976	•			WHE	N SUBS	TITI ITE		
	S	UBSTITUT	E PROGRAM				CURRED	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. FROM	TIMES TO	DELETION	
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Accounting Period:	2022/2		1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Argent Communications LLC	SY	STEM ID# 0					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts	mission service amount, se	,054.70					
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gros	ss 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 the accounting period is \$52.00.	his six-month						
	Line 1. Royalty fee for accounting period	\$	52.00					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$	0.57					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.57					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)						
	1. Base amount under statutory formula							
	2. Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1							
	4. Enter the amount of gross receipts from space K							
	5. Enter the amount from line 3							
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)							
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)						
	Enter the amount of gross receipts from space K							
	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							
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.57						
Total Remittance Due	See the instructions for more information on filing fee calculations)	15.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.57					
	EFT Trace # or TRANSACTION ID #							
	Important: Your remittance must be in the form of an electronic payment payable to the Registe	r of Copyrights.						
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo	ore information.						

Accounting Period:	2022/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Argent Communications LLC	SYSTEM ID# 0
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations 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	45
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name Jason M Kovarik Telephone 877-295 Address 10 Benning St Suite 160 Box 235 (Number, street, rural route, apartment, or suite number)	5-12254
	West Lebanon NH 03784 (City, town, state, zip) Email jason@argentcommunications.com Fax (optional)	
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 X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the 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)] X /s/ Jason M Kovarik 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: Jason M Kovarik Title: General Manager (Title of official position held in corporation or partnership)	
	Date: 4/1/2024	100000000000000000000000000000000000000

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counting Period: 2022,	/2		FORM SA1-2E. PAGE 8					
GAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM ID					
gent Communicat	tions LLC		0					
The Satellite Home lowing sentence: "In determini service of pro	ng the total number of subscribers and the oviding secondary transmissions of prima	RECEIPTS EXCLUSIONS ection 111(d)(1)(A), of the Copyright Act by adding the fol- ne gross amounts paid to the cable system for the basic ary broadcast transmitters, the system shall not include sub- eiving secondary transmissions pursuant to section 119."	Special Statement Concerning Gross Receipts Exclusion					
	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.							
made by satellite ca	ng period, did the cable system exclude rriers to satellite dish owners?	any amounts of gross receipts for secondary transmissions						
X NO								
YES. Enter the	total here and list the satellite carrier(s) t	pelow						
Mailing Address		Name Mailing Address						
INTEREST ACC	FOOMENT							
INTEREST ASS								
•		ts submitted as a result of a late payment or underpayment. the general instructions located in the paper SA1-2 form.	Q					
Line 1 Enter the ar	nount of late payment or underpayment	\$ 52.00	Interest Assessment					
Line 2 Multiply line	1 by the interest rate* and enter the sun	n here						
		207						
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							
	page 6), block 1, line 2, or block 2, line 8	or block 3, line 6						
		(interest charge)						
	erest rate chart click on www.copyright.g ensing Division at (202) 707-8150 or lice	gov/licensing/interest-rate.pdf. For further assistance please ensing@copyright.gov.						
** This is the ded	cimal equivalent of 1/365, which is the in	terest assessment for one day late.						
•		of account already submitted to the Copyright Office, please mber, and accounting period as given in the original filing.						
Owner Arg	ent Communications LLC							
annuñ	Benning St Suite 160 Box 235							
	st Lebanon, NH 03784							
ID number		0000						
First community ser	ved	Milan NH						
Accounting period		2022/2						

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