THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2017 If you are filing for a prior accounting period, contact the Licensing Section for the correct form.

### SA1-2 Short Form

IAIEME	NT (	OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return to: Library of Congress		
or Secondary Transmissions			DATE RECEIVED	AMOUNT	Copyright Office-LS		
		s (Short Form)		\$	101 Independence Avenu Washington, DC 20557-6 (202)707-8150		
eneral instru nd of this for			7/30/2024	ALLOCATION NUMBER	For courier deliveries, see page ii of the general instructions.		
Α	ACC		FRED BY THIS STATEME	NT: (Check one of the boxes and	fill in the year date )		
Accounting Period		anuary 1-June 30 2024 (Ye		July 1-December 31			
B Owner	Give corp In If i	orate title of the subsidiary, n line 2, list any other names u there were different owners du gle statement of account and	ot that of the parent corporation nder which the owner conduct uring the accounting period, or I royalty fee payment covering m's first filing. If not, enter the s	ts the business of the cable system. Ily the owner on the last day of the acc	ounting period should submit		
		Clarence Telephone C	Company				
	2	· · · · · · · · · · · · · · · · · · ·	OWNER OF CABLE SYSTEM	(IF DIFFERENT):			
		608 Lombard St. PO E (Number, street, rural route, apartme Clarence, IA 52216 (City, town, state, zip)	ent, or suite number)				
С				to identify the business and operation ress of the system, if different from the			
System	1	IDENTIFICATION OF CAB	LE SYSTEM:				
		MAILING ADDRESS OF C	ABLE SYSTEM:				
	2	(Number, street, rural route, apartmen (City, town, state, zip)	nt, or suite number)	·····			
D Area	in FC areas of sy Note:	<b>ructions:</b> List each separate c CC rules: "a separate and dis s and including single, discret stem identification hereafter k	tinct community or municipal e unincorporated areas)." 47 C mown as the "first community.	system. A "community" is the same as entity (including unincorporated comm C.F.R. §76.5(dd). The first community th " Please use it as the first community of ums, or mobile home parks should be re	nunities within unincorporated at you list will serve as a form on all future filings.		
Served		CITY OR TOWN STATE CITY OR TOWN STATE					
Served		CITY OR TOWN			<u> </u>		

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nstructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated reas and including single, discrete unincorporated areas)." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form f system identification hereafter known as the "first community." Please use it as the <i>first community</i> on all <i>future filings</i> .         Identification hereafter known as the "first community." Please use it as the <i>first community</i> on all <i>future filings</i> .         Identified city.         CITY OR TOWN       STATE         CITY OR TOWN       STATE	FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated reas and including single, discrete unincorporated areas)." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form f system identification hereafter known as the "first community." Please use it as the <i>first community</i> on all future filings. ote: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the entified city.	Clarence Telephone Company			
CITY OR TOWN STATE CITY OR TOWN STATE	CITY OR TOWN STATE CITY OR TOWN STATE	FCC rules: "a separate and distinct or reas and including single, discrete unin f system identification hereafter known iote: Entities and properties such as hotel	ommunity or municipal entity corporated areas)." 47 C.F.R. as the "first community." Plea	(including unincorporated communitie §76.5(dd). The first community that yo se use it as the first community on all i	es within unincorporated u list will serve as a form future filings.
		CITY OR TOWN	STATE	CITY OR TOWN	STATE
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Secondary Transmission

Service:

Subscribers

and Rates

#### LEGAL NAME OF OWNER OF CABLE SYSTEM: Clarence Telephone Company

#### 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.

BLOCK	(1	9 - A.	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY	OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential: • Service to first set	306	\$112.95	RESID SERV T	O FIRST SET	42	\$118.95	
Service to additional set(s)			RESID SERV T	O FIRST SET	54	\$117.95	
<ul> <li>FM radio (if separate rate)</li> </ul>			RESID SERV 1	O FIRST SET	14	\$117.95	
Motel, hotel Commercial			RESID SERV T	O FIRST SET		\$124.95	
Converter		· · · · · · · · · ·				••••••	
Residential     Nonresidential		· · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection Installation: Residential		Installation: Non-residential <ul> <li>Motel, hotel</li> <li>Commercial</li> <li>Pay cable</li> <li>Pay cable-add'l channel</li> </ul>		PAY CABLE MOVIEPLEX	\$15.00
First set	\$65.00	Fire protection     Burglar protection			
<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>		Other Services: • Reconnect • Disconnect	\$25.00		
		Outlet relocation     Move to new address	\$65.00 \$25.00		

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FORM SA1-2. PAGE	Ξ 3.			
LEGAL NAME OF OWNE	ER OF CABLE SYSTEM: bhone Compan	V		Name
In General: In sp carried by your of FCC rules and m 76.59(d)(2) and ( substitute progra Substitute progra Basis under spect Do not list the was carried of List the station basis. For furt Column 1: List each multicast s stream "WETA-2 for example, WE Column 2: Git Column 3: Ince educational stat (for independent For the meaning Column 4: Git	cable system dur egulations in effe (4), 76.61(e)(2) an am basis, as exp <b>asis Stations:</b> Wit cific FCC rules, re e station here in s <i>nly</i> on a substitut n here, and also i ther information of tream associated " as the same on TA-2-simulcast). the same on canse. For examp dicate in each cas ion, by entering t t multicast), "E" (i o of these terms, ye the location of	very television st ing the accounting ect on June 24, 1 ad (4), or 76.63 (r lained in the nex th respect to any egulations, or aut space G—but do the basis. In space I, if the s concerning subst call sign. <i>Do not</i> in d with a station act the form. Simulci- bumber the FCC cole, WRC is chan the letter "N" (for for noncommerc see page (iv) of t f each station. For	distant stations carried by your cable system on a substitute program	G Primary Transmitters: Television
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
KGAN	2	I	CEDAR RAPIDS, IA	
KWQC	6	Les d'autres au	DAVENPORT, IA	
KWWL	7	1	WATERLOO, IA	
KCRG	9	I	CEDAR RAPIDS, IA	
КШКВ	20	1	WEST BRANCH, IA	
WQPT	24	1	DAVENPORT, IA	
KFXA	28		CEDAR RAPIDS, IA	
KPXR	48	.1	CEDAR RAPIDS, IA	
KDIN	44	I	IOWA CITY, IA	
	-			
	-			
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#### LEGAL NAME OF OWNER OF CABLE SYSTEM: Clarence Telephone Company

## Η

Name

Primary Transmitters: Radio

#### 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 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 the Copyright Office regulations on this point, see page (iv) of the general instructions. **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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LEGAL NAME OF OWNER OF CABLE SYSTE Clarence Telephone Compa							Name
SUBSTITUTE CARRIAGE: In General: In space I, identify system carried on a <i>substitute</i> tions, or authorizations. For a fi the general instructions.	y every non basis during	network televior the accounting	<i>ision program</i> , broadcang period, under specifi	st by a <i>dist</i> c present a	nd former FCC ru	les, regula-	Substitute Carriage:
SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Tes No ote: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program g in block 2.						Special Statement and Program Log	
2. LOG OF SUBSTITUTE PRO In General: List each substitut clear. If you need more space, Column 1: Give the title of or period, was broadcast by a dist under certain FCC rules, regul Do not use general categories "NBA Basketball: 76ers vs. Bu Column 2: If the program w Column 3: Give the call sign Column 4: Give the broadc the case of Mexican or Canad	te program please atta every nonne tant station ations, or a like "movie lls." as broadca n of the stat ast station? ian stations	ach additional petwork televisi and that your c uthorizations. es" or "baskett ast live, enter " tion broadcast s location (the s, if any, the co	pages. on program ("substituted cable system substituted See page (v) of the gen call." List specific progr Yes.". Otherwise, enter ing the substitute progr community to which the mmunity with which the	e program") d for the pro eral instruc am titles, fo "No." ram. he station is e station is	that, during the gramming of ano tions for further in or example, "I Low s licensed by the dentified).	accounting ther station nformation. ve Lucy" or FCC or, in	
Column 5: Give the month a first. Example: for May 7, give Column 6: State the times w to the nearest five minutes. Exa as "6:00–6:30 p.m." Column 7: Enter the letter " to delete under FCC rules and was substituted for programm on October 19, 1976.	"5/7." when the su ample: a pro R" if the list regulations	bstitute progra ogram carried ted program w in effect during	am was carried by your by a system from 6:01:1 ras substituted for progr g the accounting period	cable syste 5 p.m. to 6 ramming th ; enter the le ider FCC ru	em. List the times 28:30 p.m. shoul at your system w etter "P" if the liste les and regulatio	accurately d be stated as <i>required</i> ed program	
	BSTITUTE	3. STATION'S			SUBSTITUTE GE OCCURRED 6. TIMES	7. REASON FOR DELETION	
1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
		a de la compañía de la	and the second second second				
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		ne - te					
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FORM SA1-2. PAGE 5.

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Clarence Telephone Company			
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the second in space E) during the accounting period. For a further explanate page (vi) of the general instructions.         • 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	system's s tion of hov	econdary transmis	sion service amount, see
Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY AND FILING FEES Instructons: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,1</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,8</li> <li>See page (vi) of the general instructions for more information.</li> </ul>			6263,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe	e that you n	nust pay for this six-r	nonth
	accounting period is \$52.00		\$ 52	00
	Line 1. Royalty fee for accounting period		· · · · · · ·	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. Filing Fee			5.00
	Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD Add lines 1, 2 and 3		\$	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m	nore than \$1	37,100)	
	1. Base amount under statutory formula	\$26	3,800	
	2. Enter amount of gross receipts from space K		98.31	
	3. Subtract line 2 from line 1		01.69	
	4. Enter the amount of gross receipts from space K		\$202,498.31	
	5. Enter the amount from line 3	\$	\$61,301.69	
	6. Subtract line 5 from line 4		\$141,196.62	
				705.98
	<ol> <li>Multiply line 6 by .005 (enter figure here)</li></ol>			0.00
	9. Filing Fee		÷	.00
	9. Filing ree	• • • • • • • • • • • • •	····• •	
	10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 7, 8 and 9		▶\$	725.98
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	less than \$	527.600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	\$ 26	3,800	
	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	
	6. Interest Charge. Enter the amount from line 4, space Q, page 8			
	7. Filing Fee.		\$ 20.00	
	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7		\$	
	<b>IMPORTANT:</b> Your remittance must be in the form of an <i>electronic payment</i> payable general instructions for more information.	to Register	of Copyrights. See	page i of the

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EGAL NAME OF OWNER OF CABLE SYSTEM: Clarence Telephone Company	У	Name
CHANNELS Instructions: You must give (1) the poits subscribers, and (2) the cab	e number of channels on which the cable system carried television broadcast stations ole system's total number of activated channels during the accounting period.	M
<ol> <li>Enter the total number of char system carried television broat</li> </ol>	nnels on which the cable dcast stations. 9	
<ol> <li>Enter the total number of active channels on which the cable s and nonbroadcast services.</li> </ol>	vated system carried television broadcast stations 264	line and the second sec
	CTED IF FURTHER INFORMATION IS NEEDED htact about this statement of account.)	Ν
Name_Chad Fall Address _ 608 Lombard Street P	Telephone <u>563-452-3852</u> (Area code)	Individual to Be Contacte for Further Information
(Number, street, rural route, apartmet Clarence, IA 52216	ent, or suite number)	
(City, town, state, zip) Email (optional) <u>ctcmanager@n</u>	netins.net Fax (optional)	
	ant of account must be partified and signed in accordance with Convright Office regula-	0
	ent of account must be certified and signed in accordance with Copyright Office regula- I instructions.)	0
tions, as explained in the general		Ŭ
<ul><li>tions, as explained in the general</li><li>I, the undersigned, hereby ce</li></ul>	I instructions.)	O Certification
<ul> <li>tions, as explained in the general</li> <li>I, the undersigned, hereby ce</li> <li>(Owner other than corporat space B; or</li> <li>(Agent of owner other than</li> </ul>	I instructions.) artify that (Check one, <i>but only one</i> , of the boxes.)	Ŭ
<ul> <li>tions, as explained in the general</li> <li>I, the undersigned, hereby ce</li> <li>(Owner other than corporat space B; or</li> <li>(Agent of owner other than cable system as identified in I</li> </ul>	Instructions.) wrify that (Check one, <i>but only one</i> , of the boxes.) <b>tion or partnership) I</b> am the owner of the cable system as identified in line 1 of <b>corporation or partnership)</b> I am the duly authorized agent of the owner of the line 1 of space B, and that the owner is not a corporation or partnership; or officer (if a corporation) or a partner (if a partnership) of the legal entity identified as	Ŭ
<ul> <li>tions, as explained in the general</li> <li>I, the undersigned, hereby cell</li> <li>(Owner other than corporat space B; or</li> <li>(Agent of owner other than cable system as identified in I</li> <li>(Officer or partner) I am an or owner of the cable system in</li> <li>I have examined the statement</li> </ul>	I instructions.) wrify that (Check one, <i>but only one</i> , of the boxes.) <b>tion or partnership) I</b> am the owner of the cable system as identified in line 1 of <b>corporation or partnership)</b> I am the duly authorized agent of the owner of the line 1 of space B, and that the owner is not a corporation or partnership; or officer (if a corporation) or a partner (if a partnership) of the legal entity identified as line 1 of space B. nt of account and hereby declare under penalty of law that all statements of fact con- ete, and correct to the best of my knowledge, information, and belief, and are made in	Ŭ
<ul> <li>tions, as explained in the general</li> <li>I, the undersigned, hereby ce</li> <li>(Owner other than corporat space B; or</li> <li>(Agent of owner other than cable system as identified in I</li> <li>(Officer or partner) I am an cowner of the cable system in</li> <li>I have examined the statement tained herein are true, completed</li> </ul>	I instructions.) wrify that (Check one, <i>but only one</i> , of the boxes.) <b>tion or partnership) I</b> am the owner of the cable system as identified in line 1 of <b>corporation or partnership)</b> I am the duly authorized agent of the owner of the line 1 of space B, and that the owner is not a corporation or partnership; or officer (if a corporation) or a partner (if a partnership) of the legal entity identified as line 1 of space B. nt of account and hereby declare under penalty of law that all statements of fact con- ete, and correct to the best of my knowledge, information, and belief, and are made in	Ŭ
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<ul> <li>tions, as explained in the general</li> <li>I, the undersigned, hereby ce</li> <li>(Owner other than corporat space B; or</li> <li>(Agent of owner other than cable system as identified in I</li> <li>(Officer or partner) I am an cover of the cable system in</li> <li>I have examined the statement tained herein are true, completed</li> </ul>	Instructions.) wrify that (Check one, <i>but only one</i> , of the boxes.) <b>tion or partnership)</b> I am the owner of the cable system as identified in line 1 of <b>corporation or partnership)</b> I am the duly authorized agent of the owner of the line 1 of space B, and that the owner is not a corporation or partnership; or officer (if a corporation) or a partner (if a partnership) of the legal entity identified as line 1 of space B. Int of account and hereby declare under penalty of law that all statements of fact con- ete, and correct to the best of my knowledge, information, and belief, and are made in the corporation of the legal entity identified as and the entity identified as a statement of the legal entity identified as a statement of the legal entity identified as a statement of the best of my knowledge, information, and belief, and are made in the count is the best of my knowledge.	Ŭ
<ul> <li>tions, as explained in the general</li> <li>I, the undersigned, hereby ce</li> <li>(Owner other than corporat space B; or</li> <li>(Agent of owner other than cable system as identified in I</li> <li>(Officer or partner) I am an cowner of the cable system in</li> <li>I have examined the statement tained herein are true, completed</li> </ul>	Instructions.) wrify that (Check one, <i>but only one</i> , of the boxes.) <b>tion or partnership) I</b> am the owner of the cable system as identified in line 1 of <b>corporation or partnership)</b> I am the duly authorized agent of the owner of the line 1 of space B, and that the owner is not a corporation or partnership; or officer (if a corporation) or a partner (if a partnership) of the legal entity identified as line 1 of space B. Int of account and hereby declare under penalty of law that all statements of fact con- ete, and correct to the best of my knowledge, information, and belief, and are made in ac.1001] Handwritten signature:	Ŭ

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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.

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Clarence Telephone Company
P Special Statement Concerning Gross Receipts Exclusions	<ul> <li>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."     </li> <li>For more information on when to exclude these amounts, see the note on page (vi) of the general instructions.</li> <li>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?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>
	Name         Name           Mailing address         Mailing address
3	
Q 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 (vi) of the general instructions. Line 1. Enter the amount of late payment or underpayment
	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
	x .00274
	Line 4, Multiply line 3 by .00274** and enter here and in space L (page 6) block 1, line 2, or block 2, line 8, or block 3, line 6
	* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Section 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
	ID number
	First community served
	Accounting period

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.

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