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					
08/05/2024	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

### coplicsoa@loc.gov

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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2024/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20231 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
		Computer Techniques, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		520 N. Cheney St. (Number, street, rural route, apartment, or suite number)
		Taylorville, IL 62568 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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 sufficiency of the fling, a determination that would be made by a court of law.

Computer Techniques, LLC  Instructions: Use tach separate community served by the cable system. A "community" is the same as a "community and sedeline did grant and distinct community or municipal entity (including uniscorporated areas," at 2.7.8. 7.5.((d)). The first community of a future things.  Area a the "first community" Peace use it is the first community of future things.  Note: Entitle of the community of municipal entity (including uniscorporated areas, and including unity of the community of a future things.  Note: Entitle of the community of the community of a future things.  OUT OR TOWN  First Taylorville  CITY OR TOWN  STATE  Taylorville  Langleyville  Langleyville  Langleyville  Langleyville  Langleyville  Rochester  Schram Olly  Millersville  Schram Olly  Millersville  Langley things  Rochester  Rochester  Schram Olly  Millersville  Langley things  Rochester  Schram Olly  Millersville  Langley things  Rochester  Langley things  Rochester  Rochester  Rochester  Schram Olly  Millersville  Langley things  Rochester  Langley things  Rochester  Roches		LECAL NAME OF CAMPED OF CARLE CYCTEM.	FORM SA1-2E. PAG SYSTEM
Instructions: List each separate community served by the cable system. A "community" is the same as a "community and left in FCC rules are sparate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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 identified city.  CITY OR TOWN  STATE  Taylorville  Langleyville  IL  Nokomis  IL  Pana  IL  Witt  IL  Irving  IL  Rochester  IL  Rochester  IL  Schram City  II  II  III  III  III  III  III  II	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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 identified city.  CITY OR TOWN STATE  Taylorville IL  Langleyville IL  Hillsboro IL  Nokomis IL  Edinburg IL  Witt IL  Irving IL  Owaneco IL  Rochester IL  Schram City IL			
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 knas 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 identified city.    CITY OR TOWN			
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Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  First Community Langleyville IL Hillsboro IL Hillsboro IL Edinburg IL Pana IL Vitt IL Irving IL Owaneco IL Rocchester IL Schram City IL			ist will serve as a form of system identification hereafter knows
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CITY OR TOWN   STATE     First			nome parks should be reported in parentheses below the
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First         Taylorville         IL           Community         Langleyville         IL           Rows as Necessary         Nokomis         IL           Edinburg         IL           Pana         IL           Witt         IL           Irving         IL           Owaneco         IL           Rochester         IL           Schram City         IL		CITY OF TOWN	STATE
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Pana         IL           Witt         IL           Irving         IL           Owaneco         IL           Rochester         IL           Schram City         IL	Rows as Necessary		
Witt         IL           Irving         IL           Owaneco         IL           Rochester         IL           Schram City         IL			
Irving			
Owaneco         IL           Rochester         IL           Schram City         IL			
Rochester IL Schram City IL			
Schram City IL			
Millersville    Compared to the compared to th			IL
		Millersville	IL

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 63831

# Computer Techniques, LLC

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.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	1	49.95				
<ul> <li>Service to additional set(s)</li> </ul>						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
					i	

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	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		Starz/Encore	19.95
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Showtime	19.95
Fire protection		• Pay cable		НВО	19.95
Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		Cinemax	19.95
Installation: Residential		Fire protection		Deluxe	20.00
• First set		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		<ul> <li>Move to new address</li> </ul>			

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63831

Computer Techniques, LLC
PRIMARY TRANSMITTERS: TELEVISION

G

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
WILL	9.1	E	Urbana, IL
WILL.5	9.5	E-M	Urbana, IL
WCIX	49.1	I-M	Springfield, IL
WICS	20.1	N	Springfield, IL
WICS.4	20.2	I-M	Springfield, IL
WICS.5	20.3	I-M	Springfield, IL
WRSP	55.1	N	Springfield, IL
WAND	17.1	N	Decatur, IL
WAND.4	17.2	I-M	Decatur, IL
WBUI	23.1	I	Decatur, IL
WBUI.4	23.2	l	Decatur, IL
WCIA	3.1	N	Champaign, IL
KDNL	30.1	N	St. Louis, MO
KSDK	5.1	N	St. Louis, MO
KMOV	4.1	I-M	St. Louis, MO
KTVI	2.1	N	St. Louis, MO
KPLR	11.1	N	St. Louis, MO
KETC	9.1	Е	St. Louis, MO
KETC.3	9.3	E-M	St. Louis, MO
KETC.4	9.4	E-M	St. Louis, MO

Accounting Period: 2024/1	FORM SA1-2E. PAGE 4.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63831

## Computer Techniques, 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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	od: 2024/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER O	F CABLE SYS	STEM:					SYSTEM ID#
Name	Computer Technique	s, LLC						63831
Substitute Carriage: Special Statement and Program Log	In General: In space I, ider substitute basis during the explanation of the program.  1. SPECIAL STATEMEN.  • During the accounting periodic by a distant standard st	ntify every no accounting priming that multiple in the interest of the interes	ernetwork televiperiod, under spats be included RNING SUBS ur cable syste erest of this part add additional and that you authorization ovies" or "bask addast live, entition, and the systematical addast live, entition and systematical addast live.	m carry, on a substitute ba age blank. If your answer is rate line. Use abbreviations I rows to the tables.	y a distant star CC rules, reg he general ins sis, any nonr s "Yes," you r s wherever po e program") the ted for the pro neral instruct am titles, for e "No."	ulations, ostructions in the structions in the structions in the structions in the struction in the structure in the structur	re authorization the paper steelevision progression pr	ons. For a further SA1-2 form.  gram  X NO  gram  gris  tting station ation.
	Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the le	padcast stationadian station onth and day give "5/7." nes when the s. Example: tter "R" if the and regulat	ion's location ( ons, if any, the when your sy e substitute pr a program car e listed prograr ions in effect of	the community to which the community with which the extern carried the substitute rogram was carried by your ried by a system from 6:01 m was substituted for programing the accounting period	e station is lide station is ide program. Use r cable system is 15 p.m. to 6 ramming that id; enter the l	entified). se numera m. List the :28:30 p.r your systetter "P" i	als, with the etimes accumal should be tem was required to the listed points.	month rately uired
	effect on October 19, 1976	•	your system w	as permitted to delete und	ler FCC rules	and regu	llations in	Ü
	effect on October 19, 1976	5.		,	WHE	N SUBST	TITUTE	
	effect on October 19, 1976	SUBSTITUT	E PROGRAM  3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR DELETION
	effect on October 19, 1976	SUBSTITUT	E PROGRAN	1	WHE CARRI	N SUBST	TITUTE CURRED	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	E PROGRAM  3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
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	effect on October 19, 1976	SUBSTITUT	E PROGRAM  3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	E PROGRAM  3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	E PROGRAM  3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
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	effect on October 19, 1976	SUBSTITUT	E PROGRAM  3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	E PROGRAM  3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	E PROGRAM  3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	E PROGRAM  3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	E PROGRAM  3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	E PROGRAM  3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
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	effect on October 19, 1976	SUBSTITUT	E PROGRAM  3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	E PROGRAM  3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	effect on October 19, 1976	SUBSTITUT	E PROGRAM  3. STATION'S		WHE CARRIA 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR

Accounting Period:	2024/1		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Computer Techniques, LLC		S	YSTEM ID# 63831
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system' (as identified in space E) during the accounting period. For a further explanation of he 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.	s secondary transmow to compute this a	ission service	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  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less  See page (vi) of the general instructions located in the paper SA1-2 form for more informations.	s than \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 (	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee th accounting period is \$52.00	nat you must pay for	this six-mon	
	Line 1. Royalty fee for accounting period		\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 a	nd 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bu			
	Base amount under statutory formula	263,800.00		
	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	<u> </u>		
	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)	<u>\$</u>	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and	d 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)	<b>FAL</b>	SE	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	15.00
	Important: Your remittance must be in the form of an electronic payment p See page i of the general instructions in the paper SA1-2 form			nts!

Accounting Period:	2024/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Computer Techniques, LLC	SYSTEM ID# 63831
<b>M</b> 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 and nonbroadcast services.	270
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Address 520 N. Cheney St.  (Number, street, rural route, apartment, or suite number)	217-824-6398
	Taylorville, IL 62568  (City, town, state, zip)  Email aaron.bialas@cticomputers.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  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 or 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 herei 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/ Aaron Bialas  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:  Aaron Bialas  Title: CIO	system as identified wner of the cable system
	(Title of official position held in corporation or partnership)  Date: 8/5/24	

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

Accounting Period: 2024/1 FORM SA1-2E. PAGE 8 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 63831 Computer Techniques, LLC 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 fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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. 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. . . . . . . . . . . . . . \$ Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . . . . . x 0.00274 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 . . . . . . \* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.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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