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				
08/29/2024	\$ ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	OUNTING PERIOD COVERED BY THIS STATEME	NT: (YYYY/(Period))
	Period 1 = January 1 - Jun	Period 2 = July 1 - December 31
Accounting	20241 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 of the subsidiary, not that of the parent corporation.	r is a subsidiary of another corporation, give the full corporate title
Owner	List any other name or names under which the owner conducts the b	usiness of the cable system.
	If there were different owners during the accounting period, only the single statement of account and royalty fee payment covering the en	
	Check here if this is the system's first filing. If not, enter the system's	D number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE	SYSTEM
	Franklin Telephone Company, Inc.	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DI	FERENT)
	MANUFACE ADDRESS OF CHANGE OF CARLE OVOTEN	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM 1094 Monroe Rd.	
	(Number, street, rural route, apartment, or suite number) Bude, MS 39630	
	(City, town, state, zip)	
С		ed to identify the business and operation of the system unless these ress of the system, if different from the address given in space B
System	IDENTIFICATION OF CABLE SYSTEM:	
	MAILING ADDRESS OF CABLE SYSTEM:	
	(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 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	Franklin Telephone Company, Inc.	
	Instructions: List each separate community served by the cable system. A "commu	
D	"a separate and distinct community or municipal entity (including unincorporated	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	st will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	e home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	CTATE
First	CITY OR TOWN Bude	STATE MS
Community	Barlow	MS
	Crosby	MS
d Rows as Necessary	Eagle Lake	MS
u nows as necessary	Eddiceton	MS
	Hermanville	MS
	Holly Bluff	MS
	Isola	MS
	Louise	MS
	Meadville	MS
	Roxie	MS
	Inverness	MS
	Ackerman	MS
	Artesia	MS
	New Augusta	MS
	Merigold	MS

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: Franklin Telephone Company, Inc.

SYSTEM ID#

68

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 	995	59.00			
 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	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable	20.00	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	50.00	Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect	50.00	
Converter		Disconnect		
		Outlet relocation	50.00	
		 Move to new address 	50.00	

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

4. LOCATION OF STATION

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Franklin Telephone Company, Inc. PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

WABG 32 Greenwood, MS

3. TYPE OF STATION

Add Rows as Necessary

WABG-DT2	32.2	I-M	Greenwood, MS
WABG-DT3	32.3	I-M	Greenwood, MS
WAPT	21	N	Jackson, MS
WAPT-DT2	21.2	I-M	Jackson, MS
WCBI	27	N	Columbus, MS
WCBI-DT2	27.2	N-M	Columbus, MS
WCBI-DT3	27.3	I-M	Columbus, MS
WDAM	7	N	Laurel, MS
WDAM-DT2	7.2	N-M	Laurel, MS
WDBD	14	N	Jackson, MS
WDBD-DT2	14.2	I-M	Jackson, MS
WDBD-DT3	14.3	I-M	Jackson, MS
WEPH	17	1	Tupelo, MS
WHLT	22	N	Hattiesburg, MS
WHLT-DT2	22.2	I-M	Hattiesburg, MS
WHLT-DT3	22.3	I-M	Hattiesburg, MS
WHPM-LD	23	N	Hattiesburg, MS
WHPM-LD2	23.2	I-M	Hattiesburg, MS
WHPM-LD3	23.3	I-M	Hattiesburg, MS
WJTV	12	N	Jackson, MS
WJTV-DT2	12.2	I-M	Jackson, MS
WJTV-DT3	12.3	I-M	Jackson, MS
WJTV-DT4	12.4	I-M	Jackson, MS

U.S. Copyright Office

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

68

Franklin Telephone Company, Inc.
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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WLBT	30	N	Jackson, MS
WLBT-DT2	30.2	I-M	Jackson, MS
WLBT-DT3	30.3	I-M	Jackson, MS
WLBT-DT6	30.6	I-M	Jackson, MS
WLBT-DT5	30.5	I-M	Jackson, MS
WLOO	36	<u> </u>	Vicksburg, MS
WLOV	16	N	West Point, MS
WLOV-DT2	16.2	I-M	West Point, MS
WLOV-DT3	16.3	I-M	West Point, MS
WMPN	29	E	Jackson, MS
WMPN-DT3	29.2	E-M	Jackson, MS
WTVA	11	N	Tupelo, MS
WTVA-DT2	11.2	N-M	Tupelo, MS
WWJX	23	<u> </u>	Jackson, MS
WXVT-LD	17	N	Cleveland, MS
		111111111111111111111111111111111111111	
		111111111111111111111111111111111111111	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Franklin Telephone Company, Inc.

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
						 	
					 		

ounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:						SYSTEM ID
Name	Franklin Telephone C	ompany, I	nc.						6
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G .				
I	In General: In space I, iden substitute basis during the a	accounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, d	or auth	orization	ns. For a further
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special				n carry, on a substitute ba	sis anv nonn	etwork te	levisi	on nrogi	ram
tement and ogram Log	broadcast by a distant sta	•	ar cable cyclor	ir carry, orra capolitato ba	olo, ally florin	iotwork to		YES	X NO
ogram Log	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the								
	log in block 2.	o, leave the	rest of this pa	ige blatik. It your allower is	s res, your	nust com	piete	ine prog	IIaiii
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 4: Give the call Column 5: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim	stitute progra ace, please of every no a distant stat egulations, o ries like "mo . Bulls." m was broad sign of the adcast statid nadian statid nth and day ive "5/7."	am on a separ add additional onnetwork tele- tion and that y or authorization ovies" or "bask dcast live, ente- station broadcon's location (fons, if any, the when your sy	I rows to the tables. vision program ("substitute our cable system substitutens. See page (v) of the genetball." List specific programer "Yes." Otherwise enter "casting the substitute prograthe community to which the community with which the stem carried the substitute ogram was carried by your	e program") the ded for the program titles, for earm. e station is lide program. Use program. Use r cable system	nat, during ogrammin ions for fu example, " censed by entified). se numer.	g the ang of any	account another s informa e Lucy" FCC or, ith the n s accura	ing station tion. or in
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulati mming that y	listed progran	n was substituted for progr luring the accounting perio	ramming that od; enter the l	your sys etter "P" i	f the I	isted pro	
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	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation ming that you	listed program ons in effect d your system w E PROGRAM 3. STATION'S	m was substituted for progr luring the accounting perio as permitted to delete und	ramming that d; enter the lefter FCC rules WHE CARRI. 5. MONTH	your sys etter "P" i and regu N SUBS AGE OC	f the I ulation TITUT CURF	isted prons in	ogram 7. REASON FO

	LEGAL MANE OF CHARLED OF CARLE CVOTEM		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Franklin Telephone Company, Inc.		SYSTEM II
K oss Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's secondar (as identified in space E) during the accounting period. For a further explanation of how to comp page (vii) of the general instructions located in the paper SA1-2 form.	y transmission	service
	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.	\$	360,541.00
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 edused block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527. See page (vi) of the general instructions located in the paper SA1-2 form for more information.		ס
	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 paccounting period is \$52.00.	pay for this six-m	onth
	Line 1. Royalty fee for accounting period		
	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 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than	\$137,100)	
	1. Base amount under statutory formula	00.00	
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	3. Effect the amount from the 3		
	6. Subtract line 5 from line 4		
	6. Subtract line 5 from line 4		0.00
	6. Subtract line 5 from line 4	····· <u> </u>	0.00
	6. Subtract line 5 from line 4	·····	0.00
	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. 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8.	n \$527,600)	0.00
	6. Subtract line 5 from line 4	n \$527,600)	0.00
	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 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 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula \$263,80	n \$527,600)	0.00
	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 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 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula \$263,80	\$527,600) 41.00	
	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 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 1. Enter the amount of gross receipts from space K 1. Enter the amount under statutory formula 2. Base amount under statutory formula \$ 263,80 \$ 96,74	11.00 00.00	.41
	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 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 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula \$263,800 3. Subtract line 2 from line 1 \$96,740 4. Multiply line 3 by .01	1.00 967 1,319	.41
	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 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 1. Enter the amount of gross receipts from space K 1. Enter the amount under statutory formula 2. Base amount under statutory formula \$ 263,81 3. Subtract line 2 from line 1 \$ 96,74 4. Multiply line 3 by .01 \$ 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ \$	\$527,600) 41.00 00.00 41.00 967 1,319	.41 .00
	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 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 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula \$263,800 3. Subtract line 2 from line 1 \$96,740 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	\$527,600) 41.00 00.00 41.00 967 1,319	.41 .00
	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 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 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula \$263,800 3. Subtract line 2 from line 1 \$96,740 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	\$527,600) 41.00 00.00 41.00 967 1,319	.41 .00 .00 2,286.41
	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. 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 1. Enter the amount of gross receipts from space K. 2. Base amount under statutory formula. \$ 263,80 (3. Subtract line 2 from line 1. \$ 96,74 (4. Multiply line 3 by .01. \$ 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula). \$ 5 (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.	\$527,600) 41.00 00.00 41.00 967 1,319 0 \$ 2,286	.41 .00 .00 2,286.41
iling Fee and tal Remittance Due	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. 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 1. Enter the amount of gross receipts from space K. 2. Base amount under statutory formula. \$263,800 (but less than 2. 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). \$5. Royalty due on the first \$100 firs	\$527,600) 41.00 00.00 41.00 967 1,319 0 \$ 2,286	.41 .00 .00 2,286.41
tal Remittance	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 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 1) 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula \$ 263,800 3. Subtract line 2 from line 1 \$ 96,74 4. Multiply line 3 by .01 \$ 96,74 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1. 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 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 2. Filling Fee (See the instructions for more information on filing fee calculations) \$ 300,54	1,319 0\$ 2,286	.41

Accounting Period:	024/1 FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Franklin Telephone Company, Inc. SYSTEM ID# 68
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
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)
Be Contacted for Further Information	Name Bruce Beard, Cinnamon Mueller Telephone 314-462-9000
	Address 1714 Deer Track Trail, Ste. 230 (Number, street, rural route, apartment, or suite number) St. Louis, MO 63131 (City, town, state, zip)
	Email bbeard@cinnamonmueller.com Fax (optional)
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)
Certification	• 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or (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 cable system in line 1 of space B.
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]
	X /s/ Helen Simmons 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: Helen Simmons Title: Vice President-Accounting/Telapex, Inc.
	(Title of official position held in corporation or partnership)
	Date: August 28, 2024

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

ounting Period: 2024/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
nklin Telephone Company, Inc.	68
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."	P 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.	receipte Exelucion
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	4
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
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	_
* 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@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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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)