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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook	03/03/2025	S ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (YY	'YY/(Period))	-

		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20242 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.	63750
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		QCOL, Inc. / 213 Main St. Markleysburg, PA 15459 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		213 Main St (Number, street, rural route, apartment, or suite number)	
		Markleysburg, PA 15459 (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 is a lready appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	QCOL, Inc. / 213 Main St. Markleysburg, PA 15459 Instructions: List each separate community served by the cable system. A "commun	637
D	"a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you l as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Markleysburg	PA
Community	Farmington	PA
	Chalk Hill	PA
d Rows as Necessary	Ohiopyle	PA
	Confluence	PA
	Gibbon Glade	PA
	Mill Run	PA
	Friendsville	MD
	McHenry	MD
	Oakland	MD
	Bruceton Mills	WV
	Hazelton	Ŵ
	Addison	PA
	Uniontown	PA
	Accident	MD

								FORM SA1	-
Name	LEGAL NAME OF OWNER OF CA		_					513	TEM ID 6375
	QCOL, Inc. / 213 Main S	t. Markleyst	burg, F	PA 15459					0373
-	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRI	BERS AND RA	ATES				
E	In General: The information in s								
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng on the	
Fransmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						alo svetom	brokon	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv							5	
	Rate: Give the standard rate c								
	unit in which it is generally billed				ny standar	d rate variation	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block	ounts allowed	for adva	ance payment.	ion of ago	andony transmis	aion oon <i>i</i> ia	o that apple	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system I								
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	ind rates, in the	e right-n	and DIOCK. A tv	/o- or three	e-word descript	on of the s	ervice is	
		DCK 1					BLOCK	٢2	
		NO. OF		DATE	0.17			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Service to first set		576	\$42/mth					
	Service to additional set(s)		370	φ 4 ∠/11111					
	()								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS		8				
-	In General: Space F calls for rat					l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, t	•	,		•	• •			
	service for a single fee. There ar				•		• • • •		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	billed. If any ra	tes are ch	arged on a vari	able per-pr	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	e system for ea	ch of the a	unnlicable servi	res listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	tion and includ	le the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable	\$114	• Mo	tel, hotel			HBO		19.
	• Pay cable—add'l channel	[• Co	mmercial		\$250	Cinema	3X	16.
	Fire protection		• Pav	y cable			Showti	me	10.
	•Burglar protection		-	y cable-add'l ch	annel		Starz E		7.
	Installation: Residential		-	e protection			Starz		8.
	• First set	\$75		glar protection					~.
	Additional set(s)	φr3		services:					
	Auditional set(s)					¢20			
	• EM radio (if concrete rate)			connect					
	• FM radio (if separate rate)			connect		\$30			
	FM radio (if separate rate)Converter		• Dis	connect					
	, , , , , , , , , , , , , , , , , , ,		• Dis • Out			\$30 \$35/hr \$30			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name		St. Markleysburg, PA 15459		637
	PRIMARY TRANSMITTERS:			
<u>^</u>		entify every television station (including t		
G		m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting the		
Primary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.61		
nsmitters: levision		s explained in the next paragraph. : With respect to any distant stations car	ried by your cable system on a su	bstitute program
	basis under specific FCC ru	iles, regulations, or authorizations: e in space G—but do list it in space I (the		
	station was carried only on	a substitute basis.		
		also in space I, if the station was carried on concerning substitute basis stations, s		
	Column 1: List each station	n's call sign. <i>Do not</i> report origination pr	ogram services such as HBO, ES	PN, etc. Identify each
	"WETA-2" as the same on t		.	
		el number the FCC assigned to the telev RC is channel 4 in Washington, D.C.	ision station for broadcasting over	the air in its community
	Column 3: Indicate in each	case whether the station is a network s		
		ring the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or	<i>//</i> ()	
	For the meaning of these te	erms, see page (iv) of the general instruc	tions in the paper SA1-2 form.	,
		n of each station. For U.S. stations, list t dian stations, if any, give the name of the		
		, , , <u>,</u>		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER		
	KDKA	2. B CAST CHANNEL NOMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDKA-2	2-1	N-M	Pittsburgh, PA Pittsburgh, PA
	KDKA-2	2.2	N-M	pittsburgh, PA
•1	WTAE	4	N-W	
vs as Necessary	WTAE-2	4.1	N-M	Pittsburgh, PA Pittsburgh, PA
	WFAE-2	53	N-M	Pittsburgh, PA
	WPGH-2	53-1	N-M	Pittsburgh, PA
	WPGH-3	53-2	N-M	Pittsburgh, PA
	WPXI	11	N	Pittsburgh, PA
	WPXI-2	11-1	N-M	Pittsburgh, PA
	WPXI-3	11-2	N-M	Pittsburgh, PA
	WPAI-5	13	E	Pittsburgh, PA
	WQED-2	13-1	E-M	Pittsburgh, PA
	WQED-3	13-2	E-M	Pittsburgh, PA
	WGPT	36	E	Oakland, MD
	WGPT-2	36-1	E-M	Oakland, MD
	WGPT-3	36-2	E-M	Oakland, MD
	WGPT-3 WINP	36-2 16	E-M N	Oakland, MD Pittsburgh, PA
	WGPT-3 WINP WPCW	36-2 16 19	E-M N N	Oakland, MD Pittsburgh, PA Jeannette, PA
	WGPT-3 WINP	36-2 16	E-M N	Oakland, MD Pittsburgh, PA
	WGPT-3 WINP WPCW	36-2 16 19	E-M N N	Oakland, MD Pittsburgh, PA Jeannette, PA
	WGPT-3 WINP WPCW WPNT	36-2 16 19 22	E-M N N N	Oakland, MD Pittsburgh, PA Jeannette, PA Pittsburgh, PA
	WGPT-3 WINP WPCW WPNT WPNT-2	36-2 16 19 22 22-2	E-M N N N N-M	Oakland, MD Pittsburgh, PA Jeannette, PA Pittsburgh, PA Pittsburgh, PA
	WGPT-3 WINP WPCW WPNT WPNT-2 WPNT-3	36-2 16 19 22 22-2 22-3	E-M N N N N-M N-M	Oakland, MD Pittsburgh, PA Jeannette, PA Pittsburgh, PA Pittsburgh, PA Pittsburgh, PA

ounting Period:	: 2024/2			FORM SA1-2E. PA
Nama	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM
Name	QCOL, Inc. / 213 Mai	n St. Markleysburg, PA 15459		63
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	lentify every television station (including t em during the accounting period, <i>except</i>	(1) stations carried only on a par	t-time basis under
Primary Fransmitters: Television	76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Station	in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.67 as explained in the next paragraph. s: With respect to any distant stations ca	1(e)(2) and (4))]; and (2) certain s	tations carried on a
	 basis under specific FCC r Do not list the station he station was carried only on 	rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis.	ne Special Statement and Program	n Log)—if the
	Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the locatic FCC. For Mexican or Cana	ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the the form. The number the FCC assigned to the telev WRC is channel 4 in Washington, D.C. th case whether the station is a network st tering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of th	rogram services such as HBO, E -air designation. For example, re vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static	SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast). on is licensed by the
	1. CALL SIGN			
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WPCB	2. B'CAST CHANNEL NUMBER 40	3. TYPE OF STATION	4. LOCATION OF STATION Greensburg, PA
			3. TYPE OF STATION I I-M	
	WPCB	40		Greensburg, PA
	WPCB	40		Greensburg, PA
	WPCB	40		Greensburg, PA
	WPCB	40		Greensburg, PA

Accounting F	Period: 2024	/2					FORM	/ SA1-2E. PAGE 4.
LEGAL NAME O								SYSTEM ID#
QCOL, Inc. /	213 Main S	St. Mar	kleysburg, PA 15459					63750
all-band basis v Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 fo	t every radio s whose signals ctions Conce it is carried b monitoring, to ormation abou rm.	station ca were ge rning Al y the sys be recei it the Co	arried on a separate and discr nerally receivable by your cab I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the opyright Office regulations on t	le system during Copyright Office i t the system's he system's FM ante	the accountin regulations, ar adend, and (2 enna, during c	ng perioo n FM sig 2) it can ertain st	l. nal is generally be expected, ated intervals.	H Primary Transmitters: Radio
Column 2: S Column 3: If signal, indicate Column 4: G	State whether f the radio stat this by placing Give the station	the static ion's sig g a checl n's locati	each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		5/0	LOCATION OF STATION	CALL SIGN		5/0	LOCATION OF STATION	

Accounting Perio	d: 2024/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	FEM:					SYSTEM ID#
Name	QCOL, Inc. / 213 Main	St. Markle	eysburg, PA	15459				63750
	SUBSTITUTE CARRIAGE				6			
						an that your a	able eveter	
•	In General: In space I, identi substitute basis during the ad							
Substitute	explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT				0	•	•	
Special	 During the accounting peri 	-			s. anv nonnet	work televisior	n program	
Statement and	broadcast by a distant stat	-	·		-, ,		YES	X NO
Program Log	-						-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	st complete th	e program	ו
	log in block 2.							
	2. LOG OF SUBSTITUTE			te Bare II. e ekkendetieten e		- 11-1 - 1 6 41 1		
	In General: List each subst clear. If you need more space				wnerever pos	sidle, if their m	eaning is	
				ision program ("substitute	orogram") tha	t, during the ac	counting	
	period, was broadcast by a	distant stati	on and that yo	ur cable system substitute	d for the prog	ramming of an	other stati	
	under certain FCC rules, rec							
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love	Lucy" or	
	-		lcast live enter	r "Yes." Otherwise enter "N	lo "			
				isting the substitute progra				
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		CC or, in	
	the case of Mexican or Can	adian statio	ns, if any, the o	community with which the	station is iden	tified).		
	first. Example: for May 7 giv		when your sys	tem carried the substitute	orogram. Use	numerals, with	n the mon	th
			substitute pro	gram was carried by your	cable system	List the times	accurately	M.
	to the nearest five minutes.							y
	stated as "6:00–6:30 p.m."					·		
				was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	ming mary	our system wa	s permitted to delete unde	r FCC rules a	nu regulations	IU	
					WHE	N SUBSTITU	TE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCUR		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. TIME FROM —	ES TO	DELETION
		Tes of No	CALL SIGN	4. STATION S LOCATION	AND DAY		10	
						_		
						_		
						_		
						·		
						_		
						_		
						_		

Accounting Period:	2024/2 F	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	QCOL, Inc. / 213 Main St. Markleysburg, PA 15459	63750
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the fall amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission s (as identified in space E) during the accounting period. For a further explanation of how to compute this amount 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.	service
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.)
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six- accounting period is \$52.00	mon
	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	
	2. Enter amount of gross receipts from space K \$ 147,000.00	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K \$ 147,00	0.00
	5. Enter the amount from line 3	0.00
	6. Subtract line 5 from line 4	0.00
	7. Multiply line 6 by .005 (enter figure here)	151.00
	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	151.00
	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 \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,31	9.00
	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 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) \$ 15	1.00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	0.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	171.00
	EFT Trace # or TRANSACTION ID # 76979880108	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Cop See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more info	

Nome	Accounting Period:	2024/2			FORM SA1-2E. PAGE 7.
M Instruction: You rough give (1) the number of activation that the cable system cannot detend on biodicast station: Instruction: You rough give (1) the number of activation than the cable system cannot detend on biodicast station: 27 Instruction: The tread number of activation which the cable system cannot detended damode and which and and the system cannot detended damode and which and and the system cannot detended damode and which and and the system cannot detended damode and which and and the system cannot detended damode and which and and the system cannot detended damode and which and and the system cannot detended damode and the system cannot detended damode and the system cannot detended damode and	Name				SYSTEM ID# 63750
an which the cable system carried belevision transducts stations 212 N MOVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contrad about the statement of account) Be Contracted Telephone 724.329.1121 x103 Individual to Be Contracted about the statement of account) Telephone 724.329.1121 x103 Adviss 213 Main SI. Previous creating in the statement of account must be cellified and signed in accordance with Copyright Office regulations) Contracted Email Markleysburg, PA 15459 (Pay searching and the contracted about the dimension) Markleysburg, PA 15459 (Pay searching about the statement of account must be cellified and signed in accordance with Copyright Office regulations) Contracted Email Intracted@glocid.net Image: Contracted about the corporation or partnership) i am the owner of the cable system as identified in line 1 of space 8; or (Pay searching the statement of account and brocky decima under of the cable system as identified in line 1 of space 8; or (Officer or partner) i am officer (# a corporation or partnership) i am the duby statecized spect of the cable system is identified in line 1 of space 8; or (In the cable statement of account and brocky decima under partnership) of the legal entity identified as owner of the cable system is identified in line 1 of space 8; or (In the or partnership is and that be cover in and a corporation or partnership) or a partner (# a partnership) of the legal entity identified as owner of the cable system in in a corporation		Instructions: Y to its subscriber 1. Enter the tota system carried	and (2) the cable system's total number of activated on number of channels on which the cable elevision broadcast stations	channels during the accounting period.	27
Individual to Be Contacted for Further Information Name Brian Frazee Telephone 724.329.1121 x103 Address 213 Main St. Universe, telest, telephone, segmenter, et auto numero Markloysburg, PA 15459 City, Low, state, and City, Low, state, and Contracted for Further Infrazee@good.net Fax (optional) Certification - 1 the undersigned, hereby carify that (Check one, but only one, of the boxes.) Contracted in the origination or partnership) I am the dualy authorized agent of the cable system as identified in line 1 of space B; or in the 1 of space B and that the owner in an a cooperator or partnership) of the legal entity identified as owner of the cable system in the 1 of space B. • There examined and account and hereby define under granter under granter (if a partnership) of an agent of the cable system as identified in line 1 of space B. • There examined and account and hereby decline under granting of the legal entity identified as owner of the cable system in the 1 of space B. • There examined and account and hereby decline under granting of the legal entity identified as owner of the cable system in the 1 of space B. • There examined and account and hereby decline under granting of and are made in good faith. [18 U.S.C., Section 1001(1980)] If U.S.C., Section 1001(1980) Tige: President Tige: President (Tige: President (Tige: <td< td=""><th></th><td>on which the o</td><td>ble system carried television broadcast stations</td><td></td><td>212</td></td<>		on which the o	ble system carried television broadcast stations		212
for Further Information Name Brian Frazee Telephone 724.329.1121 x103 Address 213 Main St. (Market state, rule role, apathenet, or solar number) Market state, rule role, apathenet, or solar number) Market state, rule Parzee@gcol.net Fax (optional) Email bfrazee@gcol.net Fax (optional) O Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 1, the undersigned, hereby certify that (Check one, but only one, of the cable system as identified in line 1 of space B; or in line 1 of space B; or • 0 (Over other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or • 1, the undersigned, hereby certify that (Check one, part only on partnership) or • 1 (Officer or partnership) I am officer (f a corporation or partnership) or the cable system as identified in line 1 of space B. • 1 have examined the statement of account and hereby declare under partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • 1 have examined the statement of account and hereby declare under partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • 1 have examined the statement of account and hereby declare under partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • 1 have examined the statement of account and here	Individual to			EEDED (Identify an individual to whom	
(Number: stratel, road roads, payment, or subta number) Markleysburg, 204 15459 (CR), toxin, state, app Email Infrazee@gool.net Fax (optional) (CR), toxin, state, app Certification It he 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 is identified in line 1 of space B; (In the of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B. In here versamined the statement of account and hereby declare under paralyt of law that all statements of fact contained herein are true, complexe, and orrect to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	for Further	Name	Brian Frazee	Telephone	724.329.1121 x103
O Certification Certification I, the undersigned, hereby certify that (Check one, <i>but only one</i>, 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; 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; 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; 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; 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; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B; (Officer or partner) I am an officer (if a corporation or 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 corporation for my knowledge, information, and belief, and are made in good faith. (B U.S.C., Section 1001(1986)) Typed or printed name: Brian Frazee Trite: Pre		Address	(Number, street, rural route, apartment, or suite number) Markleysburg, PA 15459		
O 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 Image:		Email	bfrazee@qcol.net	Fax (optional)	
Inter 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: Brian Frazee Title: President (Title of official position held in corporation or partnership)	-	I, the undersign (Own (Ager in X (Offic in true, comple	d, hereby certify that (Check one, <i>but only one</i> , of the box other than corporation or partnership) I am the owner of owner other than corporation or partnership) I am the ne 1 of space B and that the owner is not a corporation or r or partner) I am an officer (if a corporation) or a partner ne 1 of space B. the statement of account and hereby declare under penal , and correct to the best of my knowledge, information, ar	es.) of the cable system as identified in line 1 of space B; the duly authorized agent of the owner of the cable sy r partnership; or r (if a partnership) of the legal entity identified as owne Ity of law that all statements of fact contained herein	stem as identified
Date: 3/3/2025			Typed or printed name: Brian Fraz	ure on the line above to certify this statement. ('s/ signature" (e.g., /s/ John Smith)	
			Date:	3/3/2025	

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 the 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 telephoi 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lay

unting Period: 2024/2	
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DL, Inc. / 213 Main St. Markleysburg, PA 15459	637
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- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemer Concerning Gros
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.	Receipts Exclusion
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	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	_ Interest Assessme
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