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					
	\$	Fo co Of			
2/28/2025	ALLOCATION NUMBER	(2)			

Return completed workbook by

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20242 Barcode Data Filing Period (optional - see instructions)
Accounting Period	
	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
В	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
	Franklin Telephone Company, Inc.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	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	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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)
	— (radinosi, suese, raidi route, apartirent, 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 GAR! 5 OVOTEN	FORM SA1-2E. PAGE SYSTEM I						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
	Franklin Telephone Company, Inc.	(
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated communincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	unities within unincorporated areas and including single, discrease as a form of system identification hereafter known as the "first						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified							
Served	city.							
First	CITY OR TOWN Bude	STATE MS						
First Community								
Community	Barlow	MS						
	Crosby	MS						
d Rows as Necessary	Eagle Lake	MS						
	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: 2024/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name Franklin Telephone Company, Inc.

68

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	924	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: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

4. LOCATION OF STATION

Franklin Telephone Company, Inc.

-... 6

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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	N	Greenwood, MS
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	l	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
WLBT	30	N	Jackson, MS

3. TYPE OF STATION

Add Rows as Necessary

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Franklin Telephone Company, Inc.

6

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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	I	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	Е	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	I	Jackson, MS
WXVT-LD	17	N	Cleveland, MS

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

SYSTEM ID#

Franklin Telephone Company, Inc.

68

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
	_				_		
						\	

	1 2224/2							
Accounting Perio	d: 2024/2 LEGAL NAME OF OWNER OF (CARLE SYST	EM:				FOR	RM SA1-2E. PAGE 5.
Name	Franklin Telephone Co							SYSTEM ID# 68
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identify substitute basis during the acceptantion of the programmit. 1. SPECIAL STATEMENT • During the accounting periphroadcast by a distant state where If your answer is "No, log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of the substitute of the sub	E: SPECIAI fy every non ecounting pe ing that mus CONCERI iod, did you tion? " leave the E PROGRA itute progra ce, please a	L STATEMEN network televisi riod, under spei t be included in NING SUBSTI r cable system rest of this pag MS m on a separal add additional r	ion program, broadcast by cific present and former FC this log, see page (v) of the TUTE CARRIAGE carry, on a substitute base blank. If your answer is te line. Use abbreviations lows to the tables.	a distant station C rules, regulate general instruits, any nonnel "Yes," you mu wherever pos	ations, or a uctions in the twork telev ust comple	uthorizations. ne paper SA1- vision prograr YES ete the progra	n carried on a For a further 2 form. M X NO
	period, was broadcast by a under certain FCC rules, reponot use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call sociumn 4: Give the broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 given Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	gulations, o ies like "mor Bulls." In was broad sign of the sidcast static adian statio the and day "e" "5/7." Example: a er "R" if the and regulation ing that y	r authorizations vies" or "baske deast live, enter station broadca on's location (the ns, if any, the content of the program carried program carried listed program ons in effect du	s. See page (v) of the gentball." List specific program "Yes." Otherwise enter "I sting the substitute program to community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for program the accounting period	eral instruction titles, for exima. No." am. e station is lice station is iden program. Use cable system. 15 p.m. to 6:2 amming that y d; enter the letter FCC rules a	nsed by the ntiffied). Insert the tile 18:30 p.m. Insert the tile 18:30 p.m	ner information Love Lucy" or the FCC or, in the moon mes accurate should be the listed program was require the listed program in	nth ely
	s	UBSTITUT	E PROGRAM			EN SUBST	-	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION

Accounting Period:	2024/2			FORM	M SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Franklin Telephone Company, Inc.				SYSTEM ID
	Trankin Telephone Company, inc.				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the second (as identified in space E) during the accounting period. For a further explanation 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.	system's son of how	secondary transn to compute this a	nission servi amount, see	ice
	COPYRIGHT ROYALTY FEE				
L 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less t	han \$527,600.	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00.	y fee that	you must pay for t	his six-mont	th
	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 lin	nes 1 and 2	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but n	nore than \$137,	00)	
	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)				
	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 \$26:				
	Enter the amount of gross receipts from space K	\$	335,592.00		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	71,792.00	'	
	4. Multiply line 3 by .01		\$	717.92	2
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		. \$	1,319.00	_)
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	_)
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4.	, 5, and 6		\$	2,036.92
	FILING FEE AND TOTAL REMITTANCE DU	ΙE			
Filling Free				_	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		\$	2,036.92	2_
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		<u></u> \$	20.00	<u>) </u>
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,056.92
	EFT Trace # or TRANSACTION ID #]	
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the				
	SEE PORCE OF THE RESIDENT HISTORIES IN THE PURPLE STATE Z TOTAL BIRD HIS			cioiiiidt	
	1				

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7.		
Name		OWNER OF CABLE SYSTEM: hone 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 carrie	ed television broadcast station	าร			33		
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.							
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of accordance		RMATION IS NEEDED (Identify an ind	dividual			
for Further Information	Name	Bruce Beard, Cinnar	non Mue	ller	Telephone	314-462-9000		
illomaton	Address	1714 Deer Track Tra (Number, street, rural route, apart	il, Ste. 23	8 0 number)				
		St. Louis, MO 63131 (City, town, state, zip)						
	Email	bbeard@cinnar	monmueller	r.com	Fax (optional			
	CERTIFICATION	(This statement of account m	ust be certif	fied and signed in accordance with Co	opyright Office regulations)			
O Certification	• I, the undersigne	ed, hereby certify that (Check c	ne, <i>but only</i>	one, of the boxes.)				
	(Owne	r other than corporation or p	partnership)	I am the owner of the cable system as	identified in line 1 of space	B; or		
				tnership) I am the duly authorized age lot a corporation or partnership; or	nt of the owner of the cable s	system as identified		
		er or partner) I am an officer (in line 1 of space B.	(if a corporati	ion) or a partner (if a partnership) of the	e legal entity identified as ow	ner of the cable system		
		ete, and correct to the best of m	•	are under penalty of law that all stateme, e, information, and belief, and are made				
	l		X	/s/ Helen Simmons				
				ectronic signature on the line above to ce ture using an "/s/ signature" (e.g., /s/ Jo	•			
		Typed or printed	d name: <u>I</u>	Helen Simmons				
		Title:		esident-Accounting/Telape	k, Inc.			
		Date:			Feb. 27, 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 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: 2024/2	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.	
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 Mailing Address Name 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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
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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