

REMITTANCE #: 152719

CONTROL #: 25615



cable worksheet

Total Amount of Remittance \$ 24,505.33 Number of SAs Rec'd 37 Initials BJ

Date of Remittance 12-11 check MO EFT

Improper Remittance Letter Sent / / Proper Rem. Rec'd / / Date of Rem. / /

CABLE ID # 7025 Amount/Initials RDC
Examined by JRM Reviewed by _____ Date Examination Completed 1-10-12 Allocation Number 901318 \$ 52.00

SPACE A ACCOUNTING PERIOD

January 1—June 30, 19 _____ July 1—December 31, 19 _____
 Letter sent _____ Information received _____
 Accepted Phone call/Date/Contact _____

SPACE B OWNER

Letter sent _____ Information received _____
 Accepted Phone call/Date/Contact _____

SPACE D AREA SERVED

Letter sent _____ Information received _____
 Accepted Phone call/Date/Contact _____

SPACE E SECONDARY TRANSMISSION SERVICE SUBSCRIBERS AND RATES

Letter sent _____ Information received _____
 Accepted Phone call/Date/Contact _____

SPACE G PRIMARY TRANSMITTERS: TELEVISION

Letter sent _____ Information received _____
 Accepted Phone call/Date/Contact _____

SPACE H PRIMARY TRANSMITTERS: RADIO

RECEIVED
AUG 24 1990
LICENSING DIVISION

<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Data/Contact	SPACE I SUBSTITUTE CARRIAGE
<input type="checkbox"/> Information received <input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Data/Contact	SPACE J PART-TIME CARRIAGE LOG (SAS only)
<input type="checkbox"/> Information received <input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Data/Contact	SPACE K GROSS RECEIPTS
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Data/Contact	SPACE L COPYRIGHT ROYALTY FEE
<input type="checkbox"/> Fee should be \$ <input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Data/Contact	<input type="checkbox"/> Refund request to Fiscal <input type="checkbox"/> Info/Add'l Fee received
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Data/Contact	SPACE M CHANNELS
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Data/Contact	SPACE N STATEMENT OF GROSS RECEIPTS
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Data/Contact	SPACE O INTEREST ASSESSMENT

IF YOU ARE FILING FOR A PRIOR ACCOUNTING PERIOD,
CONTACT THE LICENSING DIVISION FOR THE CORRECT FORM.

**SA1-2
Short Form**

STATEMENT OF ACCOUNT
*for Secondary Transmissions
by Cable Systems (Short Form)*

General instructions are at the
end of this form [pages (i)-(vi)].

FOR COPYRIGHT OFFICE USE ONLY					
	<table border="1"> <tr> <td>AMOUNT</td> <td>\$ 52.00 SRM</td> </tr> <tr> <td>ALLOCATION NUMBER</td> <td>901318</td> </tr> </table>	AMOUNT	\$ 52.00 SRM	ALLOCATION NUMBER	901318
AMOUNT	\$ 52.00 SRM				
ALLOCATION NUMBER	901318				

Return to:
Library of Congress
Copyright Office
Licensing Division
101 Independence Ave. SE
Washington, DC 20557-6400
(202) 707-8150

For courier deliveries,
see page i of the general
instructions.

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: January 1 - June 30, 2011																			
B Owner	<p>Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. 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. List any other name or names under which the owner conducts the business of the cable system.</p> <p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM:</p> <p style="text-align: right;">007020</p> <p>MANSFIELD CABLE TV, INC.</p> <div style="text-align: right;">  007020 2011/1 </div> <p>P.O. BOX 802068 DALLAS, TX 75380</p>																			
C System	<p>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.</p> <table border="1"> <tr> <td style="text-align: center;">1</td> <td colspan="3">IDENTIFICATION OF CABLE SYSTEM:</td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="3"> MAILING ADDRESS OF CABLE SYSTEM: P.O. BOX 1050 <small>(Number, street, rural route, apartment, or suite number)</small> MANSFIELD, LA. 71052 <small>(City, town, state, zip)</small> </td> </tr> </table>				1	IDENTIFICATION OF CABLE SYSTEM:			2	MAILING ADDRESS OF CABLE SYSTEM: P.O. BOX 1050 <small>(Number, street, rural route, apartment, or suite number)</small> MANSFIELD, LA. 71052 <small>(City, town, state, zip)</small>										
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D Area Served	<p>Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the <i>first community</i> on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.</p> <table border="1"> <thead> <tr> <th style="width: 25%;">CITY OR TOWN</th> <th style="width: 25%;">STATE</th> <th style="width: 25%;">CITY OR TOWN</th> <th style="width: 25%;">STATE</th> </tr> </thead> <tbody> <tr> <td>LOGANSPORT</td> <td>LA</td> <td></td> <td></td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table>				CITY OR TOWN	STATE	CITY OR TOWN	STATE	LOGANSPORT	LA		
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effects 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: MANSFIELD CABLE TV, INC.	SYSTEM ID# 007020	Name
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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: "\$8/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 which 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.

E

**Secondary
Transmission
Service:
Subscribers
and Rates**

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	181	42.45			
• Service to First Set					
• Service to Additional Set(s)					
• FM Radio (if separate rate)					
Motel, Hotel					
Commercial					
Converter					
• Residential					
• Non-Residential					

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; and (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.

F

**Services
Other Than
Secondary
Transmissions:
Rates**

BLOCK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-Residential	
• Pay Cable	10.95	• Motel, Hotel	35.00
• Pay Cable—Add'l Channel	10.95	• Commercial	35.00
• Fire Protection	N/A	• Pay Cable	35.00
• Burglar Protection	N/A	• Pay Cable—Add'l Channel	N/A
Installation: Residential		• Fire Protection	N/A
• First Set	35.00	• Burglar Protection	N/A
• Additional Set(s)	N/A	Other Services:	
• FM Radio (if separate rate)	N/A	• Reconnect	35.00
• Converter	N/A	• Disconnect	NC
		• Outlet Relocation	35.00
		• Move to New Address	35.00

LEGAL NAME OF OWNER OF CABLE SYSTEM: MANSFIELD CABLE TV, INC.	SYSTEM ID# 007020	Name
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GROSS RECEIPTS

Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts ("gross receipts") paid to your cable system by subscribers for the system's "secondary transmission service" (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (v) of the General Instructions.

- Gross receipts from subscribers for secondary transmission service(s) during the accounting period.

\$ 44,283.99 (Amount of "gross receipts")

IMPORTANT: You must complete a statement in space P concerning gross receipts.

K

Gross Receipts

INSTRUCTIONS FOR COMPUTING THE COPYRIGHT ROYALTY FEE

To compute the royalty fee you owe:

- Complete **either** 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 for more information.

L

Copyright
Royalty Fee

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-month accounting period is \$52.00

Line 1. Royalty Fee for Accounting Period	\$	52.00
Line 2. Interest Charge. Enter the amount from line 4, space Q, page 8	\$	0.00
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00


BLOCK 2: "GROSS RECEIPTS" OF \$263,800 OR LESS (but more than \$137,100)

1. Base amount under statutory formula		\$263,800
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		
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 \$527,600)

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		
4. Multiply line 3 by .01		
5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$1,319
6. Interest Charge. Enter the amount from line 4, space Q, page 8	\$	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$	

IMPORTANT: When you file your Statement of Account on this form, SA1-2, you must also enclose with it the royalty fee you have computed in block 1, block 2, or block 3, above. Your remittance must be in the form of an **electronic payment, certified check, cashier's check, or money order**, payable to *Register of Copyrights*. Other forms of remittance, including personal or company checks will be returned. Do not send cash. We recommend electronic payments.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MANSFIELD CABLE TV, INC.	SYSTEM ID# 007020
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.	8
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	115
N Contact	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this Statement of Account.)	
	Name DAVE BEASLEY	Telephone 972-233-9616 <small>(Area Code)</small>
	Address P.O. BOX 802068	
	<small>(Number, Street, Rural Route, Apartment or Suite Number)</small>	
	DALLAS, TX 75380	
	<small>(City, Town, State, ZIP Code)</small>	
	Email (optional) daveb@creditprotect.com	Fax (optional) 972-233-9616
O Certification	CERTIFICATION: (This Statement of Account must be certified and signed in accordance with Copyright Office Regulations, as explained in the General Instructions.)	
	<ul style="list-style-type: none"> • I, the undersigned, hereby certify that: (Check one, but only one, of the boxes.) <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or <input type="checkbox"/> (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 <input checked="" type="checkbox"/> (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. 	
	<ul style="list-style-type: none"> • 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)] 	
		Handwritten signature: <u> <i>Dave Beasley</i> </u>
	Typed or printed name: DAVE BEASLEY	
	Title: VICE PRESIDENT	
	<small>(Title of official position held in corporation or partnership)</small>	
	Date: <u> 9/16/11 </u>	

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LEGAL NAME OF OWNER OF CABLE SYSTEM: MANSFIELD CABLE TV, INC.	SYSTEM ID# 007020	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION 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." For more information on when to exclude these amounts, see the note on page (v) of the General Instructions. 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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____		P Statement of Gross Receipts
Name Mailing Address	Name Mailing Address	
Name Mailing Address	Name Mailing Address	

WORKSHEET FOR COMPUTING INTEREST You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (vi) General Instructions. Line 1. Enter the amount of late payment or underpayment \$ _____ <div style="text-align: right; margin-left: 400px;">x _____ %</div> Line 2. Multiply line 1 by the interest rate* and enter the sum here <div style="text-align: right; margin-left: 400px;">x _____ days</div> Line 3. Multiply line 2 by the number of days late and enter the sum here <div style="text-align: right; margin-left: 400px;">x .00274</div> Line 4. Multiply line 3 by .00274** and enter here and in space L (page 6) Block 1, line 2, or Block 2, line 8, or Block 3, line 6 \$ _____ <div style="text-align: right; margin-left: 400px;">(interest charge)</div> <p>* Contact the Licensing Division at (202) 707-8150 (8:30 a.m.–5:00 p.m., eastern time) for the interest rate for the accounting period in which the late payment or underpayment occurred.</p> <p>**This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>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.</p> Owner Address ID Number First Community Served Accounting Period	Q Interest Assessment
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