

CONTROL #:

REMITTANCE #:

103597



\$ 110.00

Total amount of remittance

1

Number of SAs rec'd

JRM

Initials

0210112

Date of remittance

Check

EFT

FILING FEE

Cable ID # 27306

Amount/Initials

Examined by

Reviewed by

Date examination completed

Allocation number

JRM

10-8-14

914785

\$ 110.00 EJ

Space A
Accounting
Period

January 1 - June 30, 20 ____

July 1 - December 31, 20 ____

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

Accepted Phone call/Date/Contact

<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted	Space I Substitute Carriage
<input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted	Space J Part-time Carriage Log (SA3 only)
<input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted	Space K Gross Receipts
<input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	
<i>no SOA</i> <input type="checkbox"/> Royalty Fee should be \$ <input checked="" type="checkbox"/> Letter sent <i>8-19-14</i>	Space L Copyright Filing and Royalty Fees
<input type="checkbox"/> Refund request to fiscal <input type="checkbox"/> Information received <input type="checkbox"/> Accepted	
<input type="checkbox"/> Phone call/Date/Contact	
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted	Space M Channels
<input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted	Space O Certification
<input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted	Space P Statement of Gross Receipts
<input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted	Space Q Interest Assessment
<input type="checkbox"/> Info/add'l fee received <input type="checkbox"/> Phone call/Date/Contact	

Martin, Jessica

From: Martin, Jessica
Sent: Tuesday, August 19, 2014 2:46 PM
To: 'cjones@micomcable.com'
Subject: Michigan Cable Partners, Inc. 2011 Statements of Account Fraser and Hope, MI

Importance: High



Licensing Division - United States Copyright Office
Library of Congress - 101 Independence Avenue SE - Washington, DC 20557-6400
TEL (202) 707-8150 - FAX (202) 707-0905 - www.copyright.gov

August 19, 2014

Ms. Christine Jones
Michigan Cable Partners, Inc.
8800 Ferry Street
Montague, MI 49437

Re: Michigan Cable Partners, Inc. – 2011/1 and 2011/2
Fraser, MI (ID 27306)
Hope, MI

Dear Ms. Jones:

The Licensing Division of the Copyright Office is in the process of reviewing payments that were received with no Statements of Account and/or any additional information to determine its purpose for the above referenced remitter.

On **February 9, 2012**, we received two ACH payments in the amount of **\$110.00 each** from your company. However, to this date, we have not received a statement(s) or additional information identifying how to apply this royalty fee.

As of January 1, 2014, **all** statements of account submitted to this office must include a filing fee. Filing fees for Cable operators are: Cable SA-1: \$15.00, Cable SA-2: \$20.00, and Cable SA-3: \$725.00. For more information regarding filing fees, please visit: <http://www.copyright.gov/licensing/>.

The submission of a Statement of Account lacking the required information or fees may jeopardize the validity of your statutory license, and your secondary transmission activity may be subject to full liability under the copyright act. Without a statutory license, a cable system could be sued by copyright owners for the full range of civil remedies for copyright infringement, including injunctions, actual damages and profits, or statutory damages (of up to \$150,000 in cases of willful infringement). The statute also provides for criminal penalties in cases of willful infringement for commercial purposes.

Please review this matter and send the **original and a copy** of the statement(s) of account, so that this royalty may be applied correctly. Your reply should be returned with a copy of this letter. I can be reached by phone at (202) 707-8129 or email at jema@loc.gov with any questions or responses regarding this matter.

Jessica Martin

Licensing Examiner

Licensing Division

(202) 707-8129 (office)

(202) 707-0905 (fax)

REMITTER (COMPANY)

Pay Royalty Fees for Cable

Name :Michigan Cable Partners Inc.

Address :8800 Ferry St

City :Montague

State / Country: MI

Postal Code :49437

Contact First Name :Christine

Phone :231-893-7500

Contact Middle Name :

FAX :

Contact Last Name :Jones

Email :cjones@micomcable.com

The Cable ID # is a unique number assigned by the Licensing Division. To request a new ID number, contact the Licensing Division at 202-707-8150.

	Cable System Identification Number	First Community Served	State	Filing Period (mm/dd/yyyy)		Amount
				Start	End	
1	27306	Fraser	MI	06/01/2011	12/31/2011	55.00
2	00000	Hope	MI	06/01/2011	12/31/2011	55.00
3						
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27						
28						
29						
30						

Sub-Total: 110.00

Total Payment Amount: 110

Enter more Cable Fees

Submit Data