

REMITTANCE #: 104112

CONTROL #: 33086



cable worksheet

Total Amount of Remittance

\$ 936.00

Number of SAs Rec'd

17

Initials

JJ

Date of Remittance

3/1/12

check

MO

EFT

Improper Remittance

Letter Sent / /

Proper Rem. Rec'd / /

Date of Rem. / /

CABLE ID #

33086

Amount/Initials

Examined by

MOB

Reviewed by

Date Examination Completed

7/9/12

Allocation Number

912655

\$ 52.00 EFT

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

RECEIVED
MAR 01 2012
TELECOMMUNICATIONS DIVISION

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

SPACE I
SUBSTITUTE
CARRIAGE

Letter sent Information received
 Accepted Phone call/Date/Contact

SPACE J
PART-TIME
CARRIAGE
LOG

(SA3 only)

Letter sent Information received
 Accepted Phone call/Date/Contact

SPACE K
GROSS
RECEIPTS

Letter sent Information received
 Accepted Phone call/Date/Contact

SPACE L
COPYRIGHT
ROYALTY
FEE

Fee should be \$ Refund request to Fiscal
 Letter sent Info/Add'l Fee received
 Accepted Phone call/Date/Contact

SPACE M
CHANNELS

Letter sent Information received
 Accepted Phone call/Date/Contact

SPACE O
CERTIFICATION

Letter sent Information received
 Accepted Phone call/Date/Contact

SPACE P
STATEMENT OF
GROSS
RECEIPTS

Letter sent Information received
 Accepted Phone call/Date/Contact

SPACE Q
INTEREST
ASSESSMENT

Letter sent Info/Add'l Fee received
 Accepted Phone call/Date/Contact

**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)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
	\$ 52,000.00
	ALLOCATION NUMBER
	912655

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 ii of the general
instructions.

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: JULY 1 - DECEMBER 31, 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.</p> <p>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.</p> <p>List any other name or names under which the owner conducts the business of the cable system.</p> <p><i>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.</i></p> <p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM:</p> <div style="display: flex; justify-content: space-between;">  33086 2011/2 SA 1 </div> <p>CLEARVISION CABLE SYSTEMS INC 1785 US ROUTE 40 GREENUP, IL 62428-3501</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" style="width: 100%;"> <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:</td> </tr> <tr> <td></td> <td colspan="3"><small>(Number, street, rural route, apartment, or suite number)</small></td> </tr> <tr> <td></td> <td colspan="3"><small>(City, town, state, zip)</small></td> </tr> </table>				1	IDENTIFICATION OF CABLE SYSTEM:			2	MAILING ADDRESS OF CABLE SYSTEM:				<small>(Number, street, rural route, apartment, or suite number)</small>				<small>(City, town, state, zip)</small>						
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	<small>(Number, street, rural route, apartment, or suite number)</small>																							
	<small>(City, town, state, zip)</small>																							
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.</p> <p>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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">CITY OR TOWN</th> <th style="width: 10%;">STATE</th> <th style="width: 25%;">CITY OR TOWN</th> <th style="width: 10%;">STATE</th> </tr> </thead> <tbody> <tr> <td>SHUMWAY</td> <td>IL</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> <tr> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table>				CITY OR TOWN	STATE	CITY OR TOWN	STATE	SHUMWAY	IL		
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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: CLEARVISION CABLE SYSTEMS INC, 1785 US ROUTE 40 33086	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 (vi) of the general instructions.

- 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.

\$ <u>48345</u> <small>(Amount of gross receipts)</small>
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K

Gross Receipts

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 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	\$ <u>52.00</u>
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$ _____
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	\$ <u>263,800</u>
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	\$ <u>263,800</u>
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)	\$ <u>1,319</u>
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: Your remittance must be in the form of an *electronic payment* payable to *Register of Copyrights*. See page i of the general instructions for more information.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CLEARVISION CABLE SYSTEMS INC, 1785 US ROUTE 40 33086
M Channels	<p>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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations. 46</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 48</p>
N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can write or call about this statement of account.)</p> <p>Name <u>Mitchell Baugus</u> Telephone <u>217 933 5594</u> <small>(Area code)</small></p> <p>Address <u>James St B</u> <small>(Number, street, rural route, apartment, or suite number)</small></p> <p><small>(City, town, state, zip)</small></p> <p>Email (optional) _____ Fax (optional) _____</p>
O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)</p> <ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, <i>but only one</i>, 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)] <div style="margin-top: 20px;">  <p>Handwritten signature: <u>Gwendolyn S. Baugus</u></p> <p>Typed or printed name: <u>Gwendolyn S. Baugus</u></p> <p>Title: <u>SECRETARY</u> <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: <u>2-28-12</u></p> </div>

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LEGAL NAME OF OWNER OF CABLE SYSTEM: CLEARVISION CABLE SYSTEMS INC, 1785 US ROUTE 40 33086	Name
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<p>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." For more information on when to exclude these amounts, see the note on page (vi) 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> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:50%; padding: 2px;">Name</td> <td style="width:50%; padding: 2px;">Name</td> </tr> <tr> <td style="width:50%; padding: 2px;">Mailing address</td> <td style="width:50%; padding: 2px;">Mailing address</td> </tr> <tr> <td style="width:50%; padding: 2px;">.....</td> <td style="width:50%; padding: 2px;">.....</td> </tr> <tr> <td style="width:50%; padding: 2px;">.....</td> <td style="width:50%; padding: 2px;">.....</td> </tr> </table>	Name	Name	Mailing address	Mailing address	P Special Statement Concerning Gross Receipts Exclusions
Name	Name								
Mailing address	Mailing address								
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<p>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 (vii) of the general instructions.</p> <p>Line 1. Enter the amount of late payment or underpayment \$ _____ x _____ %</p> <p>Line 2. Multiply line 1 by the interest rate* and enter the sum here x _____ days</p> <p>Line 3. Multiply line 2 by the number of days late and enter the sum here x .00274</p> <p>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 \$ _____ (interest charge)</p> <p><small>* 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@loc.gov.</small></p> <p><small>**This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</small></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> <p>Owner</p> <p>Address</p> <p>ID number</p> <p>First community served</p> <p>Accounting Period</p>	Q Interest Assessment
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