

CONTROL #: 29615

REMITTANCE #: 118887

# Cable Worksheet

\$ 2,587.05  
Total amount of remittance

5  
Number of SAs rec'd

DL  
Initials

7 129119  
Date of remittance

Check

EFT

FILING FEE

Cable ID # <u>1336</u>				Amount/Initials
Examined by <u>DL</u>	Reviewed by	Date examination completed <u>12/23/19</u>	Allocation number <u>1018363</u>	\$ <u>67.00</u> <u>HR</u>

**Space A**  
Accounting Period

January 1 – June 30, 20\_\_\_\_

July 1 – December 31, 2018

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

**THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015**  
 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
<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>LICENSING DIVISION</b>   <b>AUG - 5 2019</b>   <b>RECEIVED</b> </div>	\$
	ALLOCATION NUMBER
	1018363

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.

<b>A</b> Accounting Period	<b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)</b> <input type="checkbox"/> January 1–June 30 ..... (Year) <input checked="" type="checkbox"/> July 1–December 31 2018 ..... (Year)			
<b>B</b> Owner	<b>INSTRUCTIONS:</b> Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other 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. <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. <u>1336</u>			
	1	<b>LEGAL NAME OF OWNER OF CABLE SYSTEM:</b> Independent Cable Sysytems of Idaho LLC		1336
	2	<b>BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):</b>		
	3	<b>MAILING ADDRESS OF OWNER OF CABLE SYSTEM:</b> PO Box 858 <small>(Number, street, rural route, apartment, or suite number)</small> Soda Springs, ID 83276-0858 <small>(City, town, state, zip)</small>		
<b>C</b> System	<b>Instructions:</b> 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.			
	1	<b>IDENTIFICATION OF CABLE SYSTEM:</b>		
	2	<b>MAILING ADDRESS OF CABLE SYSTEM:</b> <small>(Number, street, rural route, apartment, or suite number)</small> <small>(City, town, state, zip)</small>		
<b>D</b> Area Served	<b>Instructions:</b> 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.			
First ► Community	CITY OR TOWN	STATE	CITY OR TOWN	STATE
	Preston	ID		

**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 CABLE SYSTEM:				<b>Name</b>
Independent Cable Sysytems of Idaho LLC		1336		
<p><b>Instructions:</b> 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 <i>all future filings</i>.</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>				<b>D</b> Area Served
CITY OR TOWN	STATE	CITY OR TOWN	STATE	<b>◀ First Community</b>
.....				

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: Independent Cable Systeems of Idaho LLC	1336
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<b>E</b>	<p><b>Secondary Transmission Service: Subscribers and Rates</b></p> <p><b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b>  <b>In General:</b> 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).  <b>Number of Subscribers:</b> 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).  <b>Rate:</b> 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.  <b>Block 1:</b> 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. <b>Note:</b> 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)."  <b>Block 2:</b> 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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">BLOCK 1</th> <th colspan="3" style="text-align: center;">BLOCK 2</th> </tr> <tr> <th style="width:35%;">CATEGORY OF SERVICE</th> <th style="width:15%;">NO. OF SUBSCRIBERS</th> <th style="width:10%;">RATE</th> <th style="width:35%;">CATEGORY OF SERVICE</th> <th style="width:15%;">NO. OF SUBSCRIBERS</th> <th style="width:10%;">RATE</th> </tr> </thead> <tbody> <tr> <td><b>Residential:</b> • Service to first set • Service to additional set(s) • FM radio (if separate rate)</td> <td style="text-align: center;">93</td> <td style="text-align: center;">\$22.00</td> <td>Expanded</td> <td style="text-align: center;">84</td> <td style="text-align: center;">\$46.95</td> </tr> <tr> <td><b>Motel, hotel</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Commercial</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Converter</b> • Residential • Nonresidential</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	BLOCK 1			BLOCK 2			CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	<b>Residential:</b> • Service to first set • Service to additional set(s) • FM radio (if separate rate)	93	\$22.00	Expanded	84	\$46.95	<b>Motel, hotel</b>						<b>Commercial</b>						<b>Converter</b> • Residential • Nonresidential					
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<b>F</b>	<p><b>Services Other Than Secondary Transmissions: Rates</b></p> <p><b>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b>  <b>In General:</b> 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.  <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.  <b>Block 2:</b> 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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">BLOCK 1</th> <th colspan="2" style="text-align: center;">BLOCK 2</th> </tr> <tr> <th style="width:35%;">CATEGORY OF SERVICE</th> <th style="width:10%;">RATE</th> <th style="width:35%;">CATEGORY OF SERVICE</th> <th style="width:10%;">RATE</th> <th style="width:10%;">CATEGORY OF SERVICE</th> <th style="width:10%;">RATE</th> </tr> </thead> <tbody> <tr> <td><b>Continuing Services:</b> • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection</td> <td style="text-align: center;">\$16.00 \$16.00</td> <td><b>Installation: Non-residential</b> • Motel, hotel • Commercial • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Installation: Residential</b> • First set • Additional set(s) • FM radio (if separate rate) • Converter</td> <td></td> <td><b>Other Services:</b> • Reconnect • Disconnect • Outlet relocation • Move to new address</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	BLOCK 1				BLOCK 2		CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	<b>Continuing Services:</b> • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	\$16.00 \$16.00	<b>Installation: Non-residential</b> • Motel, hotel • Commercial • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection				<b>Installation: Residential</b> • First set • Additional set(s) • FM radio (if separate rate) • Converter		<b>Other Services:</b> • Reconnect • Disconnect • Outlet relocation • Move to new address			
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

Independent Cable Sysytems of Idaho LLC

1336

Name

**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.

7

2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.

98

**M**  
Channels

**INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED**

(Identify an individual we can contact about this statement of account.)

Name Sandra Morley

Telephone 3078836624  
(Area code)

Address PO Box 226  
(Number, street, rural route, apartment, or suite number)

Freedom ID 83120  
(City, town, state, zip)

Email (optional) smorley@silverstar.net

Fax (optional)

**N**  
Individual to Be Contacted for Further Information

**CERTIFICATION** (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)

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

(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

(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.

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. [See 18 U.S.C. sec.1001]



Handwritten signature:

*[Handwritten signature: Timothy May]*

Typed or printed name:

Title:

GM  
(Title of official position held in corporation or partnership)

Date:

7/26/19

**O**  
Certification

**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.

**Name** LEGAL NAME OF OWNER OF CABLE SYSTEM:  
 Independent Cable Sysystems of Idaho LLC

1336

**P**  
**Special Statement Concerning Gross Receipts Exclusions**

**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?

NO  
 YES. Enter the total here and list the satellite carrier(s) below. .... \$ \_\_\_\_\_

Name .....	Name .....
Mailing address .....	Mailing address .....
.....	.....
.....	.....

**Q**  
**Interest Assessment**

**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.

Line 1. Enter the amount of late payment or underpayment ..... \$ 67.00

x 1 %

Line 2. Multiply line 1 by the interest rate\* and enter the sum here ..... \$ 0.67

x 184.00 days

Line 3. Multiply line 2 by the number of days late and enter the sum here ..... \$ 123.28

x .00274

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 ..... \$ 0.34  
 (interest charge)

\* To view the interest rate chart click on [www.copyright.gov/licensing/interest-rate.pdf](http://www.copyright.gov/licensing/interest-rate.pdf). For further assistance please contact the Licensing Division at (202) 707-8150 or [licensing@loc.gov](mailto:licensing@loc.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 .....

**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.



UNITED STATES COPYRIGHT OFFICE

# RA-1 Electronic Funds Transfer Remittance Advice for Cable/Satellite

Remittance Advice  
sent to us

Reset Form  
Email Form

Complete and email this form to [licfiscal@copyright.gov](mailto:licfiscal@copyright.gov) or fax to (202) 707-0905 and attach a copy to the Statement(s) of Account.  
**NOTE:** For prior and current accounting periods, the appropriate interest fee(s) if applicable, must be added to the royalty fees.  
Interest rate information is available at <http://www.copyright.gov/licensing/interest-rate.pdf>.

Remitter's (company) name Independent Cable Systems of Idaho, LLC

Contact person Sandra Morley

Telephone number 307-883-6624 Email smorley@silverstar.net

Date of EFT (actual or anticipated) \_\_\_\_\_ Type of EFT  FedWire  ACH

Type of royalty payment  Cable  Satellite Type of SOA  Paper  Electronic (Cable only)

**NOTE:** Check both boxes if filing paper and electronic.  
Indicate electronic (E) filing with ID # (ex. 12345E).

Total amount of EFT \$ \_\_\_\_\_

Legal name (See space B of Statement of Account) \_\_\_\_\_

YEAR	PERIOD	ID # (AND ENTER E IF APPLICABLE)	FIRST COMMUNITY SERVED (CITY & STATE)	FILING FEES	ROYALTY FEES	INTEREST FEES	TOTAL FEES	
1	2018	2	62646	Salmon	\$ 15.00	\$ 52.00	\$ 0.34	\$ 67.34
2	2018	2	29552	Driggs	\$ 15.00	\$ 52.00	\$ 0.34	\$ 67.34
3	2018	2	29615	Soda Springs	\$ 20.00	\$ 2,286.16	\$ 11.53	\$ 2,317.69
4	2018	2	36873	Fish Haven	\$ 15.00	\$ 52.00	\$ 0.34	\$ 67.34
5	2018	2	1336	Preston	\$ 15.00	\$ 52.00	\$ 0.34	\$ 67.34
6								\$ 0.00
7								\$ 0.00
8								\$ 0.00
9								\$ 0.00
10								\$ 0.00
11								\$ 0.00
12								\$ 0.00
13								\$ 0.00
14								\$ 0.00
15								\$ 0.00
16								\$ 0.00
17								\$ 0.00
18								\$ 0.00

(Form continued on back)

**Loy, Donna**

---

**From:** Loy, Donna  
**Sent:** Monday, December 23, 2019 8:05 AM  
**To:** 'smorley@silverstar.net'  
**Subject:** ID#1336 2018/2

December 23, 2019

Ms. Sandra Morley  
Independent Cable  
Systems of Idaho LLC  
PO Box 226  
Freedom, ID 83120

RE: Independent Cable Systems of Idaho LLC  
(ID #1336) 2018/2

Dear Ms. Morley:

The examination of the above identified Statement of Account cannot be completed until you complete the following item(s).

Space E – For each category of service, the system should report the number of subscribers and the rate.

Space G - All FCC licensed television broadcast stations carried by the cable system should be reported in this space. Columns 1-4 should be completed for each station. Program services such as HBO, TNT, CNN need not be listed.

Space K - The gross receipts received for the applicable six month period.

Space M - The number of television broadcast stations carried by the cable system should be reported on line 1. The number of broadcast and nonbroadcast stations should be reported on line 2.

Space O - A handwritten signature is required as specified under Title 37 of the Code of Federal Regulations, Section 201.17 (e) (14). A photocopied or stamped signature is not acceptable.

Please return the completed statement page(s) and a copy of this letter by fax or email. If you have any questions concerning this letter, you may contact me directly at (202) 707-8152.

*Donna M. Loy*

Senior Licensing Examiner  
Licensing Division  
U S Copyright Office

(202) 707-8152  
(202) 707-0905 fax

Notice: Please be aware that any email correspondence associated with the examination of licensing documents may be considered part of the office's public record and may be subject to disclosure to other parties upon request.

To help us serve you better, please participate in an anonymous customer service survey at <https://www.surveymonkey.com/s/LDemailsurvey>.

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.