

CONTROL #: 37907

REMITTANCE #: 118140



\$ 355.50
Total amount of remittance

4
Number of SAs rec'd

ny
Initials

02/25/2019
Date of remittance

Check

EFT

FILING FEE

Cable ID # 37908

Amount/Initials

Examined by
TC

Reviewed by

Date examination completed
6/18/19
6/11/19

Allocation number
1011472

\$ 87.00 AM

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

AETN = KETS

Letter sent

Information received

Accepted Phone call/Date/Contact

Space H
Primary
Transmitters:
Radio

Accepted Phone call/Date/Contact

	Space I Substitute Carriage
<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	
	Space J Part-time Carriage Log
<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received	(SA3 only)
<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	
	Space K Gross Receipts
<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	
	Space L Copyright Filing and Royalty Fees
<input checked="" type="checkbox"/> Royalty Fee should be \$ 67 <input checked="" type="checkbox"/> Refund request to fiscal 6/18/19	
<input checked="" type="checkbox"/> Letter sent 6/11/19 <input checked="" type="checkbox"/> Information received 6/11/19	
<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	
	Space M Channels
<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	
	Space O Certification
<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	
	Space P Statement of Gross Receipts
<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	
	Space Q Interest Assessment
<input type="checkbox"/> Letter sent <input type="checkbox"/> Info/add'l fee received	
<input type="checkbox"/> Accepted <input type="checkbox"/> 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)*

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
LICENSING DIVISION	\$ 67
MAR 05 2019	JC
RECEIVED	ALLOCATION NUMBER
	1011472

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

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

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

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)				
	<input type="checkbox"/> January 1–June 30 (Year)		<input checked="" type="checkbox"/> July 1–December 31 2018..... (Year)		
B Owner	INSTRUCTIONS: 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. 37908				
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMUNITY COMMUNICATIONS CO.		37908	
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):			
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM: 1920 HIGHWAY 425 N (Number, street, rural route, apartment, or suite number) MONTICELLO, AR 71655 (City, town, state, zip)			
C System	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.				
	1	IDENTIFICATION OF CABLE SYSTEM: WARREN, AR			
	2	MAILING ADDRESS OF CABLE SYSTEM: 1920 HIGHWAY 425 N (Number, street, rural route, apartment, or suite number) MONTICELLO, AR 71655 (City, town, state, zip)			
D Area Served	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.				
		CITY OR TOWN	STATE	CITY OR TOWN	STATE
	First ► Community	WARREN	AR		

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: COMMUNITY COMMUNICATIONS CO.	37908
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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.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to first set	404	\$18.95			
• Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
• Residential					
• Nonresidential					

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 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$12.00	• Motel, hotel			
• Pay cable—add'l channel	\$12.00	• Commercial			
• Fire protection		• Pay cable			
• Burglar protection		• Pay cable—add'l channel			
Installation: Residential		• Fire protection			
• First set	\$35.00	• Burglar protection			
• Additional set(s)		Other Services:			
• FM radio (if separate rate)		• Reconnect			
• Converter	\$5.00	• Disconnect			
		• Outlet relocation			
		• Move to new address			

LEGAL NAME OF OWNER OF CABLE SYSTEM:
COMMUNITY COMMUNICATIONS CO. 37908 Name

SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG

In General: In space 1, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.

1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE

• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes No

Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.

2. LOG OF SUBSTITUTE PROGRAMS

In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.

Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."

Column 2: If the program was broadcast live, enter "Yes.". Otherwise, enter "No."

Column 3: Give the call sign of the station broadcasting the substitute program.

Column 4: Give the broadcast 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).

Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7, give "5/7."

Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."

Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.

Substitute Carriage: Special Statement and Program Log

Table with columns: SUBSTITUTE PROGRAM (1. TITLE OF PROGRAM, 2. LIVE?, 3. STATION'S CALL SIGN, 4. STATION'S LOCATION), WHEN SUBSTITUTE CARRIAGE OCCURRED (5. MONTH AND DAY, 6. TIMES FROM - TO), 7. REASON FOR DELETION.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	37908
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K	<p>GROSS RECEIPTS</p> <p>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.</p> <p style="padding-left: 20px;">• Gross receipts from subscribers for secondary transmission service(s) during the accounting period.</p>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>\$ 45,934.80</p> <p style="font-size: small;">(Amount of gross receipts)</p> </div>
Gross Receipts	<p>IMPORTANT: You must complete a statement in space P concerning gross receipts.</p>	

L	<p>COPYRIGHT ROYALTY AND FILING FEES</p> <p>Instructions: To compute the royalty fee you owe:</p> <ul style="list-style-type: none"> • 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 <p>See page (vi) of the general instructions for more information.</p>
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	\$
Line 3. Filing Fee	\$ 15.00
Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.	
Add lines 1, 2 and 3	\$ 67.00

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. Filing Fee	\$ 20.00
10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.	
Add lines 7, 8 and 9	\$

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. Filing Fee	\$ 20.00
8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.	
Add lines 4, 5, 6 and 7	\$

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMUNITY COMMUNICATIONS CO.	37908	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.		M
1. Enter the total number of channels on which the cable system carried television broadcast stations.	<input style="width: 100px; height: 20px;" type="text" value="8"/>	Channels
2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	<input style="width: 100px; height: 20px;" type="text" value="88"/>	
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)		N
Name <u>DEANNA LASITER</u> Telephone <u>870-412-4509</u> <small>(Area code)</small>	Individual to Be Contacted for Further Information	
Address <u>1920 HIGHWAY 425 N</u> <small>(Number, street, rural route, apartment, or suite number)</small> <u>MONTICELLO, AR 71655</u> <small>(City, town, state, zip)</small>		
Email (optional) <u>dlasiter@ccc-cable.net</u> Fax (optional) <u>870-367-9770</u>		
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)		O
• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)		
<input checked="" 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 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.		
• 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: <u><i>Bill Copeland</i></u>	
Typed or printed name: <u>Bill Copeland</u>		
Title: <u>OWNER/PRESIDENT</u> <small>(Title of official position held in corporation or partnership)</small>		
Date: <u>2/22/2018</u>		

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMUNITY COMMUNICATIONS CO.	37908
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P Special Statement Concerning Gross Receipts Exclusions	<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.</p> <p>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?</p> <p><input checked="" type="checkbox"/> NO</p> <p><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
Name	Name								
Mailing address	Mailing address								
.....								
.....								

Q Interest Assessment	<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>.....</p> <p>ID number.....</p> <p>First community served.....</p> <p>Accounting period</p>
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Carroll, Tymica

Subject: Community Communications CO-Eudora, AR; Monticello, AR; Rosedale, MS; Warren, AR
(ID's 37909, 37907, 27822, 37908) 2018/2

Attachments: eft.pdf



United States Copyright Office
Library of Congress • 101 Independence Avenue SE • Washington, DC 20559-6000 www.copyright.gov

June 11, 2019

Ms. Deanna Lasiter
Community Communications CO.
1920 Highway 425 N.
Monticello, AR 71655

Re: Community Communications CO-Eudora, AR; Monticello, AR; Rosedale, MS; Warren, AR (ID's 37909, 37907, 27822, 37908) 2018/2

Dear Ms. Lasiter:

An additional \$20 filing fee was submitted for each of the above mentioned Statement of Accounts. Three of the Statements have gross receipts under \$137,100, which means those are considered SA-1's. These statements require a \$52 royalty fee and a \$15 filing fee, totaling \$67 per statement. The final statement which has gross receipts over \$137,100 is considered an SA-2. The royalty fee calculated for this statement was \$54.50 plus the \$20 filing fee, totaling \$74.50. The total submitted was \$355.50 as opposed to what I determined should have been \$275.50.

Please review. If you agree with our findings, it seems this error has resulted in an overpayment of \$20 per statement, totaling \$80. The attached EFT form should be completed and accompany your response, if you determine a refund is due. Please e-mail your response to expedite this process. You may contact me with any questions pertaining to this matter.

Sincerely,

*Tymica Carroll
Sr. Licensing Examiner
Licensing Division
U.S. Copyright Office
202-707-8163
202-707-0905 (fax)*

Notice: Please be aware that any email correspondence associated with the examination of licensing documents may be

Carroll, Tymica

From: Deanna Lasiter <dlasiter@ccc-cable.net>
Sent: Tuesday, June 11, 2019 4:57 PM
To: Carroll, Tymica
Subject: Re: Community Communications CO-Eudora, AR; Monticello, AR; Rosedale, MS; Warren, AR (ID's 37909, 37907, 27822, 37908) 2018/2
Attachments: EFT INFORMATION REQUEST 6-11-19.pdf

Tymica,

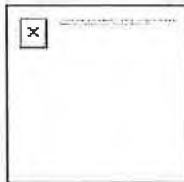
I do agree with you about the error that resulted in an overpayment of \$80.00. I have filled out and attached the EFT information request form.

Please contact me should you need more information.

Sincerely,

Deanna Lasiter
Accounts Payable
Community Communications Co.
Phone: (870)412-4509
Fax: (870)367-9770
dlasiter@ccc-cable.net

On 6/11/2019 12:49 PM, Carroll, Tymica wrote:



United States Copyright Office

Library of Congress • 101 Independence Avenue SE • Washington, DC 20559-6000 • www.copyright.gov

June 11, 2019

Ms. Deanna Lasiter
Community Communications CO.
1920 Highway 425 N.
Monticello, AR 71655

Re: Community Communications CO-Eudora, AR; Monticello, AR; Rosedale, MS; Warren, AR (ID's 37909, 37907, 27822, 37908) 2018/2

Dear Ms. Lasiter:

An additional \$20 filing fee was submitted for each of the above mentioned Statement of

Carroll, Tymica



United States Copyright Office
Library of Congress • 101 Independence Avenue SE • Washington, DC 20559-6000 • www.copyright.gov

June 18, 2019

Ms. Deanna Lasiter
Community Communications Co.
1920 Highway 425 N
Monticello, AR 71655

Re: Community Communications CO-Eudora, AR; Monticello, AR; Rosedale, MS; Warren, AR (ID's 37909, 37907, 27822, 37908) 2018/2

Dear Ms. Lasiter:

I am authorizing Community Communications an \$80 refund of royalties. This refund is the result of an overpayment of the royalty fee in the amount of \$20 for each of the above mentioned statements. The refund will be forwarded to the account that you identified to this Office.

The Library of Congress is adopting a federal best practice by transferring its payment processes to the U.S. Treasury. As of April 3rd, the U.S. Treasury began issuing all checks and electronic funds transfer (EFT) payments on behalf of the Library. As a result of this change the U.S. Treasury may subject some payments to reductions under the Treasury Offset Program, through which the Treasury collects delinquent debt owed to federal and state agencies. For frequently asked questions about the Treasury Offset Program, visit https://www.fiscal.treasury.gov/fsservices/gov/debtColl/faqs/debt_questions.htm

Sincerely,

*Tymica Carroll
Sr. Licensing Examiner
Licensing Division
U.S. Copyright Office
202-707-8163
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.

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