

CONTROL #: 27284

REMITTANCE #: 120715



Cable Worksheet

\$3,976.00	6	
Total amount of remittance	Number of SAs rec'd	Initials

08/26/20

Date of remittance Check EFT FILING FEES

Cable ID # 28464	Amount	Initials
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Examined by <i>[Signature]</i>	Reviewed by	Date examination completed <i>5.25.21</i>	Allocation number 1034653	Amount \$393.00	Initials HR
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Space A Accounting Period

(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)

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 Transission 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
<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 (SA3 only)
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<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"/> Letter sent	<input type="checkbox"/> Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
<input type="checkbox"/> Royalty Fee should be	<input type="checkbox"/> Refund request to fiscal	
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input 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, 2011
 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

**SA1-2
 Short Form**

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.

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
LICENSING DIVISION AUG 31 2020 RECEIVED	\$ 393.00 KJ
	ALLOCATION NUMBER

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)			
	<input checked="" type="checkbox"/> January 1–June 30 2020 (Year)		<input type="checkbox"/> July 1–December 31 (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. 28464			
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM: Access Cable Television, Inc.		28464
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):		
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM: P.O. Box 4005 (Number, street, rural route, apartment, or suite number) West Somerset, KY 42564-4005 (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:		
	2	MAILING ADDRESS OF CABLE SYSTEM: 302 Enterprise Drive (Number, street, rural route, apartment, or suite number) Somerset, KY 42501 (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 first community 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
	Jellico	TN		
	Campbell County	TN		
	Whitley County	KY		

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:		Name
Access Cable Television, Inc.	28464	
CITY OR TOWN	STATE	D Area Served ◀ First Community

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Access Cable Television, Inc.	28464
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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: <ul style="list-style-type: none"> • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter <ul style="list-style-type: none"> • Residential • Nonresidential 	623	\$40.00			

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: <ul style="list-style-type: none"> • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential <ul style="list-style-type: none"> • First set • Additional set(s) • FM radio (if separate rate) • Converter 		Installation: Non-residential <ul style="list-style-type: none"> • Motel, hotel • Commercial • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Other Services: <ul style="list-style-type: none"> • Reconnect • Disconnect • Outlet relocation • Move to new address 			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Access Cable Television, Inc. 28464	Name
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PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; for example, WETA-2-simulcast).

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.


G
Primary
Transmitters:
Television

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBXX	20	I	Knoxville, TN
WKYT	27	N	Lexington, KY
WATE	6	N	Knoxville, TN
WAGV	44	I	Harlan, KY
WVLT	8	N	Knoxville, TN
WTVQ	36	N	Lexington, KY
WBIR	10	N	Knoxville, TN
WKSO	29	E	Somerset, KY
WPXK	54	I	Jellico, TN
WTNZ	43	N	Knoxville, TN
WYMT	57	N	Hazard, KY
WLJC	65	I	Beattyville, KY

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Access Cable Television, Inc.	28464
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K Gross Receipts	<p>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.</p> <ul style="list-style-type: none"> • Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ▶ <p>IMPORTANT: You must complete a statement in space P concerning gross receipts.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: right; padding-right: 5px;">\$ 169,154.00</td> </tr> <tr> <td style="text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$ 169,154.00	(Amount of gross receipts)
\$ 169,154.00				
(Amount of gross receipts)				

L Copyright Royalty Fee	<p>COPYRIGHT ROYALTY AND FILING FEES 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>	
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
<p>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</p>		
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		\$
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		\$ 169,154.00
3. Subtract line 2 from line 1		\$ 94,646.00
4. Enter the amount of gross receipts from space K		\$ 169,154.00
5. Enter the amount from line 3		\$ 94,646.00
6. Subtract line 5 from line 4		\$ 74,508.00
7. Multiply line 6 by .005 (enter figure here)		\$ 373.00
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		\$ 393.00
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		\$
<p>IMPORTANT: Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i>. See page i of the general instructions for more information.</p>		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Access Cable Television, Inc.	28464	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 Channels
1. Enter the total number of channels on which the cable system carried television broadcast stations.	13	
2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	68	
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)		N Individual to Be Contacted for Further Information
Name <u>Roy Baker</u>	Telephone <u>606-677-2444</u> <small>(Area code)</small>	
Address <u>302 Enterprise Drive</u> <small>(Number, street, rural route, apartment, or suite number)</small>		
<u>Somerset, KY 42501</u> <small>(City, town, state, zip)</small>		
Email (optional) <u>roy@accesshsd.net</u>	Fax (optional) <u>606-677-2443</u>	
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)		O Certification
<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. [See 18 U.S.C. sec.1001] 		
	Handwritten signature: <u><i>Roy Baker</i></u>	
Typed or printed name: <u>Roy Baker</u>		
Title: <u>President</u> <small>(Title of official position held in corporation or partnership)</small>		
Date: <u>8/25/2020</u>		

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Access Cable Television, Inc.	28464								
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 <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;"> <tr> <td style="width:50%;">Name</td> <td style="width:50%;">Name</td> </tr> <tr> <td>Mailing address</td> <td>Mailing address</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</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>* 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.</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> <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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