REMITTANCE #:

122064



Number of SAs rec'd

19 AM 125/2021

			Date of remittance	= eneck	2			
Cable ID #	1772				Amount/Initials			
Examined by	Review	ved by	Date examination completed 10.25.21	Allocation number	s 2,021,64,			
Space A Accounting Period								
	☐ January 1 —	June 30, 20	_	☐ July 1 – December 31, 20				
	Letter sent		Ţ	☐ Information received				
	☐ Accepted	Phone call/[Date/Contact					
Space B Owner								
	Letter sent		Ţ.	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:	Letter sent			Information received				
and Rates	☐ 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					

100-4			Space I Substitute Carriage
Letter sent		☐ Information received	
Accepted	☐ Phone call/Date/Contact	ur 23 8	
			Space J Part-time Carriage Log
Letter sent		☐ Information received	(SA3 only)
☐ Accepted	☐ Phone call/Date/Contact	1.02	5 1
		18.98.01	Space K Gross Receipts
☐ Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space L Copyright Filing and Royalty Fees
Royalty Fee s	hould be \$	Refund request to fiscal	
Letter sent		☐ Information 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		

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.

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 CS
LICENSING DIVIS TON	\$ 2,021.64
AUG 25 2021	ALLOCATION NUMBER
FILED	

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.

Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.) January 1–June 30 2021						
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. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 1772						
	The second of th						
	H&B CABLE SERVICES, INC 1772 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):						
	3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM: PO BOX 108 (Number, street, rural route, apartment, or suite number) HOLYROOD, KS 67450-0108 (City, town, state, zip)						
С	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.						
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (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 fillings. 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	HOLYROOD KS ELLSWORTH KS LORRAINE KS BUSHTON KS CLAFLIN KS DORRANCE KS						

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:				
H&B CABLE SERVICES, INC			1772	Name
Instructions: List each separate community in FCC rules: "a separate and distinct communes and including single, discrete unincorp of system identification hereafter known as to Note: Entities and properties such as hotels, as identified city.	nunity or municipal ent oorated areas)." 47 C.F.F he "first community." Pl	ity (including unincorporated communities R. §76.5(dd). The first community that you I lease use it as the first community on all fut	within unincorporated ist will serve as a form ure filings.	D Area Served
CITY OR TOWN	STATE	CITY OR TOWN	STATE	
CHASE	KS	ELLINWOOD	KS	
0,11,02		LEENWOOD		▼ First
				Community
		• • • • • • • • • • • • • • • • • • • •		
.,				
			. ,	

***************************************	************			
		• • • • • • • • • • • • • • • • • • • •		

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 • Service to additional set(s)	499	\$53.12		,		
•FM radio (if separate rate) Motel, hotel						
Commercial Converter						
ResidentialNonresidential						

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.

	BLO		BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
 Pay cable-add'l channel 		Commercial			
Fire protection		Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	\$100.00				
 Additional set(s) 	\$75.00	Other Services:			
 FM radio (if separate rate) 		Reconnect	\$20.00		
Converter		Disconnect			
		Outlet relocation	\$75.00		
		Move to new address	\$20.00		

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KSNC	2	N	GREAT BEND, KS
KOODDT	9	E	HAYS, KS
KOOD-DT2	9.2	E-M	HAYS, KS
KOOD-DT3	9.3	E-M	HAYS, KS
KAKE	10	N	WICHITA, KS
KAKE-DT-2	10.2	N-M	SALINA, KS
KWCH-DT	12	N	WICHITA, KS
KWCH-DWX	12.2	N-M	WICHITA, KS
KWCH-DT-3	12.3	N-M	WICHITA, KS
KWCH-DT-4	12.4	N-M	WICHITA, KS
KSAS	24	N	WICHITA, KS
KSAS-DT-2	24.2	N-M	WICHITA, KS
KSAS-DT-3	24.3	N-M	WICHITA, KS
KSCW	33	N	WICITA, KS
KSCW-DT2	33.2	N-M	WICHITA, KS
KSCW-DT3	33.3	N-M	WICHITA, KS
KSCW-DT4	33.4	N-M	WICHITA, KS
KMTW-DT	36	N	WICHITA, KS
KMTW-DT2	36.2	N-M	WICHITA, KS
KMTW-DT3	36.3	N-M	WICHITA, KS

G

Primary
Transmitters:
Television

٠,	1,504,400,5		0) (6 ===					FORM SA1-2. PAGE
Name	H&B CABLE			1772				
Н	PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried all-band basis whose signals were generally receivable by your cable system during the accounting period.							
Primary Transmitters: Radio	receivable if (the basis of n detailed infor Column 1: Column 2: Column 3: signal, indica Column 4:	 it is carried nonitoring, to mation about the identify the state wheth the radio te this by plated. Give the state state state state wheth the radio the this by plated. 	I by the be received to the total single the station attion's	ing All-Band FM Carriage: to e system whenever it is receptived at the headend, with the Copyright Office regulating of each station carried. It is station is AM or FM. It is signal was electronically a check mark in the "S/D" of location (the community to fany, the community with well as the system of the community with well as the system of the community with well as the system of the system of the community with well as the system of the system of the community with well as the system of the system	ived at the syst he system's FN ons on this poi processed by olumn. which the stat	tem's header A antenna, do nt, see page the cable systion is licens	nd; and; and uring (iv) of stem a	d (2) it can be expected, contain stated intervals. First the general instructions as a separate and discre
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATIO
								•
		-						•
			_					
								•
							•	
					-			
								•

LEGAL !	NAME OF	OWN	ER OF	CABLE SY	STEM:
H&R	CARL	FS	SER!	/ICES	INC

1772

Name

SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG

In General: In space I, 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.

Substitute Carriage:

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

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.

Carriage: Special Statement and Program Log

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.

SI	JBSTITUTE I	WHEN CARRIA	7. REASON FOR			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
					 .	
					·	
					·	
		·			·	
						
					<u> </u>	
					· ··	
						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: H&B CABLE SERVICES, INC 1772							
K Gross Receipts	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.							
Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructons: 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.							
	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 \$\$							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)							
	1. Base amount under statutory formula							
	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 \$702.64							
	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 \$ 0.00							
	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.

	PAGE 7

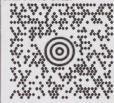
LEGAL NAME OF OWNER OF CABLE SYSTEM: H&B CABLE SERVICES, INC 1772	Name
CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 1. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	M Channels
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.) Name BRENT NASH Telephone 785-252-4000 (Area code) Address PO BOX 108 (Number, street, rural route, apartment, or suite number) HOLYROOD, KS 67450 (City, town, state, zip) Email (optional) brentn@hbcomm.net Fax (optional) 785-252-3229	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: Typed or printed name: BRANDON KOCH Title: PRESIDENT/GENERAL MANAGER (Title of official position held in corporation or partnership)	

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 filling, a determination that would be made by a court of law.

1 LBS

1 OF

FROM: **AKOCH** (785) 252-4000 H & B COMMUNICATIONS 108 N MAIN ST HOLYROOD KS 67450-9690



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LICENSING DIVISION

AUG 25 2021

FILED