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Total amount of remittance

Number of SAs rec'd

8	137	/	2021

Date of remittance Check X EFT X FILING FEE Cable ID # 28464 Amount/Initials Examined by Reviewed by Date examination Allocation number completed 1040958 \$ 362,00 AM 10-20-21 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 ☐ Phone call/Date/Contact Accepted Space D Area Served Letter sent ☐ Information received Accepted ☐ Phone call/Date/Contact Space E Secondary Transmission Service Letter sent ☐ Information received Subscribers: and Rates Accepted ☐ Phone call/Date/Contact Space G Primary Transmitters: Television ☐ Information received Letter sent Accepted ☐ Phone call/Date/Contact Space H Primary Transmitters: Radio Accepted ☐ Phone call/Date/Contact

			Space I Substitute Carriage
☐ Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space J Part-time Carriage Log
Letter sent		☐ Information received	(SA ₃ only)
☐ Accepted	☐ Phone call/Date/Contact		
			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, 2011

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					
LICENSING DIVISION	\$ 367.00 SRM					
AUG 3 1 2021	ALLOCATION NUMBER					
FILED	1040958					

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.

Α	ACC	COUNTING PERIOD COVERED	BY THIS STATEME	NT: (Check one of the boxes and fi	Il in the year date.)			
Accounting Period	■ J	anuary 1–June 30 .2021(Year)		☐July 1-December 31(Year)				
B	Give corp In If:	orate title of the subsidiary, not that line 2, list any other names under w there were different owners during th gle statement of account and royalty	of the parent corporation hich the owner conductor accounting period, or accounting period, or fee payment covering	s the business of the cable system. Iy the owner on the last day of the accour	nting period should submit			
	1	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:					
		Access Cable Television, Ir	nc.		28464			
	2	BUSINESS NAME(S) OF OWNER	R OF CABLE SYSTEM	IF DIFFERENT):				
	3	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM:	The state of the				
		P.O. Box 4005 (Number, street, rural route, apartment, or suit West Somerset, KY 42564-(City, town, state, zip)	,					
C				dentify the business and operation of the s the system, if different from the address (
System	1	1 IDENTIFICATION OF CABLE SYSTEM:						
	2	MAILING ADDRESS OF CABLE S 302 Enterprise Drive (Number, street, rural route, apartment, or suite Somerset, KY 42501 (City, town, state, zip)						
D Area	in FC	CC rules: "a separate and distinct costs and including single, discrete uninc	ommunity or municipal ecorporated areas)." 47 C	system. A "community" is the same as a "contity (including unincorporated community. F.R. §76.5(dd). The first community that you have use it as the first community on a	ties within unincorporated you list will serve as a form			
Served		Entities and properties such as hotels fied city.	, apartments, condominiu	ms, or mobile home parks should be report	ed in parentheses below the			
		CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First ▶ Community		npbell County	TN TN KY					
	vvni	tiey County	K Y					

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.

EGAL NAME OF OWNER OF CABLE SYSTEM:		Name
ccess Cable Television, Inc.	28464	Numb
CITY OR TOWN	STATE	
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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Access Cable Television, Inc.

28464

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:	572	\$43.00				

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.

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

Name

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
WBXX	20	1	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	1	Jellico, TN
WTNZ	43	N	Knoxville, TN
WYMT	57	N	Hazard, KY
WLJC	65	1	Beattyville, KY

G

Primary
Transmitters:
Television

								FORM SA1-2. PAGE 4
Name	Access Cab							28464
Primary Transmitters: Radio	PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM station all-band basis whose signals were generally receivable by your cable system during the accounting primary ransmitters: Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM station receivable if (1) it is carried by the system whenever it is received at the system's headend; and (2) it can							
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	O/ ILL GIGIT	7(101 01 1 101	0,0	EGG/MICH OF GI/MICH	OALL OIGH	AWOTTW	3/0	EGGATION OF STATION
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						Harry 1		

FORM SA1-2. PAGE 5.							142
Access Cable Television, I					28464		Name
SUBSTITUTE CARRIAGE In General: In space I, identify system carried on a substitute tions, or authorizations. For a the general instructions.	fy every no basis durir	nnetwork televing the accounti	vision program, broadca	ast by a <i>dis</i> ic present a	and former FCC ru	iles, regula-	Substitute Carriage:
 SPECIAL STATEMENT CO During the accounting period broadcast by a distant statined by the state of the state o	d, did your on?	cable system	carry, on a substitute ba	☐ Ye	s No		Special Statement and Program Log
2. LOG OF SUBSTITUTE PROID IN General: List each substitucter. If you need more space, Column 1: Give the title of period, was broadcast by a distunder certain FCC rules, regul Do not use general categories "NBA Basketball: 76ers vs. Bute Column 2: If the program with Column 3: Give the call signification of Column 4: Give the broadce the case of Mexican or Canad Column 5: Give the month a first. Example: for May 7, give Column 6: State the times with the nearest five minutes. Example: for May 7. Column 7: Enter the letter "to delete under FCC rules and was substituted for programm on October 19, 1976.	te progran please att every nonritant station, or a like "movills." ras broadcon of the station and day when the stample: a pr	ach additional network televising and that your cauthorizations. es" or "baskethast live, enter "ation broadcast is location (the s, if any, the conen your system ubstitute program carried lated program we in effect during	pages. Ion program ("substitute cable system substitute See page (v) of the general." List specific programs. Otherwise, enter ing the substitute programmunity to which the carried the substitute am was carried by your by a system from 6:01:1 as substituted for programs as substituted for programs.	e program" d for the program instruction in titles, for "No." ram. ne station is program. U cable syste 5 p.m. to 6 ramming the enter the leteral instruction in the case of the content in the content i) that, during the ogramming of anostions for further is or example, "I Low selicensed by the identified). It is numerals, with the List the times 128:30 p.m. shoul at your system wetter "P" if the lister	accounting ther station information. It we Lucy" or state of the month of accurately does not be stated as required and program	
	BSTITUTE	PROGRAM			SUBSTITUTE GE OCCURRED	7. REASON	
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	FOR DELETION	
					201		

Name	Access Cable Television, Inc.	284	64						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. For a further explanation of how	econdary trans	mission service						
	page (vi) of the general instructions. • Gross receipts from subscribers for secondary transmission service(s)	\$ 166,0	85.00						
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount	of 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions for more information.	s than or equal s than \$527,600	to \$263,800						
	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 maccounting period is \$52.00		six-month 5 52.00						
	Line 1. Royalty fee for accounting period		32.00						
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. Filing Fee		3 15.00						
	Line 4 TOTAL BOYALTY AND SHING SEED DAVABLE SOR ACCOUNTING DEDICE								
	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)								
	Base amount under statutory formula	3,800							
	2. Enter amount of gross receipts from space K \$166,085.00								
	3. Subtract line 2 from line 1 \$ \$97,71	5.00							
	4. Enter the amount of gross receipts from space K	\$166,085.	00						
	5. Enter the amount from line 3	\$97,715.	00						
	6. Subtract line 5 from line 4	\$68,370.	00						
	7. Multiply line 6 by .005 (enter figure here)	\$	342.00						
	8. Interest charge. Enter the amount from line 4, space Q, page 8	\$							
	9. Filing Fee	4	20.00						
ATT	10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 7, 8 and 9	\$	362.00						
- R	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)								
	Enter the amount of gross receipts from space K								
94/ 6		3,800							
4	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 <i>electronic payment</i> payable to <i>Register</i> egeneral instructions for more information.	of Copyrights. S	ee page i of the						

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
Enter the total number of channels on which the cable system carried television broadcast stations. 13	
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
Name Roy Baker Telephone 606-677-2444 (Area code) Address 302 Enterprise Drive (Number, street, rural route, apartment, or suite number) Somerset, KY 42501	Individual to Be Contacted for Further Information
(City, town, state, zip) Email (optional) roy@accesshsd.net Fax (optional) 606-677-2443	
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	0
I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	Certification
(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	2 6 7
(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.	8 1 2 4
 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] 	
A. 1 Rales	
Handwritten signature:	
Typed or printed name: Roy Baker	
Title: President (Title of official position held in corporation or partnership)	
Date: 8/25/2021	

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		TOTAN ONT Z.TAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Access Cable Television, Inc.	28464
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 Coplowing sentence: "In determining the total number of subscribers and the gross amounts paid to the coperation of providing secondary transmissions of primary broadcast transmitters, the system service of providing secondary transmissions of primary broadcast transmitters, the system secribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, the system secribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, the system secribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, the system secribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmitters, the system secribers amounts of providing secondary transmissions of primary broadcast transmitters, the system secribers amounts of providing secondary transmissions of primary broadcast transmitters, the system secribers amounts of providing secondary transmissions of primary broadcast transmitters, the system secribers amounts of providing secondary transmissions of primary broadcast transmitters, the system secribers amounts of providing secondary transmissions of primary broadcast transmitters, the system secribers amounts of providing secondary transmissions of primary broadcast transmitters, the system secribers amounts of providing secondary transmissions of primary broadcast transmitters, the system secribers amounts of providing secondary transmissions of primary broadcast transmitters, the system secribers amounts of providing secondary transmissions of primary broadcast transmitters, the system secribers amounts of providing secondary transmissions of primary broadcast transmitters, the system secribers are secribers and secondary transmissions of primary broadcast transmitters, the s	rable system for the basic stem shall not include sub- pursuant to section 119." e general instructions. for secondary transmissions
	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	
	Line 2. Multiply line 1 by the interest rate* and enter the sum here	
	Line 3. Multiply line 2 by the number of days late and enter the sum here	x days
	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)
7	* 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.	
	**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	
7	ID number First community served	

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