

CONTROL #:

REMITTANCE #:

122363



\$ 67.00
Total amount of remittance

1
Number of SAs rec'd

CD
Initials

8/27/2021
Date of remittance

Check EFT

FILING FEE

Cable ID #	63682			Amount/Initials
Examined by	Reviewed by	Date examination completed	Allocation number	
JRM		10-21-21	1041010	\$ 67 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

- Letter sent
- Information received
- Accepted Phone call/Date/Contact

Space H
Primary
Transmitters:
Radio

- Accepted Phone call/Date/Contact

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

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

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
LICENSING DIVISION	\$ 67-00 SRM
AUG 28 2021	ALLOCATION NUMBER
FILED	1041010

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.

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, 2021 (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. <u>63682</u>	
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM: Frontier North, Inc. 63682
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM: 401 Merrit 7 (Number, street, rural route, apartment, or suite number) Norwalk, CT 06851 (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: 63682
2	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 <i>first community on all future filings</i> . 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	Bloomington	IL		

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Frontier North, Inc.	63682
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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	147	24.99			
• Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	2	34.99			
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.


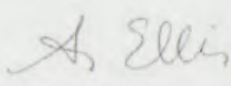
Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1		BLOCK 2		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	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		• Burglar protection			
• Additional set(s)		Other Services:			
• FM radio (if separate rate)		• Reconnect			
• Converter		• Disconnect			
		• Outlet relocation			
		• Move to new address			

Attachment A

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WHOIDT	18 N	Primary	
WEEKDT2	19 N	Primary	
WEEK	25 N	Primary	
WMBDDT	31 N	Primary	
WYZZDT	43 N	Primary	
			Multicast
WEEKDT3	44 N-M	Parent WEEK	
WTPDPT	47 N	Primary	
WAOEDT	59 N	Primary	
			Multicast
			Parent
WMBDDT2	68 N-M	WMBD	
			Multicast
WYZZDT3	69 N-M	Parent WYZZ	
			Multicast
WTPDPT2	70 N-M	Parent WTPV	
			Multicast
WTPDPT3	71 N-M	Parent WTPV	
			Multicast
			Parent
WMBDDT3	72 N-M	WMBD	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Frontier North, Inc.	63682
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.	
	<ul style="list-style-type: none"> • Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 60,126.10 <div style="text-align: right; border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;"> (Amount of gross receipts) </div>	
L Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructions: To compute the royalty fee you owe:	
	<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 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 \$ 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 <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page i of the general instructions for more information.		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Frontier North, Inc.	63682	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.	13	Channels
2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	383	
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)		N
Name: Joe Chicoine	Telephone: 916-686-3588 <small>(Area code)</small>	Individual to Be Contacted for Further Information
Address: 9260 E. Stockton Blvd <small>(Number, street, rural route, apartment, or suite number)</small>		
Elk Grove, CA 95624 <small>(City, town, state, zip)</small>		
Email (optional): joe.chicoine@ftr.com	Fax (optional):	
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.)		Certification
<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.		
• 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: Allison M Ellis		
Title: VP, Regulatory <small>(Title of official position held in corporation or partnership)</small>		
Date: 8/17/2021		

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Frontier North, Inc.	63682
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<p>P</p> <p>Special Statement Concerning Gross Receipts Exclusions</p>	<p>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</p> <p>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A) of the Copyright Act by adding the following sentence:</p> <p style="padding-left: 40px;">"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."</p> <p>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								
.....								
.....								

<p>Q</p> <p>Interest Assessment</p>	<p>INTEREST ASSESSMENT</p> <p>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 \$ _____</p> <p style="text-align: right; margin-right: 100px;">x <u>1</u> %</p> <p>Line 2. Multiply line 1 by the interest rate* and enter the sum here.</p> <p style="text-align: right; margin-right: 100px;">x <u>10.00</u> days</p> <p>Line 3. Multiply line 2 by the number of days late and enter the sum here.</p> <p style="text-align: right; margin-right: 100px;">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 \$ _____</p> <p style="text-align: right; margin-right: 100px;">(interest charge)</p> <p style="margin-top: 20px;">* 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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9260 E. Stockton Blvd.
Elk Grove, CA 95624

VIA UPS Delivery

August 26, 2021

Library of Congress
Copyright Office
Licensing Division
Attn: John Newton
101 Independence Avenue SE
Washington, DC 20557 - 6400

RE: SA1 Short Form Filing

Dear Mr. Newton:

Enclosed is an original and one copy of the SA1 Short Form reports for the period January 1, 2021 through June 30, 2021 for the following legal entities:

Frontier North, Inc.
Frontier Telephone of Rochester Inc.

A copy of the remittance advice is also attached to each statement of account in accordance with 37 C.F.R. § 201.17(K).

If you have any questions or need additional information please contact Cassandra Guinness at 585-777-4557 or by email at Cassandra.guinness@ftr.com or me at 916-686-3588 or by email at joe.chicoine@ftr.com.

Sincerely,

/s/ Joe Chicoine

Joe Chicoine
Sr. Manager, Regulatory Affairs

cc: Cassandra Guinness, Frontier



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

Reset Form

Email Form

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

Remitter's (company) name Frontier Communications Corporation

Contact person Joan Nunemacher

Telephone number 570-631-5513 Email joan.nunemacher@ftr.com

Date of EFT (actual or anticipated) 8/27/2021 Type of EFT FedWire ACH

Type of royalty payment Cable Satellite

Total amount of EFT \$ 67.00

Legal name (See space B of Statement of Account) Frontier North, Inc

YEAR	PERIOD	ID NUMBER	FIRST COMMUNITY SERVED (CITY & STATE)	FILING FEES	ROYALTY FEES	INTEREST FEES	TOTAL FEES	
1	2021	1/1-6/30	63682	Bloomington, IL	\$ 15.00	\$ 52.00	\$ 0.00	\$ 67.00
2							\$ 0.00	
3							\$ 0.00	
4							\$ 0.00	
5							\$ 0.00	
6							\$ 0.00	
7							\$ 0.00	
8							\$ 0.00	
9							\$ 0.00	
10							\$ 0.00	
11							\$ 0.00	
12							\$ 0.00	
13							\$ 0.00	
14							\$ 0.00	
15							\$ 0.00	

FILING FEES \$ 15.00 ROYALTY FEES \$ 52.00 INTEREST FEES \$ 0.00 TOTAL FEES \$ 67.00

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