This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

# SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
2-26-25	\$			
	ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31				
A		Barcode Data Filing Period (optional - see instructions)				
Accounting Period						
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.				
Owner		List any other name or 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.	027285			
		LEGAL NAME OF CHARLENGE APPRECADE OF CARLE OVOTER				
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)				
		Duo Broadband				
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 80				
		(Number, street, rural route, apartment, or suite number)				
		Jamestown, Ky 42629 (City, town, state, zip)				
	INSTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un	less these			
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp				
System	1	IDENTIFICATION OF CABLE SYSTEM:				
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	(Number, street, rural route, apartment, or suite number)				
	<u> </u>	(City, town, state, zip code)				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce 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 Offce'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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#			
Name	Cumberland Cellular LLC	027285			
	Instructions: List each separate community served by the cable system. A "com				
D	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				
Area	city.	·			
Served	CITY OR TOWN	STATE			
First	Russell Springs	Kentucky			
Community	Adair County	Kentucky			
· · · · · · · · · · · · · · · · ·	Columbia	Kentucky			
Add Bows as Nosassani	Cumberland County	Kentucky			
Add Rows as Necessary	Jamestown	Kentucky			
	Russell County	Kentucky			
	Russell County	Kentucky			

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

027285

Ε

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**Cumberland Cellular LLC** 

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.

BL	OCK 1		BLOCK	(2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	0	29.95	Standard Cable	99	89.95
Service to additional set(s)			Digital	38	24.95
• FM radio (if separate rate)					
Motel, hotel	70	103.41			
Commercial					
Converter					
Residential					
Non-residential					

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				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	R
Continuing Services:		Installation: Non-residential			
• Pay cable	27.95	Motel, hotel			<u> </u>
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			<u> </u>
• First set	65.00	Burglar protection			<u> </u>
<ul> <li>Additional set(s)</li> </ul>	15.00	Other services:			<u> </u>
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	45.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	20.00		

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 027285

#### **Cumberland Cellular LLC**

G

Primary Transmitters: Television 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 and 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 multistream "WETA-2" as the same on the form.

**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 in the paper SA1-2 form.

**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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBKO-DT	13	N	Bowling Green, KY
WBKO-HD	13.1	N-M	Bowling Green, KY
WDKY-DT	31	I	Danville, KY
WDKY-HD	31.1	I-M	Danville, KY
WDKY-Comet	31.2	I-M	Danville, KY
WDKY-Charge	31.3	I-M	Danville, KY
WKSO-DT	53	Е	Bowling Green, KY
WKSO-KY	53.1	E-M	Bowling Green, KY
WKSO-HD	53.2	E-M	Bowling Green, KY
WKSO2	53.3	E-M	Bowling Green, KY
WKYT-DT	36	N	Lexington, KY
WKYT-HD	36.1	N-M	Lexington, KY
WKYT-CW	36.2	I-M	Lexington, KY
WKYT-CW HD	36.3	I-M	Lexington, KY
WKYT-Circle	36.5	I-M	Lexington, KY
WKYU-DT	18	E	Bowling Green, KY
WLEX-DT	39	N	Lexington, KY
WLEX-HD	39.1	N-M	Lexington, KY
WLEX-2	39.2	I-M	Lexington, KY
WLEX-2HD	39.3	I-M	Lexington, KY
WLKY-DT	26	N	Louisville, KY
WLKY-HD	26.1	N-M	Louisville, KY
WLKY-32	26.2	N-M	Louisville, KY

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 027285

## **Cumberland Cellular LLC**

PRIMARY TRANSMITTERS: TELEVISION



### 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 and 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 multistream "WETA-2" as the same on the form.

**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 in the paper SA1-2 form.

**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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WTVQ-HD	40.1	N-M	Lexington, KY
WTVQ-My	40.2	I-M	Lexington, KY
WTVQ-MyHD	40.5	I-M	Lexington, KY
WTVQ-QuestTV	40.3	I-M	Lexington, KY
WTVQ-TrueCrime	40.6	I-M	Lexington, KY
WLJC-DT	65	I-M	Beattyville, KY
WLJC-HD	65.1	I	Beattyville, KY
WAVE-DT	47	N	Louisville, KY
WAVE-HD	47.1	N-M	Louisville, KY
WAVE-Circle	47.2	N-M	Louisville, KY
WAVE-Grit	47.3	N-M	Louisville, KY
WDRB-DT	49	I	Louisville, KY
WDRB-HD	49.1	I-M	Louisville, KY
WDRB-ANT	49.2	I-M	Louisville, KY
WHAS-DT	11	N	Louisville, KY
WHAS-HD	11.1	N-M	Lexington, KY
WMYO-CW	51	I	Salem, IN
WMYO-MyNet	51.4	I-M	Salem, IN
WZTV-DT	15	I	Nashvile, TN
WZTV-HD	15.1	I-M	Nashvile, TN
WZTV-3	15.3	I-M	Nashvile, TN
WZTV-4	15.4	I-M	Nashvile, TN
WTVQ-DT	40	N	Lexington, KY

#### **Cumberland Cellular LLC**

027285

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the 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).

		0:-		1	=		I
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
			<del> </del>				
							<del> </del>

Accounting Perio	d. 2024/2						FORI	M SA1-2E. PAGE 5.
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				FORI	SYSTEM ID#
Name	Cumberland Cellular L	LC						027285
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC0	C rules, regula	tions, or author	rizations. F	or a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	ITUTE CARRIAGE				
Special Statement and	During the accounting per	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE uring the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program						
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is '	'Yes," you mu	st complete th	e prograr	n
	log in block 2.			•	·			
	2. LOG OF SUBSTITUTE							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please a of every no distant stat gulations, of ies like "mo Bulls." In was broad sign of the sadcast static atth and day we "5/7." The sample: a sample: a sample of the sample of	add additional r nnetwork televi ion and that your authorizations vies" or "baske dcast live, enter station broadca on's location (the ons, if any, the of when your syst a substitute program on program carried	rows to the tables. ision program ("substitute pur cable system substitute s. See page (v) of the general stall." List specific program "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period.	program") that d for the program instruction in titles, for example, and instruction in titles, for example, and instruction is licenstation is identification in the program. Use cable system. If 5 p.m. to 6:2 amming that yet; enter the letter the letter the system.	t, during the acramming of an as for further ir ample, "I Love tified). numerals, with List the times 8:30 p.m. shower system water "P" if the list	ccounting other status of the	nth dy
	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME		DELETION
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ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:			YSTEM				
Name	Cumberland Cellular LLC		3	0272				
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount yo all amounts (gross receipts) paid to your cable system by subscribers for the system's seconda (as identified in space E) during the accounting period. For a further explanation of how to com page (vii) of the general instructions located in the paper SA1-2 form.  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.	ary transmis pute this ar	ssion service mount, see	),442.79				
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: 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 e  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$52 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		63,800					
	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 must accounting period is \$52.00	t pay for this	s six-month					
	Line 1. Royalty fee for accounting period		\$	52.00				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		. \$	52.00				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more th	an \$137,1	00)					
	1. Base amount under statutory formula	,800.00						
	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	·····- <u>-</u>		0.00				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less t	han \$527,	600)					
	Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula	3,800.00						
	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)		1,319.00					
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6							
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		52.00					
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		15.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	[	\$	67.00				
	Important: Your remittance must be in the form of an electronic payment payable to See page i of the general instructions in the paper SA1-2 form for more			its!				

Accounting Period:	2024/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: ellular LLC	SYSTEM ID# 027285
M Channels	to its subscribe  1. Enter the tot- system carri  2. Enter the tot- on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period.  al number of channels on which the cable ed television broadcast stations	46 172
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Daryl Hammond Telephone	270-343-1111
	Address 	PO Box 80 (Number, street, rural route, apartment, or suite number)  Jamestown, KY 42629 (City, town, state, zip)	
	Email	Fax (optional	
	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersign	ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owne	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B	; or
	(Agen	t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	X (Office	cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B.	er of the cable system
	are true, comple	d the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	
	·	X /s/ Daryl Hammond	
		Enter an electronic signature on the line above to certify this statement.  Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Daryl Hammond	
		Title: Secretary/Treasurer (Title of official position held in corporation or partnership)	
		Date: 2/26/2025	

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

FORM SA1-2E. PAGE 8. Accounting Period: 2024/2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 027285 **Cumberland Cellular LLC** 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 sub-**Special Statement Concerning Gross** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Receipts Exclusion** For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. 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? NO Name Name Mailing Address Mailing Address 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 (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment x 0.00274 Line 4 Multiply line 3 by 0.00274\*\* and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 . . . . . \* 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 Address ID number First community served Accounting period

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CONTROL #: REMITTANCE #:

Cable
Worksheet

Total amount of remittance		Number of SAs re	c'd	In	itials
Date of remittance	_ □ Check	□ EFT		☐ FILING	FEES
			Am	ount	Initia
Date examination					

			Date of remittance	☐ Check	☐ EFT	☐ FILING	FEES	
Cable ID #						Amount	Initials	
Examined by	I	Reviewed by	Date examination completed	Allocatio	on number			
Space A Accounting Period				1				
	☐ Januar	y 1 - June 30, 2017	] July 1 - Decem	nber 31, 2017				
	☐ Letter	sent	С	] Information re	ceived			
	□ Accepted			☐ Phone call/Date/Contact				
Space B Owner								
	□ Letter	sent	С	Information re	ceived			
	☐ Accept	ed	С	Phone call/Dat	e/Contact			
Space D Area Served								
	☐ Letter	sent	С	☐ Information re	ceived			
	☐ Accepted ☐			☐ Phone call/Date/Contact				
Space E Secondary Transission								
Service Subscribers:	☐ Letter	sent		Information re	ceived			
and Rates	☐ Accept	red	С	Phone call/Dat	e/Contact			
Space G Primary Transmitters:								
Television	□ Letter	sent	С	☐ Information re	eceived			
	☐ Accept	red	С	☐ Phone call/Dat	te/Contact			
Space H Primary Transmitters:								
Radio	☐ Accept	red		☐ Phone call/Dat	te/Contact			

		Space I Substitute Carriage
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	☐ Information received	(SA3 only)
☐ Accepted	☐ Phone call/Date/Contact	
		Space K Gross Receipts
☐ Letter sent	☐ Information received	
☐ Letter sent	☐ Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐ Royalty Fee should be	☐ Refund request to fiscal	
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phoe 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	