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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

Α

SA1-2E Short Form

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

				6372220171	
		l			
Α	ACCO	DUNTING PERIOD COVERED B	BY THIS STATEMENT: (YYYY	//(Period))	
		2017/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20171	Barcode Data Filing Period (optional - se	e instructions)	
ccounting		20171			
Period					_
		Instructions:			
В		Give the full legal name of the owner of the of the subsidiary, not that of the parent con		of another corporation, give the full corp	orate title
Owner		List any other name or names under which	the owner conducts the business of the ca	ble system.	
		If there were different owners during the a single statement of account and royalty fee		, .	.bmit a
		Check here if this is the system's first filing.	If not, enter the system's ID number assig	ned by the Licensing Division.	63723
		4			
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		Skitter Cable TV, Inc.			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		Skitter Cable TV-Onslow			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		3230 Peachtree Corners Cir (Number, street, rural route, apartment, or suite nu			
		Norcross, GA 30092			
		(City, town, state, zip)			
С		RUCTIONS: In line 1, give any busine already appear in space B. In line 2			
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	mber)		
	_	(City, town, state, zip code)			
	I	וטועד, ושאוז, אמופ, צוף נטעפן			

FOR COPYRIGHT OFFICE USE ONLY

8/2/2018

AMOUNT

ALLOCATION NUMBER

\$67.48 JAN

DATE RECEIVED

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID							
Name	Skitter Cable TV, Inc.	63723							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
First	CITY OR TOWN Onslow	IA STATE							
Community	Center Junction	IA III							
Rows as Necessary									

	FOI LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	Skitter Cable TV, Inc.								6372
E Secondary Transmission	system, that is, the retransmission about other services (including p	pace E should on of television oay cable) in sp	l cover a n and rad pace F, r	BERS AND RATES Il categories of secondary transmission service of the cable io broadcasts by your system to subscribers. Give information not here. All the facts you state must be those existing on the r 31, as the case may be).					
Service: Sub- scribers and Rates	Number of Subscribers: Both down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide	y transmission umber of billin ice at the rate harged for eac . (Example: "\$ counts allowed in space E, the to their subso	service. gs in that indicated ch catego 20/mth") for adva for adva form list cribers. G	In general, you t category (the d—not the number ory of service. Summarize a nce payment sts the catego Sive the number	ou can con e number of mber of se Include bo any standa ories of sec er of subso	npute the number of persons or org ts receiving serv- oth the amount of and rate variation condary transmis- cribers and rate	er of subsc ganizations vice). of the charg is within a p ssion servio for each lis	ribers in charged ge and the particular rate ce that cable sted 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.								
	BLC	DCK 1 NO. OF	-				BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		54	30.99	DVR			12	-
	 Service to additional set(s) FM radio (if separate rate) Motel, hotel 								
	Commercial Converter								
	Residential Non-residential		111	-					
F Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2								
	CATEGORY OF SERVICE	RATE	-	ORY OF SEF	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services: • Pay cable	80.99		tion: Non-res	sidential		STARZ		12.
	 Pay cable—add'l channel Fire protection Burglar protection 	89.99	• Pay	nmercial cable cable-add'l c	hannel		Encore		5.
	Installation: Residential • First set • Additional set(s)		• Fire • Burç	protection glar protectior ervices:					
	FM radio (if separate rate) Converter		• Rec • Disc	onnect connect et relocation					
			• Mov	e to new add	ress				

G Primary Transmitters: Television Primary Column 1: List each st multicast stream assoc "WETA-2" as the same Column 2: Give the ch of license. For example Column 4: Give the loc			FORM SA1-2E. PAGE 3.					
G PRIMARY TRANSMITTE In General: In space General: In Station was carried only. Itelevision In General: In space General: In General: In Space General: In Genera: In General: In General: In General: In Gener	CF CABLE SYSTEM:		SYSTEM ID# 63723					
GIn General: In space G carried by your cable si FCC rules and regulation 76.59(d)(2) and (4), 76 substitute Basis Stati basis under specific FC • Do not list the station station was carried only • List the station here, a basis. For further inform Column 1: List each st multicast stream assoce "WETA-2" as the same Column 2: Give the ch of license. For example Column 3: Indicate in e educational station, by (for independent multic For the meaning of the Column 4: Give the lood FCC. For Mexican or CIn General: In space G carried by your cable si Substitute parameters Substitute parameters Do not list the station station was carried only • List the station here, a basis. For further inform Column 1: List each st multicast stream assoce "WETA-2" as the same Column 3: Indicate in e educational station, by (for independent multic 	Skitter Cable TV, Inc.							
d Rows as Necessary d Rows as Necessary KFXA KGAN KIIN KPXR-TV KWKB	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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network station, an independent multicast), "I" (for independent multicast), "E" (for noncommercial educational							
d Rows as Necessary KFXA KFXB-TV KGAN KIIN KPXR-TV KWKB	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.							
J Rows as Necessary KFXA KFXB-TV KGAN KIIN KPXR-TV KWKB	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
bws as Necessary KFXB-TV KGAN KIIN KPXR-TV KWKB	9		Cedar Rapids, IA					
KGAN KIIN KPXR-TV KWKB	27	l	Cedar Rapids, IA					
KIIN KPXR-TV KWKB	14	I	Dubuque, IA					
KPXR-TV KWKB	29	Ν	Cedar Rapids, IA					
КШКВ	12	E	Iowa City, IA					
	47	I	Cedar Rapids, IA					
	25	I	Iowa City, IA					
	7	N	Waterloo, IA					

EGAL NAME OF		JABLE 3	TSTEM.					SYSTEM 637
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recein the Co sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	

Accounting Perio	od: 2017/1						FORM	M SA1-2E. PAGE 5.	
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	Skitter Cable TV, Inc.							63723	
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	DG				
	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								
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of	the general in	structions in	the paper S	A1-2 form.	
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE					
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any noni	network tele	evision prog	ram	
Program Log	broadcast by a distant sta	tion?					YES	× NO	
	Note: If your answer is "No	" leave the	rest of this na	age blank. If your answer i	ie "Vee " vouu	must compl	-		
	-			ige blank. If your answer	13 103, your	inusi compi	cic inc prog	jram	
	log in block 2. 2. LOG OF SUBSTITUTI		MS						
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if th	neir meaning	g is	
	clear. If you need more spa	ice, please	add additional	rows to the tables.				-	
				vision program ("substitut					
	period, was broadcast by a								
	under certain FCC rules, re Do not use general categor								
	"NBA Basketball: 76ers vs.				,,	, -	,		
				er "Yes." Otherwise enter					
				asting the substitute prog				·	
	the case of Mexican or Car			the community to which the community with which the			ine FCC or,	IN	
				stem carried the substitut			s, with the n	nonth	
	first. Example: for May 7 gi	ve "5/7."							
				ogram was carried by you				ately	
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0	1:15 p.m. to t	5:28:30 p.m	. should be		
		er "R" if the	listed prograr	n was substituted for prog	ramming that	t your syste	m was <i>requ</i>	iired	
	to delete under FCC rules								
	was substituted for program	•	your system w	as permitted to delete un	der FCC rules	s and regula	ations in		
	effect on October 19, 1976								
					WHE	N SUBSTI	TUTE		
	S	UBSTITUT	E PROGRAM	1	CARRIAGE OCCURRED			7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH AND DAY		IMES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROM	— то		
					-				
							_		
					1		_		
					1				
					-				
							_		
							_		
					1				
							_		
					1				
					┨┟				
							_		
					1				
							_		
							_		
					1				
					-				
							_		
			L		4				

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Skitter Cable TV, Inc.	S	YSTEM ID# 63723
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	2,107.00
L 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 equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • 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 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 pay for t	his six-mon	
	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	\$	0.48
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.48
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula \$ 263,800.00		
	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		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		<u> </u>
	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		
	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 Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.48	
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	\$	67.48
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2017/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Skitter Cable TV, Inc.	SYSTEM ID# 63723
M Channels	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 volume television broadcast stations and nonbroadcast services .	8 25
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		704-576-7323
	Address 3230 Peachtree Corners Circle, Ste H (Number, street, rural route, apartment, or suite number) Norcross, GA 30092 (City, town, state, zip) Email Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as ow in line 1 of space B. (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow 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 hereir are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] (Is U.S.C., Section 1001(1986)] 	system as identified mer of the cable system
	Typed or printed name: Steve R. Hughes Title: Treasurer	
	(Title of official position held in corporation or partnership) Date: 27 July 2018	

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.

ounting Period: 2017/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
itter Cable TV, Inc.	63723
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (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 YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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	
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.	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
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	

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 th 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.