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 COPYRIG	HT OFFICE USE ONLY
DATE RECEIVED	AMOUNT
2-15-21	\$ ALLOCATION NUMBER

Return to: Library of Congress Copyright Office-LD 101 Independence Avenue SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)					
Accounting Period	January 1–June 30(Year)	July 1-December 31 2020(Year)				
B Owner	corporate title of the subsidiary, not that of the parent corp In line 2, list any other names under which the owner cou If there were different owners during the accounting peric a single statement of account and royalty fee payment cove Check here if this is the system's first filing. If not, enter	ducts the business of the cable system. d. only the owner on the last day of the accounting period should submit.				
	1 LEGAL NAME OF OWNER OF CABLE SYSTEM:					
	WESTPHALIA BROADBAND, INC. 2 BUSINESS NAME(S) OF OWNER OF CABLE SYST	62582				
	(,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,					
	3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO BOX 368 (Number, street, rural route, apartment, or suite number) WESTPHALIA, MI 48894 (City, town, state, zlp)	EM:				
С	Instructions: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing	sed to identify the business and operation of the system unless these address of the system, if different from the address given in space B.				
System	1 IDENTIFICATION OF CABLE SYSTEM: WBI					
	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number)					
	(City, town, state, zip)					
D Area Served	in FCC rules: "a separate and distinct community or municipareas and including single, discrete unincorporated areas)." of system identification hereafter known as the "first communication of system identification hereafter known as the "first communication of system identification hereafter known as the "first communication of system identification hereafter known as the "first communication of system identification hereafter known as the "first communication of system identification of sys	ole system. A "community" is the same as a "community unit" as defined to the system. A "community" is the same as a "community unit" as defined to all entity (including unincorporated or C.F.R. §76.5(dd). The first community that you list will serve as a form ity." Please use it as the first community on all future filings. Initially, or mobile home parks should be reported in parentheses below the				
	CITY OR TOWN STATE	CITY OR TOWN STATE				
First ► Community	DEWITT MI ST JOHNS MI FOWLER MI	WESTPHALIA MI				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filling, a determination that would be made by a court of law.

WESTPHALIA BROADBAND, II	NC.		62582	Name
Instructions: List each separate commu in FCC rules: "a separate and distinct c areas and including single, discrete unin- of system identification hereafter known Note: Entities and properties such as hotels dentified city.	ommunity or municipal entity corporated areas)." 47 C.F.R. § as the "first community." Pleas	(including unincorporated communities 76.5(dd). The first community that you se use it as the first community on all fu	s within unincorporated list will serve as a form ture filings.	D Area Served
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Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
WESTPHALIA BROADBAND, INC.
62582

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,

Biock 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 	775	\$77.95				
 Service to additional set(s) 	849	\$9.95		5010.00	587.873	
•FM radio (if separate rate)	s	45550000				
Motel, hotel				24		
Commercial				a Establishen	*******	
Converter	1.11.1.1201.1.12010101010101010101010101			STREET INCOMORDING CARE		
 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		
CATEGORY OF SERVICE	RATE	TE CATEGORY OF SERVICE		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		Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Other Services: • Reconnect • Disconnect • Outlet relocation • Move to new address			

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
WILX-HI	61	N	LANSING, MI
WLNS	84	N	LANSING, MI
WSYM	67	N	LANSING, MI
WLAJ-DT1	53	N	LANSING, MI
WLAJ-DT2	54	N	LANSING, MI
WKARHD	73	E	EAST LANSING, MI
WKARWLD	74	E	EAST LANSING, MI
WKARCRT	75	E	EAST LANSING, MI
WKARKID	76	E	EAST LANSING,MI
WILX-AT	62	N	LANSING, MI
BOUNCE	59	N	LANSING, MI
MY47N	69	N	LANSING, MI
METV	68	N	LANSING, MI
MILX-DT	60	N	LANSING, MI
CIRCLE	63	N	LANSING, MI
ON	64	N	LANSING, MI

G

Primary Transmitters: Television

Name	WESTPHA							62582
	WEOTITIA	ILIA DI TOAL	יואטכ	ID, 1140.				02302
н	PRIMARY In General: all-band bas	List every ra	dio st	S: RADIO ation carried on a separate vere generally receivable by	and discrete by	asis and list tem during t	those	FM stations carried on a
Primary Transmitters: Radio	Special Inst receivable if the basis of r detailed infor Column 1 Column 2 Column 3 signal, indica Column 4	ructions Co (1) it is carrie monitoring, to rmation abou It Identify the State whet It If the radio ate this by place	oncern d by the o be re ut the call s her the statio acing a	ning All-Band FM Carriage: ne system whenever it is received at the headend, with the Copyright Office regulat ign of each station carried. e station is AM or FM. n's signal was electronically a check mark in the "S/D" c s location (the community to if any, the community with y	Under Copyrigelived at the system's Floors on this polynomers of the column.	ht Office regitem's heade of antenna, dint, see page the cable sy	ulation nd; ar luring e (iv) o	ns, an FM signal is generald (2) it can be expected, certain stated intervals. Fif the general instructions as a separate and discre
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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EGAL NAME OF OWNER OF CABLE S VESTPHALIA BROADE					62582		Na
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.							
SPECIAL STATEMENT During the accounting per broadcast by a distant strate: If your answer is "No p in block 2.	eriod, did you tation?	r cable systen	n carry, on a substitute l	Πv	es E No	- 1	Carria Spec Stateme Prograr
GOG OF SUBSTITUTE F General: List each substar. If you need more spare Column 1: Give the title iod, was broadcast by a cater certain FCC rules, requot use general categors A Basketball: 76ers vs. Column 2: If the program Column 3: Give the call section 4: Give the broadcase of Mexican or Canacase or Can	titute prograr ce, please att of every non distant statior gulations, or a ies like "movi Bulls." n was broadce sign of the sta dcast station adian stations h and day wh we "5/7." s when the si	n on a separa tach additiona network televian authorizations ies" or "baske ast live, enter ation broadcase 's location (the s, if any, the colon your syste	Il pages. sion program ("substitute cable system substitute. See page (v) of the getball." List specific programs." Otherwise, entesting the substitute progree community to which the micarried the substitute program was carried by your side sion program was carried by your side side program was carried by your side programs.	te programed for the properal instrugram titles, in "No." gram. the station is a program. United to program.	") that, during the ogramming of and ctions for further for example, "I Louis licensed by the identified). Jse numerals, with times.	e accounting other station information. ove Lucy" or e FCC or, in the month	
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WESTPHALIA BROADBAND, INC. 62582	IGL
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 tot all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission ser (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, page (vi) of the general instructions. • Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)	rvice see
Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructors: To compute the royalty fee you owe: Complete block 1, block 2, or block 3 Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions for more information.)
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period · · · · · \$ 52.00	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 · · · · · · · · · · · · · · · · · ·	
	Line 3. Filing Fee \$ 15.00	
	Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.	
	Add lines 1, 2 and 3	
	Y	_
1	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula · · · ·	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	
	9. Filing Fee	
	o. Filling Fee	
	10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 7, 8 and 9	
	DI COMO DECENTA DE LA COMO DE COMO DECOMO DE COMO DE C	
-	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)	
	6. Interest Charge. Enter the amount from line 4, space Q, page 8	
	7. Filing Fee	
1	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7	
1	IMPORTANT: Your remittance must be in the form of an electronic payment payable to Register of Copyrights. See page i of the general instructions for more information.	е

LEGAL NAME OF OWNER OF CABLE SYSTEM: WESTPHALIA BROADBAND, INC. 62582	Name
CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast statio to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	Channels
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	N
Name Michael S. Fitzpatrick Address PO Box 368 (Number, street, rural route, apartment, or sulte number) Westphalia, MI 48894 (City, town, state, zip) Email (optional) Telephone (989)587-5000 (Area code) Fax (optional)	Information
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	a- O
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	
(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 con tained 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] 	1
Handwritten signature: Muduel J. Feli	
Typed or printed name: Michael S. Fitzpatrick	
Title: General Manager (Title of official position held in corporation or partnership)	
Date: 02/15/2021	

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. Pil 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.

			TOTAL ON E. I MOL
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WESTPHALIA BROADBAND, INC.		62582
Special Statement Concerning Gross Receipts Exclusions	SPECIAL STATEMENT CONCERNING GROSS RECT The Satellite Home Viewer Act of 1988 amended Title 17, slowing sentence: "In determining the total number of subscribers and the service of providing secondary transmissions of primary be scribers and amounts collected from subscribers received. For more information on when to exclude these amounts, so During the accounting period, did the cable system excludes made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) by	section 111(d)(1)(A) of the Copyright Ad- gross amounts paid to the cable systoroadcast transmitters, the system shaling secondary transmissions pursuant ee the note on page (vi) of the general any amounts of gross receipts for secondary	tem for the basic Il not include sub- to section 119." Instructions.
	Name Mailing address	Name Malling address	
Q Interest Assessment	INTEREST ASSESSMENT You must complete this worksheet for those royalty payments. For an explanation of interest assessment, see page (vi) of t. Line 1. Enter the amount of late payment or underpayment.	he general instructions.	nt or underpayment.
	Line 2. Multiply line 1 by the interest rate* and enter the sum. Line 3. Multiply line 2 by the number of days late and enter the sum.	x	days
	Line 4, Multiply line 3 by .00274** and enter here and in space	x .te L (page 6) block 1.	00274
	*To view the interest rate chart click on www.copyright.gov.contact the Licensing Division at (202) 707-8150 or licensis. **This is the decimal equivalent of 1/365, which is the interest.	(intere licensing/interest-rate.pdf. For further ng@copyright.gov.	est charge) assistance please
	Note: If you are filing this worksheet covering a statement of a list below the owner, address, first community served, ID num Owner Address ID number First community served	ccount already submitted to the Copyr ber, and accounting period as given in	the original filing.
	Accounting period		

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UNITED STATES COPYRIGHT OFFICE



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

Reset Form

Email Form

Complete and email this form to licfiscal@copyright.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 Westphalia Broadband, Inc.					
Contact person Mike Fitzpatrick					
Telephone number 989-587-5000	Email mike.fitzpatrick@4wbi.net				
Date of EFT (actual or anticipated) 2/17/2021	Type of EFT FedWire X ACH				
Type of royalty payment 🔀 Cable 🔲 Satellite	Type of SOA Paper Electronic (Cable only) NOTE: Check both boxes if filing paper and electronic. Indicate electronic (E) filing with ID # (ex. 12345E).				
Total amount of EFT \$ 3,716.23					
Legal name (See space B of Statement of Account) Westphalia	Broadband, Inc.				

YEAR	PERIOD	ID # (AND ENTER E IF APPLICABLE)	FIRST COMMUNITY SERVED (CITY & STATE)	FILING FEES	ROYALTY FEES	INTEREST FEES	TOTAL FEES
20	2	62582	Dewitt	\$ 20.00	\$ 3,696.23		\$ 3,716.2
							\$ 0.0
							\$ 0.0
							\$ 0.0
							\$ 0.0
							\$ 0.0
							\$ 0.0
							\$ 0.0
							\$ 0.0
							\$ 0.0
							\$ 0.0
							\$ 0.0
							\$ 0.0
							\$ 0.0
							\$ 0.0
							\$ 0.0
							\$ 0.0
							\$ 0.00

(Form continued on back)

YEAR	PERIOD	ID # (AND ENTER E IF APPLICABLE)	FIRST COMMUNITY SERVED (CITY & STATE)	FILING FEES	ROYALTY FEES	INTEREST FEES	TOTAL FEES
19			ļ				\$ (
20							\$ (
21							\$ 0
22							\$ 0
23							\$ 0
24							\$ 0
25							\$ 0
26							\$0
27							\$ 0.
8							\$ 0.
9							\$ 0.
0							\$ 0.
1							\$ 0.0
2							\$ 0.0
							\$ 0.0
							\$ 0.0
							\$ 0.0
							\$ 0.0
							\$ 0.0
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
V							\$ 0.00

FILING FEES \$ 20.00

ROYALTY FEES \$ 3,696.23

INTEREST FEES \$ 0.00

TOTAL FEES \$ 3,716.23

Privacy Act Notice: Sections 111 and 119 of title 17, United States Code, authorize the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your payment. PII is any personal information that can be used to identify or contact an individual, such as names, addresses, and telephone numbers. The Copyright Office collects this PII in order to allocate your payment by electronic funds transfer (EFT). By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes being available for public inspection and being included in search reports prepared for the public. The effects of not providing the PII requested are that it may delay the allocation of your payment 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.