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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are at the end of this form [pages i-viii].

DATE RECEIVED	AMOUNT
7/13/21	\$
7/13/21	ALLOCATION NUMBER

SA3 Long Form

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.

A		ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)							
Accounting Period	u .	January 1-June 30 2021 July 1-December 31 (Year) (Year)							
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 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 shows 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. 1 LEGAL NAME OF OWNER OF CABLE SYSTEM:								
		Rio Virgin Telephone & Cablevision							
	2								
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. Box 299 (Number, street, rural route, apartment, or sulte number) Mesquite Nevada 89024 (City, town, state, zip)	1:		***************				
C	INS	STRUCTIONS: In line 1, give any business or trade names on the salready appear in space B. In line 2, give the mailing ac	used to identify the business ddress of the system, if diffe	and operation of the rent from the address	system unless these given in space B.				
System	1	IDENTIFICATION OF CABLE SYSTEM:	-						
	2	MA!LING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)							
D		tructions: For complete space D instructions, see page 1b. I communities.	dentify only the first commun	ity served below and	relist on page 1b with				
Served		CITY OR TOWN	STATE						
First >	Me	squite	Nevada	·					
Community	Belo	ow is a sample for reporting communities if you report multip	le channel line-ups in Space	G.					
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#				
Sample ►	CITY OR TOWN (SAMPLE) STATE CH LINE UP SUB GRP# Alda MD A 1 Alliance MD B 2 Gering MD B 3								

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 it may affect the legal sufficiency of the filling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM.							
Rio Virgin Telephone & Cablevision							
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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate							
all communities with the channel line-up "A" in the appropriate column below on a partially distant or partially permitted basis in the DSE Schedule, associated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-channel line-up designated by an alpha-letter(s) (based on your Space G reporting from Part 9 of the DSE Schedule) in the appropriate	w or leave the cliate each releval	olumn blank. If yount community with	u report any stations i a subscriber group,				
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#				
Mesquite	NV	NETHANNES CORRE		▼ First			
Bunkerville	NV			Community			
Desert Springs	AZ			Community			
Beaver Dam	AZ						
Scenic	4.7						

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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM

Rio Virgin Telephone & Cablevision



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 *Service to additional cet(a)	2,138	\$38.90	Bulk	1,011	\$14.00 \$12.50	
Service to additional set(s) FM radio (if separate rate)	436 517	\$3.00 \$2.75	************************	536	\$11.00	
Motel, hotel Commercial	1,218	\$5.25			\$7.00 \$6.50	
Converter Residential	19	\$11.25 \$2.00		31	\$7.50 \$25.00	
 Non-residential 	*****	******				

- V

Services Other Than Secondary Transmissions: Rotes

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

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

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate)	\$30.00 \$15.00	Installation: Non-residential · Motel, hotel · Commercial · Pay cable · Pay cable—add'I channel · Fire protection · Burglar protection Other services: · Reconnect · Disconnect	\$30.00	Expanded Basic Digital Basic HBO Showtime/TMC Encore/Starz Cinemax HD Activation Music Choice Comm	\$38.90 \$15.35 \$19.00 \$16.00 \$16.00 \$5.00
Samana	0.0000000000000000000000000000000000000	Outlet relocation Move to new address	\$30.00 \$30.00	THE EXPENSION OF SECURITY	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Rio Virgin Telephone & Cablevision

Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

 Do not list the station here in space G—but do list it in space I (the Special Statement 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

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 (v) of the general instructions.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the capie system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions.

Column 6: 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.

Note: If you are utilizing multiple channel line-ups, identify the line-up in the far right column here in Space G based on your channel line-up reported in Space D. Use a separate space G for each channel line-up.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KSNV	3	N	No		Las Vegas, Nevada
KVCW	33	N	No		Las Vegas, Nevada
KUED	7	E	No		Salt Lake City, Utah
KLAS	8	N	No		Las Vegas, Nevada
KLVX	10	E	No		Las Vegas, Nevada
KVVU	11	Ν	No		Las Vegas, Nevada
MyL-VTV	12	I'	No		Las Vegas, Nevada
KTNV	13	N	No		Las Vegas, Nevada
KJZZ	14	1	No		Salt Lake City, Utah
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G

Primary Transmitters: Television

> Channel Line-Up

Primary fransmitters: Radio	Special Instr receivable if (on the basis of For detailed in Column 1: Column 2:	FRANSMIT List every rais whose siguetions Cor 1) it is carried from toring information a lidentify the State wheth	TERS dio stanals was meerning to be the control of	vision	by your cable s : Under Copyrige eceived at the s with the system ulations on this	ystem durin nt Office regu stem's head s FM antenn	g the ulation dend, a. dur	accounting period. ns, an FM signal is generally and (2) it can be expected intervals.
Primary Transmitters: Radio	PRIMARY In General: Lall-band basis Special Instruction the basis of For detailed in Column 1: Column 2:	FRANSMIT List every range wetions Con The it is carried from it is carried from itoring information a lidentify the State wheth	dio sta nals w ncerni d by to j, to be bout the call s	S: RADIO ation carried on a separate vere "generally receivable" ing All-Band FM Carriage the system whenever it is re e received at the headend, the the Copyright Office reg ign of each station carried	by your cable s : Under Copyrige eceived at the s with the system ulations on this	ystem durin nt Office regu stem's head s FM antenn	g the ulation dend, a. dur	accounting period. ns, an FM signal is generally and (2) it can be expected intervals.
Primary fransmitters: Radio	Special Instr receivable if (on the basis of For detailed in Column 1: Column 2:	uctions Cor (1) it is carrie of monitoring oformation a Identify the State wheth	ncernied by to g, to be bout to call s	ing All-Band FM Carriage the system whenever it is not be received at the headend, the the Copyright Office reguling of each station carried	: Under Copyrig aceived at the s with the system ulations on this	nt Office regu stem's head s FM antenn	ulation dend, a. dur	ns, an FM signal is generally and (2) it can be expected ing certain stated intervals
	Column 4:	te this by pla Give the sta	acing : ation's	n's signal was electronicall a check mark in the "S/D" s location (the community if any, the community with	column. to which the sta	tion is licens	ed by	
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
-								
-								

LEGAL NAME OF OWNER OF CABLE SYST	EM:						
Rio Virgin Telephone & Cable	vision						Name
SUBSTITUTE CARRIAGE In General: In space I, identify carried on a substitute basis d authorizations. For a further exinstructions.	<i>every nonr</i> uring the a	network televis ccounting per	ion program broadcast iod, under specific pres	by a <i>distant</i> sent and for	mer FCC rules, re	gulations, or	Substitute
SPECIAL STATEMENT CO During the accounting period broadcast by a distant stati Note: If your answer is "No", In log in block 2.	d, did you on?	r cable system	carry, on a substitute I		☐ Ye	s 🔳 No	Carriage: Special Statement and Program Log
2. LOG OF SUBSTITUTE PROING In General: List each substitut clear. If you need more space, Column 1: Give the title of period, was broadcast by a distation under certain FCC rulinformation. Do not use gener Love Lucy" or "NBA Basketba Column 2: If the program will column 3: Give the call sign Column 4: Give the broadce the case of Mexican or Canada Column 5: Give the month a first. Example: for May 7 give to the mearest five minutes. Estated as "6:00–6:30 p.m." Column 7: Enter the letter "It to delete under FCC rules and gram was substituted for progeffect on October 19, 1976.	te progran please attevery non istant states, regulated all categor II: 76ers veras broaded of the station and day when the support and the station of the s	tach additional network televition and that yetions, or authories like "movies. Bulls." ast live, enter ation broadcast's location (this, if any, the cleen your system program carried program was in effect duri	I pages. ision program (substitution cable system subportizations. See page (rest or "basketball." List "Yes." Otherwise entesting the substitute programment of the substitute from carried the substitute am was carried by you ided by a system from the substitute for program substituted for program substituted for program the accounting period to the substituted for programment in the substituted fo	ute program stituted for vi) of the gest specific pur "No." ogram. the station is program. It cable systems of the station is program. It cable systems of the station is program. It cable systems of the station is programming the systems of the s	i) that, during the the programming meral instructions program titles, for is licensed by the sidentified). Use numerals, with tem. List the times in to 6:28:30 p.m. and your system whe letter "P" if the	accounting g of another s for further example, "I e FCC or, in the month is accurately as required a listed pro-	
SUE	STITUTE	PROGRAM			I SUBSTITUTE GE OCCURRED	7. REASON	
1, TTLE OF PROGRAM	2. LIVE? Yes or No	3, STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	
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	LEGAL NAME OF OWNE	ER OF CABLE SYSTI	EM:							
Name	Rio Virgin Telepl	none & Cable	vision							
Part-Time Carriage Log Part-Time Carriage Column 5 of Column 2 curred durin Give the r "4/10." State the soft the tele "app." Ex-		a to lack of acim carried than ill sign): Give G. ates and hour accounting phand day who ing and ending and station's bre: "12:30 a.m.	with column 5 of spitivated channel capatest station. If you need the call sign of everys of carriage); For	ecity, you for more so y distant each started. Use the near ay give	u are required to co pace, please attact t station whose ba ation, list the dates se numerals, with the arest quarter hour. It an approximate er	mplete this log h additional pa sis of carriage s and hours wh he month first. In any case who nding hour, follo	giving the total diges. you identified by nen part-time carr Example: for Apri ere carriage ran to owed by the abbi	lates and "LAC" in riage oc il 10 give the end reviation		
	DATES AND HOURS OF PART-TIME CARRIAGE									
		WHEN C.	ARRIAGE OCCURR	ED		WHEN CA	ARRIAGE OCCUR	DED		
	CALL SIGN	DATE	HOURS FROM TO		CALL SIGN	DATE	HOURS	3		
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	
Rio Virgin Telephone & Cablevision	Name
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 (vii) 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)	K Gross Receipts
COPYRIGHT ROYALTY AND FILING FEES Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. If part 2 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. If oart 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.	Copyright Royalty Fee
MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum rea, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1 Enter the amount of gross receipts from space K. Line 2 Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee. \$5,853.50	
DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in spane G. If in space G. you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule.	
BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4 or pair 9 Dicox A of the DSE schedule. If none, enter zero 1.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none enter zero 1.15 Add thes 1 and 2 and enter nere	
BASE RATE FEE/2.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 pitche sum of the base rate fee/3.75 fee from block 3, line 3, whichever is larger. 5,853.50	
Lins 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero	Cable systems submitting additional deposits under
\$ 725.00	Section 111(d)(7) should contact the Licensing Division for the
Add Lines 1, 2, 3 and 4 of block 4 and enter total here	appropriate form for submitting the additional fees.
Plemin this amount via electronic payment payable to Register of Copyrights. (See page (i) of the general name of the formation.))

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:
	Rio Virgin Telephone & Cablevision
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 9 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:
Individual to	(Identify an individual we can contact about this statement of account.)
Be Contacted for Further Information	Name Josh Tietjen Telephone 702-346-5211
	Address Number, street, rural route, apartment, or suite number)
	Mesquite Nevada 89027 (City, lown, state, zip)
	Email (optional) tietjenj@rconnects.net Fax (optional)
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)
Certification	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)
	(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 contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C. sec. 1001]
	Handwritten signature
	Typed or printed name: Josh Tietjen
	Title:
	Date: 7-13-2021

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. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.