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)].

DATE RECEIVED	AMOUNT
02/25/2022	\$ 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.

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.) January 1–June 30					
Bowner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER OF CABLE SYSTEM: CAP ROCK TELEPHONE COOPERATIVE, INC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT): MAILING ADDRESS OF OWNER OF CABLE SYSTEM: POBOX 300 (Number, street, rural route, apartment, or suite number) SPUR, TX 79370 (City, town, state, zip)					
C	Instructions: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.					
System	1 IDENTIFICATION OF CABLE SYSTEM: 062167					
	MAILING ADDRESS OF CABLE SYSTEM: P O BOX 300 (Number, street, rural route, apartment, or suite number) SPUR, TX 79370 (City, town, state, zip)					
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the 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.					
First ▶ Community	CITY OR TOWN STATE CITY OR TOWN STATE SPUR TX PADUCAH TX JAYTON TX ROARING SPRINGS TX DICKENS TX TURKEY TX					

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:				
CAP ROCK TELEPHONE COOPE	ERATIVE, INC			Name
Instructions: List each separate community in FCC rules: "a separate and distinct com areas and including single, discrete unincor of system identification hereafter known as Note: Entities and properties such as hotels, a identified city.	munity or municipal ent porated areas)." 47 C.F. the "first community." P	ity (including unincorporated communities R. §76.5(dd). The first community that you lease use it as the first community on all fu	within unincorporated list will serve as a form ture filings.	D Area Served
CITY OR TOWN	CTATE	CITY OF TOWAL	07475	
MATADOR GIRARD AFTON	STATE TX TX TX	CITY OR TOWN GUTHRIE FLOMOT WHITE RIVER LAKE	TX TX TX	◀ First Community
QUITAQUE	TX	JUSTICEBURG	TX	
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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM

CAP ROCK TELEPHONE COOPERATIVE, INC



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	97	\$44.90	First Set- ULTRA	955	\$86.90
• Service to additional set(s)	61	. \$5.00	Additional Set	1,125	\$5.00
 FM radio (if separate rate) Motel, hotel 			• • • • • • • • • • • • • • • • • • • •		
Commercial			Business Basic	5	\$44.90
Converter			Business Basic Additional Set	5	\$5.00
 Residential 			Business Ultra	53	\$86.90
 Nonresidential 			Business Ultra Additional Set	26	\$5.00

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	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) Converter	\$5.00	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	\$9.00 \$25.00 \$74.95	\$25.00 ON INITIAL INSTALL CHARGES WAIVED W/6 MO AGREEMENT (PRORATED) **IF DISCONECTED WITHIN 6 MONTHS "" STARS SUPERPACK HBO ENCORE PPV EVENT UP TO PPV TRANSACTION FEE	\$7.95 \$17.95 \$5.95 \$79.99 \$0.40

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CAP ROCK TELEPHONE COOPERATIVE, INC

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 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
KMYL	14.1	N	LUBBOCK, TX
KLBK	13.1	N	LUBBOCK, TX
KAMC	28.1	N	LUBBOCK, TX
KJTV	34.1	N	LUBBOCK, TX
KCBD	11.1	N	LUBBOCK, TX
KXTQ	46.1	N	LUBBOCK, TX
KJTV-DT2	34.2	-1	LUBBOCK, TX
KCBD-DT2	11.2	N	LUBBOCK, TX
KLCW	22.1	N	LUBBOCK, TX
KLBB	48.1	N	LUBBOCK, TX
KCBD-DT3	11.3	N	LUBBOCK, TX
KTTZ	5.1	E	LUBBOCK, TX
KCBD-DT4	11.4	N	LUBBOCK, TX

G

Primary Transmitters: Television

								FORM SA1-2. PAGE
Name	CAP ROCK			M: COOPERATIVE, INC				
Primary Transmitters: Radio	all-band bas Special Instruction receivable if the basis of redetailed information of the column 1 Column 2 Column 3 signal, indication of the column 4	List every radis whose significations Co (1) it is carried monitoring, to rmation about lidentify the state wheth if the radio ate this by plate Give the state.	dio stanals we neer the call so statio acing a attion's attion's	s: RADIO ation carried on a separate a were generally receivable by y ing All-Band FM Carriage: I we system whenever it is received at the headend, with the Copyright Office regulation of each station carried. It is station is AM or FM. It is signal was electronically a check mark in the "S/D" of the community to if any, the community with we	Juder Copyrig ived at the sys he system's Flons on this poprocessed by blumn.	tem during the office registern's heade of antenna, dint, see page the cable sy	he acculation nd; an uring e (iv) o	counting period. Ins., an FM signal is generally and (2) it can be expected, or certain stated intervals. For if the general instructions. as a separate and discrete
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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ONIVI SA 1-2, FAGE 3.							
EGAL NAME OF OWNER OF CABLE SYSTEM: CAP ROCK TELEPHONE COOPERATIVE, INC							Name
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.							
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Ves No Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.							Special Statement and Program Log
2. LOG OF SUBSTITUTE PRO In General: List each substitut clear. If you need more space, Column 1: Give the title of period, was broadcast by a dis under certain FCC rules, regul Do not use general categories "NBA Basketball: 76ers vs. Bu Column 2: If the program w Column 3: Give the call sign Column 4: Give the broadce the case of Mexican or Canad Column 5: Give the month a first. Example: for May 7, give Column 6: State the times w to the nearest five minutes. Exa as "6:00–6:30 p.m." Column 7: Enter the letter " to delete under FCC rules and was substituted for programm on October 19, 1976.	te program please attrevery nonretant stations, or a like "movills." as broadcan of the stations and day when the stations ample: a pr	ach additional network televising and that your cauthorizations. es" or "basketlest live, enter "ation broadcast's location (the s, if any, the conen your system ubstitute program carried littled program we in effect during	pages. Ion program ("substitute cable system substitute See page (v) of the genball." List specific programs." Otherwise, entering the substitute programmunity to which the manuality with which the carried the substitute am was carried by your by a system from 6:01:1 as substituted for programs of the accounting period.	e program" d for the program instruction in titles, f "No." ram. ne station is program. L cable syst 5 p.m. to 6 ramming the genter the I) that, during the ogramming of anostions for further is licensed by the identified). Is a numerals, with the List the times 128:30 p.m. shoul at your system wetter "P" if the lister of the steet is the lister of the lister is the lister of the lister is	accounting other station of station of station. The station of the month of accurately downward downward of the stated of the st	
SUI	BSTITUTE	PROGRAM			SUBSTITUTE GE OCCURRED	7. REASON	
1. TITLE 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	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CAP ROCK TELEPHONE COOPERATIVE, INC	Name			
CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 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.	M Channels			
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	N			
Name EMILY SCHMIDT Telephone 806-271-3336 (Area code) Address PO BOX 300 (Number, street, rural route, apartment, or suite number) SPUR, TX 79370 (City, town, state, zip) Email (optional) EMILYS@CAPROCK-SPUR.COM Fax (optional) 806-271-3601	Individual to Be Contacted for Further Information			
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	0			
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. [See 18 U.S.C. sec.1001] 				
Handwritten signature: Jim Whitefule!				
Typed or printed name: JIM WHITEFIELD				
Title: EXECUTIVE VICE-PRESIDENT & GENERAL MANAGER (Title of official position held in corporation or partnership)				
Date: 2-25-2022				

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	TO MI OTTE, Trace of
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CAP ROCK TELEPHONE COOPERATIVE, INC
Special Statement Concerning Gross Receipts Exclusions	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 (vi) of the general instructions. 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
	Name Name Mailing address Mailing address
Q Interest Assessment	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 (vi) of the general instructions. Line 1. Enter the amount of late payment or underpayment
	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 herex .00274
	Line 4, Multiply line 3 by .00274** and enter here and in space L (page 6) block 1, line 2, or block 2, line 8, or block 3, line 6
	* 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@copyright.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
	ID number First community served

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