This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEMENT OF ACCOU	FOR COPYRIGHT	FOR COPYRIGHT OFFICE USE ONLY						
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT \$	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright					
in the first tab of this workbook	7/5/2017	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150					
A ACCOUNTING PERIOD	COVERED BY THIS STATEMENT: (YYY	Y/(Period))						
2017/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						

		2017/1 Period 1 = -	January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Perioc		20171 Barcode Da	ata Filing Period (optional - s	ee instructions)	
Fello					
В		Instructions: Give the full legal name of the owner of the cable syste of the subsidiary, not that of the parent corporation.	m. If the owner is a subsidiar	y of another corporation, give the full corporate title	
Owner		List any other name or names under which the owner	conducts the business of the c	able system.	
		If there were different owners during the accounting p single statement of account and royalty fee payment c			
		Check here if this is the system's first filing. If not, ente	r the system's ID number assi	gned by the Licensing Division.	31293
		LEGAL NAME OF OWNER/MAILING ADDRESS			
		Dumont Telephone Company			
		BUSINESS NAME(S) OF OWNER OF CABLE SY	STEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF CABLE SYS	STEM		
		PO Box 349			
		Number, street, rural route, apartment, or suite number)			
		Dumont, IA 50625-0349 (City, town, state, zip)			
С				fy the business and operation of the system is system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	Number, street, rural route, apartment, or suite number)			
		(City, town, state, zip code)			

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

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	Dumont Telephone Company	312
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you l	ommunities within unincorporated areas and including single
	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 lidentified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Dumont	IA
Community	Allison	IA
	Parkersburg	IA
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM					FORM SA1	-2E. PAGE
Name	Dumont Telephone Cor						010	3129
		прапу						
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissi about other services (including p last day of the accounting periodo Number of Subscribers: Bot down by categories of secondar each category by counting the m separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed	space E should on of television bay cable) in sp d (June 30 or D h blocks in space y transmission number of billing vice at the rate is charged for eac	cover all cate and radio bro ace F, not he ecember 31, ce E call for th service. In ge is in that cate indicated—not h category of	egories of secon- badcasts by your ere. All the facts as the case may he number of su eneral, you can c egory (the number of the number of service. Include	r system to subscrit you state must be t y be). bscribers to the cat compute the numbe er of persons or org sets receiving serv both the amount o	bers. Give i hose existin ble system, r of subscri anizations ice). f the charg	nformation ng on the broken bers in charged e and the	
	category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Not categories, that person or entity subscriber who pays extra for ca- first set" and would be counted of Block 2: If your cable system printed in block 1 (for example, with the number of subscribers a sufficient.	counts allowed (in space E, the e to their subsc e: Where an ine should be cour able service to a once again und has rate catego tiers of services and rates, in the	for advance p e form lists th ribers. Give th dividual or orgented as a sub- additional sets er "Service to pries for seco- that include	bayment. e categories of su panization is rec scriber in each a s would be inclue additional set(s ndary transmiss one or more sec	secondary transmis bscribers and rate t eiving service that f applicable category. ded in the count un b)." ion service that are condary transmission	sion service for each list alls under of Example: der "Servic different fro ns), list the on of the se	e that cable red category different a residential e to the om those m, together ervice is	
	BL	OCK 1 NO. OF	· [			BLOCK	2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		ATE C	ATEGORY OF SEI	RVICE	SUBSCRIBERS	RATI
	Residential:						40	¢07.
	Service to first set     Service to additional act(a)	Basic Pkg = Non-DVR =			al Basic Pkg = itional DVR =		<u>49</u> 2	\$37.7 \$5.9
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	NON-DVK =	125	\$3.95 Addi			Ζ	<b>φ</b> υ.:
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
F Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ran not covered in space E, that is, service for a single fee. There a furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard ran Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descri	te (not subscrib those services for re two exceptio or facilities furr- hit in which it is rate column. te charged by to t your cable system separate charge	er) informatic that are not o ns: you do no nished to nons usually billed he cable syst stem furnishe e was made	on with respect to ffered in combin of need to give ra subscribers. Rat I. If any rates are em for each of th d or offered duri or established. L	ation with any seco ate information conc e information shoul e charged on a varia he applicable servic ng the accounting p	ndary trans cerning (1) d include b able per-pro ces listed. period that	emission services oth the ogram basis, were not	
		BLO					BLOCK 2	
	CATEGORY OF SERVICE	RATE		OF SERVICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:	¢14.05		Non-residentia			dZone HD	\$40.0
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> </ul>	\$14.95 \$14.95	Motel, ho     Commen		PP PP		B Adapter	<del>، 40.</del> \$1.
	Fire protection	φ14.9 <b>0</b>	Pay cable		\$10.00	LIVE US		ψ1.
	•Burglar protection		-	e-add'l channel	\$10.00			
	Installation: Residential		Fire prote		÷10.00			
	• First set	\$35.00	• Burglar p					
	Additional set(s)	PP	Other service					
	• FM radio (if separate rate)		Reconne		\$35.00			
	Converter		Disconne	ect				
	,		Disconne     Outlet re					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	Dumont Telephone C			312				
	PRIMARY TRANSMITTERS:							
G Primary ansmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1</b> : List each station multicast stream associated "WETA-2" as the same on t <b>Column 2</b> : Give the channe of license. For example, W <b>Column 3</b> : Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4</b> : Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination I with a station according to its over-th	t (1) stations carried only on a part-tir the carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati- tarried by your cable system on a sub- the Special Statement and Program Lu- ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPP e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a fu (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KRIN	32	E					
	KRIN     32     E     Waterloo, IA       KRINDT     E-M     Waterloo, IA							
we as Nocossany	KRINDT2		E-M	Waterloo, IA				
ows as Necessary	KRINDT3		E-M	Waterloo, IA				
	KCRG-TV	9	N	Cedar Rapids, IA				
	KCRGDT		N-M	Cedar Rapids, IA				
	KCRGDT2		N-M	Cedar Rapids, IA				
	KCRGDT3		N-M	Cedar Rapids, IA				
	KFPX-TV	39	Ν	Newton, IA				
	KFXA	28	Ν	Cedar Rapids, IA				
	KFXADT		N-M	Cedar Rapids, IA				
	KFXADT2		N-M	Cedar Rapids, IA				
	KGAN	2	Ν	Cedar Rapids, IA				
	KGAN KGANDT	2	N-M	Cedar Rapids, IA Cedar Rapids, IA				
		2		Cedar Rapids, IA				
	KGANDT	2	N-M	Cedar Rapids, IA Cedar Rapids, IA				
	KGANDT KGANDT2	2	N-M N-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA				
	KGANDT KGANDT2 KGANDT3		N-M N-M N-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Mason City, IA				
	KGANDT KGANDT2 KGANDT3 KIMT		N-M N-M N-M N	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Mason City, IA Mason City, IA				
	KGANDT KGANDT2 KGANDT3 KIMT KIMTDT	3	N-M N-M N-M N N-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Mason City, IA Mason City, IA Cedar Rapids, IA				
	KGANDT KGANDT2 KGANDT3 KIMT KIMTDT KPXR-TV	3	N-M N-M N-M N N-M N-M N	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Mason City, IA Mason City, IA Cedar Rapids, IA Cedar Rapids, IA				
	KGANDT KGANDT2 KGANDT3 KIMT KIMTDT KPXR-TV KPXRDT	3	N-M N-M N-M N N-M N-M N-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Mason City, IA Mason City, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA				
	KGANDT KGANDT2 KGANDT3 KIMT KIMTDT KPXR-TV KPXRDT KPXRDT2	3	N-M N-M N-M N N-M N-M N-M N-M N-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Mason City, IA Mason City, IA Cedar Rapids, IA Cedar Rapids, IA				
	KGANDT KGANDT2 KGANDT3 KIMT KIMTDT KPXR-TV KPXRDT KPXRDT2 KPXRDT3	3 48	N-M N-M N-M N-M N-M N-M N-M N-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Mason City, IA Mason City, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA				

Accounting Period:	2017/1			FORM SA1-2E. PAGE 3
News	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Dumont Telephone Co	ompany		31293
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channe of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting t (2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carried in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th he form. al number the FCC assigned to the teld RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program S1(e)(2) and (4))]; and (2) certain station carried by your cable system on a subset the Special Statement and Program Low ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a re (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KWWLDT		N-M	Waterloo, IA
	KWWLDT3		N-M	Waterloo, IA

Dumont Tel	OWNER OF C							SYSTEM I 312
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein the Co sign of the the static ion's sig g a chech n's locati	I-Band FM Carriage: Under of the whenever it is received a wed at the headend, with the opyright Office regulations on 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	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, rated 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	
	<u> </u>	1						

Accounting Peric								SA1-2E. PAGE 5.			
Name	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#			
	Dumont Telephone Co	mpany						31293			
Substitute	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm	ify every not	nnetwork televis eriod, under spe	sion program, broadcast by ecific present and former F	a <i>distant</i> stat CC rules, regu	lations, or	authorizations.	For a further			
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special Statement and	<ul> <li>During the accounting period</li> </ul>	vision program									
Program Log	broadcast by a distant sta	YES	NO								
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist comple	ete the program				
	period, was broadcast by a under certain FCC rules, re- Do not use general categori "NBA Basketball: 76ers vs. <b>Column 2:</b> If the program <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Can <b>Column 5:</b> Give the more first. Example: for May 7 give <b>Column 6:</b> State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every no distant stat gulations, o ies like "mo Bulls." n was broad sign of the s idcast static adian static adian static adian static atian static es when the Example: a er "R" if the ind regulatio ming that y	am on a separa add additional a nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro a program carri listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N asting the substitute progra he community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	program") tha d for the prog eral instruction n titles, for ex- lo." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 mming that y ; enter the let	t, during th ramming of ns for furth ample, "I L nsed by th ntified). numerals List the ti 8:30 p.m. our syster ter "P" if th	he accounting of another station or information. ove Lucy" or he FCC or, in the FCC or, in the accurately should be m was <i>required</i> he listed program	h /			
	s	UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. R						
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY			FOR DELETION			
							_				
			L				_				
							_				
							_				
							_				
							_				
			†		1			†			

-	l: 2017/	- AL NAME	OF OW	NER OF	CABLE	E SYST	TEM:															1-2E. PA
Name		mont																				31
K Gross Receipts	Ins all a (as		ns: The s (gros ed in sp of the g receip	e figure ss recei pace E general ots from	pts) p ) durir instru n subs	oaid to ing th uctior scribe	to you he aco ns loo ers fo	our ca ccour ocate or se	able sy nting p d in th econda	ystem period le pap ary tra	h by s I. For Der Sa ansmi	a fu A1-2 issio	ribers rther e form. n serv	for th explan ice(s)	ne syste nation c	em's of hov	secon w to co	dary tra mpute	ansmi this a	ssion Imoun	servic	
	IMF	during ORTAI		ccountir ou must															4			3,339.30
Copyright	Instru • Cor • Use • Use • Use	YRIGH uctions mplete b block block 2 block 2 block 3 age (vi) o	: To co block 1 1 if the 2 if the 3 if the	ompute I, block e amour e amour e amour e amour	the ro 2, <i>or</i> nt of g nt of g nt of g	royalt <u>y</u> r bloc gross gross gross	ock 3. s rece s rece s rece s rece	eipts eipts eipts	s in spa s in spa s in spa	ace K ace K ace K	is m is m	ore t ore t	han \$ han \$	137,1 263,8	00 but	less	than \$			:63,80	0	
							BLC	OCK	(1: GF	ROS	S RE	CEI	PTS (	DF \$1	37,100	) OR	LESS	6				
		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																				
	Line	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8																				
	Line	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2																				
				BL	OCK	2: G	GROS	SS F	RECE	IPTS	OF	\$263	8,800	OR L	ESS (I	out m	nore th	nan \$13	- 87,10	0)		
	1. E	ase am	ount ur	nder sta	atutory	y form	nula .								. \$		263	,800.0	0			
	2. E	Inter am	ount of	f gross	receip	pts fro	om sp	pace	эК						. \$		198	,339.3	6			
	3. 5	Subtract	line 2 f	from line	e1										\$		65	,460.6	4			
	4. E	Inter the	amou	nt of gro	oss re	eceipt	ts fror	om sp	ace K								. \$		198	3,339	.36	
	5. E	inter the	amou	nt from	line 3	3											. \$		6	5,460	.64	
	6. 5	Subtract	line 5 f	from line	e4												\$		132	2,878	.72	
	7. N	/lultiply li	ne 6 b	y .005 (	enter	figur	re her	re).												5		664.3
	8. lı	nterest c	harge.	. Enter	the ar	moun	nt fror	m lin	e 4, sp	ace (	), pa	ge 8							· ·			0.0
	9. <b>T</b>	OTAL F	OYAL	_TY FEI	Ε ΡΑΥ	YABL	LE FC	or 4	ACCOL	JNTIN	IG PI	ERIC	D. Ad	d lines	7 and	8				6		664.3
				BLO	CK 3	3: GF	ROS	SR	ECEIF	νTS (	OF M	IORI	E THA	N \$2	63,800	) (bu	t less i	than \$5	527,6	00)		
	1. E	Enter the	amou	nt of gro	oss re	eceipt	ts froi	om sr	bace K													
		lase am		-														,800.0	0			
		Subtract																	_			
		/ultiply li																	_			
	5. F	Royalty d	lue on	the first	t \$263	3,800	) of gr	ross	receip	ts (un	der s	tatut	ory for	mula)			. \$			1,319	.00	
	6. lı	nterest c	harge.	. Enter	the ar	moun	nt fror	m lin	e 4, sp	)ace (	), paį	ge 8								0	.00	
	7. <b>T</b>	OTAL F	OYAL	TY FE	Ε ΡΑΥ	YABL	LE FC	OR /	ACCOL	JNTI	NG PI	ERIC	D. Ad	d lines	s 4, 5, a	nd 6						
						FILII	NGI	FEE	AND	101	AL R		TIAP	ICE L	DUE							
Filing Fee and	1. F	Royalty F	ee Pa	yable fc	or Acc <sup>,</sup>	counti	ing P	Period	d (from	Bloc	k 1, 2	. or 3	8, abo	/e)			. \$			664	.39	
Total Remittance Due	•	iling Fee		-			-														.00	
	2. Г	yı et	2 (000						dl			9 100	54104		.,		Ψ			20		
	3 Т	OTAL A	MOU	NT DUE	E FOR		cou	NTIN	NG PE	RIOD	. Adı	d lin	es 2 a	nd 3 .					\$	5		684.3
	0.1	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 684.																				

Accounting Period:	2017/1					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: hone Company				SYSTEM ID# 31293
M Channels	<ul><li>to its subscriber</li><li>1. Enter the tota system carried</li><li>2. Enter the tota on which the c</li></ul>	ou must give (1) the number of s, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channe cable system carried television cast services	total number of activated th the cable s ls n broadcast stations	d channels during the a	ccounting period.	27 263
N Individual to Be Contacted	we can contact a	D BE CONTACTED IF FURTH about this statement of accou		IEEDED (Identify an ind		044) 057 0044
for Further	Name	Roger Kregel			Telephone (	641) 857-3211
	Address	506 Pine St PO Box 3 (Number, street, rural route, apart				
7		Dumont, IA 50625-03 (City, town, state, zip)	-			
	Email	rogerkr@netins	s.net		Fax (optional) (641) 857-330	0
O Certification	<ul> <li>I, the undersigned (Owned (Agen in in Coffic in</li></ul>	(This statement of account med, hereby certify that (Check or er other than corporation or p at of owner other than corporat line 1 of space B and that the o cer or partner) I am an officer (if line 1 of space B. d the statement of account and here, and correct to the best of my on 1001(1986)]	ne, <i>but only one</i> , of the bo partnership) I am the owne ation or partnership) I am owner is not a corporation o if a corporation) or a partne hereby declare under pena	xes.) er of the cable system as the duly authorized age or partnership; or er (if a partnership) of the alty of law that all statem ind belief, and are made Kregel	identified in line 1 of space B; of nt of the owner of the cable syst e legal entity identified as owner ents of fact contained herein in good faith.	tem as identified
		Typed or printed Title: (Title of d	d name: Roger Kre General Manager			
		Date:			7/1/17	

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.

counting Period: 2017/1	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
umont Telephone Company	3129
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
<b>INTEREST ASSESSMENT</b> 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	_
x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 <b>\$</b> - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	

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