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 ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	7/5/2017	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20171 Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or 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 filing. If not, enter the system's ID number assigned by the Licensing Division.	63226
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		ALPINE CABLE TELEVISION LC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 1008 (Number, street, rural route, apartment, or suite number)	
		ELKADER, IA 52043 (City, town, state, zip)	
С	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	unless these
	names	s 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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
	-	(Number, street, rura roue, apartment, or some 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	ALPINE CABLE TELEVISION LC	63226
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, c	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Served	identified city.	
	CITY OR TOWN	STATE
First	ELAKDER	IA
Community		
Add Rows as Necessary		

								FORM SA1	-2E. PAGE TEM ID
Name	LEGAL NAME OF OWNER OF CA							313	6322
		SION LC							0322
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRI	BERS AND RA	ATES				
E	In General: The information in s	pace E should	cover al	I categories of	secondary				
	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						those existir	ng on the	
Service: Sub-	Number of Subscribers: Both						ble svstem.	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							charged	
	separately for the particular service							and the	
	Rate: Give the standard rate c unit in which it is generally billed.								
	category, but do not include disc				ny standai				
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion service	e that cable	
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system I	-		•					
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	ind rates, in the	e right-ha	and DIOCK. A tv	vo- or three	e-word descript	ion of the se	ervice is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	COBCOLLE	LINU	TUTE	0/11		INTOL	OODOONIDENO	
	Service to first set		42	34.95	ESSEN	TIALS PACE	KAGE	175	50.0
	Service to additional set(s)					ER PACKAG		88	10.0
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	s				
F	In General: Space F calls for rat	•	,		•				
•	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services (
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
Transmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							voro not	
Rales	listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	Pay cable		• Mot	el, hotel			CINEM	AX	16.0
	 Pay cable—add'l channel 		• Con	nmercial			HBO		18.0
	Fire protection		• Pay	cable			SHOWT	IME	17.0
	 Burglar protection 		• Pay	cable-add'l ch	nannel		STARZ		15.0
	Installation: Residential		• Fire	protection					
	First set	124.95	• Bur	glar protection					
	1		Other s	services:					
	 Additional set(s) 								
	Additional set(s)FM radio (if separate rate)		• Rec	connect		29.00			
	· · /					29.00			
	• FM radio (if separate rate)		• Disc	connect		29.00			

ounting Period: 2	2017/1			FORM SA1-2E. PAGE
Name				SYSTEM II 6322
	ALPINE CABLE TELE PRIMARY TRANSMITTERS:			
G Primary nsmitters: elevision	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here, station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by entt (for independent multicast) For the meaning of these t Column 4: Give the location	entify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca- ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carrier on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-t ne carriage of certain network progra i1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub the Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "1" (for indepen- prise for "E-M" (for noncommercial education in the paper SA1-2 form.	ime basis under ams [sections tions carried on a _og)—if the og)—if the on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRG	9	N	CEDAR RAPIDS, IA
	KFXA	27	<u> </u>	CEDAR RAPIDS, IA
Vecessary	KGAN	51	N	CEDAR RAPIDS, IA
	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	Е	WATERLOO, IA
	КЖКВ	25	I	IOWA CITY, IA
	KWWF	22	I	WATERLOO, IA
	KWWL	7	N	WATERLOO, IA

EGAL NAME O								SYSTEM II 632
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) in the basis of for detailed infi- aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	it is carried by monitoring, to ormation about rm. dentify the call State whether if the radio stat this by placing Sive the station	y the sys be recein the Co sign of the static ion's sig g a chec n's locati	I-Band FM Carriage: Under stem whenever it is received a ived 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	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, tated 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	
		0,0		UNEL OIGN		5/0		

	d: 2017/1						FOR	RM SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	ALPINE CABLE TELE	ISION LO	C					63226
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, identi	ify every noi	nnetwork televis	sion program, broadcast by	a distant stat	on, that your	cable syste	em carried on a
	substitute basis during the a							
Substitute	explanation of the programm				e general instr	uctions in the	e paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	During the accounting per		ir cable system	carry, on a substitute basi	s, any nonne	work televis		
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No"	", leave the	rest of this pag	je blank. If your answer is '	'Yes," you mu	ist complete	the program	m
	log in block 2.							
	2. LOG OF SUBSTITUTE			ta lina. I laa ahbraviatiana y	whorever nee	aibla if thair	mooning is	
	In General: List each subst clear. If you need more spa				wherever pos	sidle, if their	meaning is	6
	Column 1: Give the title	of every no	nnetwork televi	ision program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	i titles. for exa	ample. "I Lov	re Lucv" or	n.
	"NBA Basketball: 76ers vs.	Bulls."				- I ,	, -	
				r "Yes." Otherwise enter "N asting the substitute progra				
				ne community to which the		nsed by the	FCC or, in	
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is iden	tified).		
	Column 5: Give the mor first. Example: for May 7 giv		when your sys	tem carried the substitute p	program. Use	numerals, w	vith the mor	nth
			e substitute pro	gram was carried by your o	cable system.	List the time	es accurate	elv
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."	or "P" if tho	listed program	was substituted for progra	mming that y	our evetom v	vas roquire	d
	to delete under FCC rules a							
	was substituted for program	nming that y						
	effect on October 19, 1976.							
					WHE	N SUBSTIT	TUTE	
	s		TE PROGRAM		CARRI	AGE OCCL	JRRED	7. REASON FOR
	S	UBSTITUT 2. LIVE? Yes or No	TE PROGRAM 3. STATION'S CALL SIGN				JRRED MES	7. REASON FOR DELETION
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC	S	STEM ID# 63226
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transs (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	e 0,048.02
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/1				FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: SLE TELEVISION LC			SYSTEM ID# 63226
M Channels	to its subscrib 1. Enter the to system carri	ers, and (2) the cable system's tota tal number of channels on which t	nannels on which the cable system carried I number of activated channels during the e cable	accounting period.	8
	on which the	cable system carried television br	badcast stations		333
N Individual to Be Contacted		TO BE CONTACTED IF FURTHE	R INFORMATION IS NEEDED (Identify an	individual to whom	
for Further Information	Name	MARGARET CORLET		Telephone (563	3) 245-4481
	Address	PO BOX 1008 (Number, street, rural route, apartme ELKADER, IA 52043 (City, town, state, zip)	it, or suite number)		
	Email	MCORLETT@AL	PINE-COMMUNICATIONS.COM	Fax (optional)	
O Certification		N (This statement of account mus	be certified and signed in accordance with but only one, of the boxes.)	Copyright Office regulations)	
	(Ow	ner other than corporation or part	nership) I am the owner of the cable system	as identified in line 1 of space B; or	
		in line 1 of space B and that the owr	n or partnership) I am the duly authorized a er is not a corporation or partnership; or		
	 I have examinare true, comp 	in line 1 of space B. ed the statement of account and her	corporation) or a partner (if a partnership) of eby declare under penalty of law that all state owledge, information, and belief, and are mad	ements of fact contained herein	he cable system
			X /s/ Chris Hopp		
		Typed or printed n	ame: CHRIS HOPP		
			HIEF OPERATING OFFICER al position held in corporation or partnership)		
		Date:		7/5/2017	

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unting Period: 2017/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
INE CABLE TELEVISION LC	632
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	P Special Statemen Concerning Gros Receipts Exclusio
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?	
YES. Enter the total here and list the satellite carrier(s) below.	
Name Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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 2 Multiply line 1 by the interest rate* and enter the sum here	ays
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- ays -
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- ays -
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