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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
7/5/2017	\$
	ALLOCATION NUMBER

Return completed workbook by email to:

#### coplicsoa@loc.gov

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))
Accounting		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  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.
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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)
		(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.

Accounting Period:	2017/1	1										
Accounting Period:	2017/1	FORM CAA OF DAGE 4h										
	LEGAL NAME OF COMMED OF CARLE CVCTFM.	FORM SA1-2E. PAGE 1b.  SYSTEM ID#										
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:											
	ALPINE CABLE TELEVISION LC	63468										
D	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 know as the "first community." Please use it as the first community on all future filings.											
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.											
	CITY OR TOWN	STATE										
First	GARNAVILLO	IA										
Community												
Add Rows as Necessary												

Accounting Period: 2017/1

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63468

#### ALPINE CABLE TELEVISION LC

Ε

### 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.

BL	OCK 1	BLOCK 2							
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE				
Residential:									
Service to first set	9	34.95	ESSENTIALS PACKAGE	49	50.00				
<ul> <li>Service to additional set(s)</li> </ul>			PREMIER PACKAGE	28	10.00				
• FM radio (if separate rate)									
Motel, hotel									
Commercial									
Converter									
Residential									
Non-residential									
				T					

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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>		Motel, hotel		CINEMAX	16.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		НВО	18.00
<ul> <li>Fire protection</li> </ul>		Pay cable		SHOWTIME	17.00
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel		STARZ	15.00
Installation: Residential		Fire protection			
<ul> <li>First set</li> </ul>	124.95	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	29.00		
<ul> <li>Converter</li> </ul>		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63468

## ALPINE CABLE TELEVISION LC PRIMARY TRANSMITTERS: TELEVISION

G

# 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 multistream "WETA-2" as the same on the form.

**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 in the paper SA1-2 form.

**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 **KCRG** 9 Ν **CEDAR RAPIDS, IA KFXA** 27 I CEDAR RAPIDS, IA 51 **KGAN** Ν CEDAR RAPIDS, IA **KPXR** 47 ı **CEDAR RAPIDS. IA** Ε KRIN 35 WATERLOO, IA **KWKB** 25 ı **IOWA CITY, IA KWWF** 22 ı WATERLOO, IA **KWWL** 7 Ν WATERLOO, IA

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **ALPINE CABLE TELEVISION LC**

63468

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	<b></b>						
	<b></b>	 					
	T						
	<del> </del>						
	<del> </del>						
	<b></b>						
	<b> </b>	 					<b> </b>
	<b></b>	 					
	<u> </u>						
	<b></b>						
	<del> </del>						
	<b></b>						
	<b></b>						
	<b></b>	 					
	L						
	T						
	T						
	<del> </del>						
	<del> </del>						
	<del> </del>						
	<b></b>	 					
	T						
	T						
	<b>†</b>						
	<del> </del>						
	<del> </del>						
	<b></b>						
	<b></b>						
	<b></b>						
	<b></b>						
	<del> </del>						
	<del> </del>						
	<b></b>						
	<b></b>						
	1	l		1			<u> </u>

Accounting Perio	d: 2017/1						FOR	M SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	ТЕМ:					SYSTEM ID#
Name	ALPINE CABLE TELE	ISION LC	;					63468
1	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the	ify every nor	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	by a <i>distant</i> state FCC rules, regu	lations, or au	ıthorizations.	For a further
Substitute	explanation of the programm				ne generai insti	uctions in th	e paper SAT	-2 101111.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	During the accounting per	-	r cable system	carry, on a substitute ba	isis, any nonne	twork televi		
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	s "Yes," you m	ust complete	e the prograi	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broa the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	ce, please a of every nor distant statis gulations, o ies like "mor Bulls." In was broad sign of the sadcast static adian statio at the and day re "5/7." es when the Example: a er "R" if the and regulation in that y	am on a separa add additional ranetwork televition and that yo rauthorizations vies" or "basked deast live, enterestation broadea on's location (the one, if any, the owhen your system on program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the getball." List specific program "Yes." Otherwise enter sisting the substitute program community to which the community with which the tem carried the substitute gram was carried by you led by a system from 6:01 was substituted for progring the accounting periods.	e program") that led for the program titles, for ex "No." ram. e station is lice e program. Use r cable system 1:15 p.m. to 6:2 ramming that yod; enter the le	eat, during the gramming of ns for further ample, "I Lo ensed by the ntiffied). e numerals, . List the time 28:30 p.m. serour system ther "P" if the	e accounting another state information ove Lucy" or e FCC or, in with the mornes accurate hould be was require a listed progr	tion n. nth
					WHE	EN SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM	1	CARR	IAGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		ΓIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
						ļ		
								u
							_	
								"
							<u> </u>	
						ļ		
								,,
							_	
		<del> </del>						
							_	
								<del></del>
							_	

Accounting Period:	2017/1	FORM SA	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC	S	YSTEM ID: 63468
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the page (viii) 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.	nsmission servicenis amount, see	7,809.16
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.		
	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	or 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		02.00
	1. Base amount under statutory formula	)	
	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)		
	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 \$52	27,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	_	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01	_	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
		-	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	·	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	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
1	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more information.		ıhts!

: 2017/1																													FOF	RM S	41-2	E. P	AG	E 7
																															SYS			
to its subscribers, and  1. Enter the total numb system carried televis  2. Enter the total numb on which the cable sy	(2) the cable system's to ber of channels on which sion broadcast stations. ber of activated channels system carried television	total numb th the cabl s broadcas	nber ble 	ber de le	er o	of a	activ	/ate	ed c	har	inels	duri	ing t	the a	acco	our	ntii	ing	peri	od.	st sta	ation:												
			ORI	DRM	RM	MAT	TION	N IS	S NI	EEC	ED (	lder	ntify	an i	ndiv	vid	dua	al to	) wh	iom														
Name <b>MA</b>	RGARET CORLET	TT																			Tele	phor	e <u>(</u>	563	) 2	45-	448	81						
(Num	ber, street, rural route, apartn		suite i	uite n	te nı	num	iber)														••••••				•••••						••••••			
		AL DINE	- 00	00	201	20.40	N 41 18			101	10.0	<b>ON</b>	•						4:	1														
Ellidii	WCORLETT	ALFIINE-	-00		ابر	וועוכ	IVIOI	VIC	AI	IOI	NO.C	Olvi	!			Гс	ах	(0)	Juoi	iai)									••••••					
Owner othe  (Agent of ow in line 1 of X (Officer or print line 1 of 1 have examined the stare true, complete, and	reby certify that (Check on er than corporation or pa wher other than corporat of space B and that the over partner) I am an officer (if of space B.	artnershiption or paymer is not facorpore.	partinot a	artnot a	y or irtne t a e	l am ners a col on) c	, of the ship rpora	he I ow ) I a atio par	m in or	es.) of the cripal	he ca duly a rtners a par	utho hip; ners	systorize or ship)	ed ag	as id	der t of leg	ntif f th gal	fied ne c	in li	ine for of dent	of sp the c	pace able	B; o syste	em a										
	Title:	Enter sign and a name:	an ele	n elengnati	elec natu	ectro ture	onic e usir	sigr ng a	natu n "/	PP	on the	ire"	(e.g					mith			ent.													
	LEGAL NAME OF OWNE ALPINE CABLE TEL  CHANNELS Instructions: You mu to its subscribers, and  1. Enter the total number of system carried televing and nonbroadcast sear and nonbroadcast search	Instructions: You must give (1) the number of to its subscribers, and (2) the cable system's to its subscribers.  1. Enter the total number of activated channel on which the cable system carried television and nonbroadcast services	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC  CHANNELS Instructions: You must give (1) the number of channels to its subscribers, and (2) the cable system's total number of channels on which the casystem carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC  CHANNELS Instructions: You must give (1) the number of channe to its subscribers, and (2) the cable system's total num  1. Enter the total number of channels on which the cab system carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC  CHANNELS Instructions: You must give (1) the number of channels to its subscribers, and (2) the cable system's total numb.  1. Enter the total number of channels on which the cable system carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC  CHANNELS Instructions: You must give (1) the number of channels to its subscribers, and (2) the cable system's total number of its subscribers, and (2) the cable system's total number of channels on which the cable system carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC  CHANNELS Instructions: You must give (1) the number of channels on to its subscribers, and (2) the cable system's total number of 1. Enter the total number of channels on which the cable system carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC  CHANNELS Instructions: You must give (1) the number of channels on which to its subscribers, and (2) the cable system's total number of active system carried television broadcast stations.  1. Enter the total number of channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION we can contact about this statement of account.)  Name  MARGARET CORLETT  PO BOX 1008  (Number, street, rural route, apartment, or suite number)  ELKADER, IA 52043  (City, town, state, zip)  Email  MCORLETT@ALPINE-COMMU!  CERTIFICATION (This statement of account must be certified and  1. It he undersigned, hereby certify that (Check one, but only one, of the composition of partnership) in line 1 of space B and that the owner is not a corporation in line 1 of space B.  1. I have examined the statement of account and hereby declare undeare true, complete, and correct to the best of my knowledge, informat [18 U.S.C., Section 1001(1986)]  X /s/ Chenter of the composition of partnership in the composition of partnership in line 1 of space B.  Typed or printed name:  CHRISTITIE:  CHIEF OPER  (Title of official position held in composition of partnership in the line of the line of the line of official position held in composition held in co	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC  CHANNELS Instructions: You must give (1) the number of channels on which the to its subscribers, and (2) the cable system's total number of activated.  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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS we can contact about this statement of account.)  Name  MARGARET CORLETT  Address  PO BOX 1008 (Number, street, rural route, apartment, or suite number)  ELKADER, IA 52043 (City, town, state, zip)  Email  MCORLETT@ALPINE-COMMUNIC  CERTIFICATION (This statement of account must be certified and sig in line 1 of space B and that the owner is not a corporation or partnership) I am line 1 of space B and that the owner is not a corporation in line 1 of space B and that the owner is not a corporation [18 U.S.C., Section 1001(1986)]  Typed or printed name:  CHRIS F  Title:  CHIEF OPERAT  Title:  CHIEF OPERAT  (Title of official position held in corporation or partnership) I am the owner is not a corporation or partner signature using a line of the statement of account and hereby declare under partner than corporation or partnership in line 1 of space B.  Typed or printed name:  CHRIS F  Title:  CHIEF OPERAT  (Title of official position held in corporation or partnership) I am the owner is not a corporation or partnership in line 1 of space B.  Title:  CHIEF OPERAT	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC  CHANNELS Instructions: You must give (1) the number of channels on which the count is subscribers, and (2) the cable system's total number of activated of the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NI we can contact about this statement of account.)  Name  MARGARET CORLETT  Address PO BOX 1008 [Number, street, rural route, apartment, or suite number)  ELKADER, IA 52043  (City, town, state, zp)  Email  MCORLETT@ALPINE-COMMUNICAT  CERTIFICATION (This statement of account must be certified and signed in line 1 of space B and that the owner is not a corporation or partnership) I am the owner in line 1 of space B.  (Officer or partner) I am an officer (if a corporation) or a partner in line 1 of space B.  1 have examined the statement of account and hereby declare under penal are true, complete, and correct to the best of my knowledge, information, ar [18 U.S.C., Section 1001(1986)]  X /s/ Chris H  Enter an electronic signatt. Enter signature using an "/  Typed or printed name:  CHRIS HO  Title:  CHIEF OPERATIN  (Title of official position held in corporation or partnership) I am the component of the position held in corporation or partnership I am an officer of inclinal position held in corporation or partnership I am an officer of inclinal position held in corporation or partnership I am an officer of inclinal position held in corporation or partnership I am an officer of inclinal position held in corporation or partnership I am an electronic signatt. Enter signature using an "/	ALPINE CABLE TELEVISION LC  CHANNELS Instructions: You must give (1) the number of channels on which the cable to its subscribers, and (2) the cable system's total number of activated charn.  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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEED we can contact about this statement of account.)  Name  MARGARET CORLETT  Address  PO BOX 1008 (Number, street, rural route, apertment, or suite number)  ELKADER, IA 52043  (City, town, state, zip)  Email  MCORLETT@ALPINE-COMMUNICATION  CERTIFICATION (This statement of account must be certified and signed in in line 1 of space B and that the owner is not a corporation or partner of in line 1 of space B and that the owner is not a corporation or partner (if in line 1 of space B.  1 I have examined the statement of account and hereby declare under penalty of are true, complete, and correct to the best of my knowledge, information, and be [18 U.S.C., Section 1001(1986)]  Typed or printed name:  CHRIS HOPP  Title:  CHIEF OPERATING (Title of official position held in corporation or partner)  CHRIS HOPP  Title:  CHIEF OPERATING (Title of official position held in corporation or partner)	CHANNELS   Instructions: You must give (1) the number of channels on which the cable syst to its subscribers, and (2) the cable system's total number of activated channels on 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 on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (we can contact about this statement of account.)  Name   MARGARET CORLETT	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system to its subscribers, and (2) the cable system's total number of activated channels dur  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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Ider we can contact about this statement of account.)  Name  MARGARET CORLETT  Address  PO BOX 1008 (Number, street, rural route, apartment, or suite number)  ELKADER, IA 52043  (City, town, state, zip)  Email  MCORLETT@ALPINE-COMMUNICATIONS.COM  **ONE of the boxes.**)  (Owner other than corporation or partnership) I am the owner of the cable  (Agent of owner other than corporation or partnership) I am the duly auth in line 1 of space B and that the owner is not a corporation or partnership in line 1 of space B and that the owner is not a corporation or partnership.  **I have examined the statement of account and hereby declare under penalty of law that are true, complete, and correct to the best of my knowledge, information, and belief, and [18 U.S.C., Section 1001(1986)]  Typed or printed name:  CHRIS HOPP  Title:  CHIEF OPERATING OFFIC!  (Title of official position held in corporation or partnership.)	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system car to its subscribers, and (2) the cable system's total number of activated channels during  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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify we can contact about this statement of account.)  Name  MARGARET CORLETT  Address  PO BOX 1008 (Number, street, rural route, apartment, or suste number)  ELKADER, IA 52043  (City, town, state, zip)  Email  MCORLETT@ALPINE-COMMUNICATIONS.COM  CERTIFICATION (This statement of account must be certified and signed in accordance • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Agent of owner other than corporation or partnership) I am the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B and that the owner is not a corporation or partnership, in line 1 of space B and that the owner is not a corporation or partnership, in line 1 of space B.  1 have examined the statement of account and hereby declare under penalty of law that all are true, complete, and correct to the best of my knowledge, information, and belief, and are [18 U.S.C., Section 1001(1986)]  Typed or printed name: CHRIS HOPP  Title:  CHIEF OPERATING OFFICER  (Title of official position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried to its subscribers, and (2) the cable system's total number of activated channels during the analysis of 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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an inverse can contact about this statement of account.)  Name  MARGARET CORLETT  PO BOX 1008 [Number, street, rural route, apartment, or suite number)  ELKADER, IA 52043 [City, town, state, zip)  Email  MCORLETT@ALPINE-COMMUNICATIONS.COM  CERTIFICATION (This statement of account must be certified and signed in accordance with 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.  (Agent of owner other than corporation or partnership) I am the duly authorized agin line 1 of space B and that the owner is not a corporation or partnership; or in line 1 of space B and that the owner is not a corporation or partnership; or in line 1 of space B and that the owner is not a corporation or partnership; or in line 1 of space B.  1 have examined the statement of account and hereby declare under penalty of law that all state are true, complete, and correct to the best of my knowledge, information, and belief, and are mac (18 U.S.C., Section 1001(1986))  Typed or printed name:  CHRIS HOPP  Title:  CHIEF OPERATING OFFICER  (Title of official position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried telet to its subscribers, and (2) the cable system's total number of activated channels during the acc  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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an indiversion contact about this statement of account.)  Name  MARGARET CORLETT  Address  PO BOX 1008 (Number, street, unal route, apartment, or sulle number)  ELKADER, IA 52043 (City, town, state, 2p)  Email  MCORLETT@ALPINE-COMMUNICATIONS.COM  CERTIFICATION (This statement of account must be certified and signed in accordance with Color of the boxes.)  (Owner other than corporation or partnership) I am the duly authorized agen in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partnership; or  X (Officer or partner) I am an officer (if a corporation or partnership) of the inline 1 of space B.  1 have examined the statement of account and hereby declare under penalty of law that all statemer are true, complete, and correct to the best of my knowledge, information, and belief, and are made in [18 U.S.C., Section 1001(1986)]  X /s/ Chris Hopp  Enter an electronic signature on the line above to content of the partnership of the complete, and corporation or partnership.  Typed or printed name:  CHRIS HOPP  Title:  CHIEF OPERATING OFFICER  (Title of official position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM:  ALPINE CABLE TELEVISION LC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried televito its subscribers, and (2) the cable system's total number of activated channels during the account of 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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual content of account.)  Name  MARGARET CORLETT  Address  PO BOX 1008 (Number, street, rural route, apartment, or suite number)  ELKADER, IA 52043 (City, town, state, app)  Email  MCORLETT@ALPINE-COMMUNICATIONS.COM  F  CERTIFICATION (This statement of account must be certified and signed in accordance with Copy in line 1 of space B and that the owner is not a corporation or partnership) I am the duly authorized agent of in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the leg in line 1 of space B.  1 have examined the statement of account and hereby declare under penalty of law that all statements are true, complete, and correct to the best of my knowledge, information, and belief, and are made in g [18 U.S.C., Section 1001(1986)]  X /s/ Chris Hopp  Enter an electronic signature on the line above to cert Enter signature using an "/s/ signature" (e.g., /s/ John Typed or printed name:  CHRIS HOPP  Title:  CHIEF OPERATING OFFICER  CHIEF OPERATING OFFICER	LEGAL NAME OF OWNER OF CABLE SYSTEM:  ALPINE CABLE TELEVISION LC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television to its subscribers, and (2) the cable system's total number of activated channels during the account 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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)  Name  MARGARET CORLETT  Address  PO BOX 1008 (Number, sized, rural route, apartment, or suite number)  ELKADER, IA 52043  (City, bown, size, sp)  Email  MCORLETT@ALPINE-COMMUNICATIONS.COM Fax  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyrig in 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 and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal in line 1 of space B.  *I have examined the activement of account and hereby declare under penalty of law that all statements or are true, complete, and correct to the best of my knowledge, information, and belief, and are made in goc [18 U.S.C., Section 1001(1986)]  Typed or printed name:  CHRIS HOPP  Title:  CHIEF OPERATING OFFICER  (Title of official position hadd in corporation or partnership))	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television to to its subscribers, and (2) the cable system's total number of activated channels during the accounting  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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to we can contact about this statement of account.)  Name  MARGARET CORLETT  Address  PO BOX 1008 [Number, street, rursi route, apartment, or suite number)  ELKADER, IA 52043 [City, town, stiles, rip.]  Email  MCORLETT@ALPINE-COMMUNICATIONS.COM  Fax (or in line 1 of space B and that 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 in line 1 of space B and that the owner is not a corporation or partnership; of the legal ent in line 1 of space B and that the owner is not a corporation, and belief, and are made in good for large true, complete, and correct to the best of my knowledge, information, and belief, and are made in good for large true, complete, and correct to the best of my knowledge, information, and belief, and are made in good for large true, complete, and correct to the best of my knowledge, information, and belief, and are made in good for large true, complete, and correct to the best of my knowledge, information, and belief, and are made in good for large true, complete, and correct to the best of my knowledge, information, and belief, and are made in good for large true, complete, and correct to the best of my knowledge, information, and belief, and are made in good for large true, complete, and correct to the best of my knowledge, information, and belief, and are made in good for large true, complete, and correct to the bes	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broat to its subscribers, and (2) the cable system's total number of activated channels during the accounting period to its subscribers, and (2) the cable system's total number of activated channels during the accounting period is subscribers, and (2) 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  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whise can contact about this statement of account.)  Name  MARGARET CORLETT  PO BOX 1008 (ibutine: steet, rural route, apartment, or suite number)  ELKADER, IA 52043  (City, Izwin, static, 26)  Email  MCORLETT@ALPINE-COMMUNICATIONS.COM  Fax (option  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office.)  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 I in the 1 of space B and that the owner is not a corporation or partnership, or  X (Officer or partner) I am an officer (if a corporation or partnership) of the tegal entity in in the 1 of space B.  1. I have examined the statement of account and hereby declare under penalty of law that all statements of fact or are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]  Typed or printed name:  CHRIS HOPP  Title:  CHIEF OPERATING OFFICER  (Title of official position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcas 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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  MARGARET CORLETT  PO BOX 1008 (Number, street, rual route, apartment, or suite number)  ELKADER, IA 52043  (City, town, siste, rap)  Email  MCORLETT@ALPINE-COMMUNICATIONS.COM  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office re  1, 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 of space B and that the owner is not a corporation or partnership, or  X (Officer or partnersh) am an officer (if a corporation or partnership) I am the duly authorized agent of the owner of in line 1 of space B and that the owner is not a corporation or partnership, or  X (Officer or partnersh) am an officer (if a corporation) or a partner (if a partnership) of the legal entity ident in line 1 of space B.  1. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  Typed or printed name:  CHRIS HOPP  Title:  CHIEF OPERATING OFFICER  (Title of official position held in corporation or partnership).	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat 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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  MARGARET CORLETT  Tele  Address  PO BOX 1008 [Number, street, rurer route, appartment, or suite number)  ELKADER, IA 52043  (City, town, situe, zip)  Email  MCORLETT@ALPINE-COMMUNICATIONS.COM  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regular in line 1 of space B.  I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (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.  X (Office or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified in line 1 of space B.  1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained in rise to space B and that the owner is not a corporation, and belief, and are made in good faith.  118 U.S.C., Section 1001(1980)  Typed or printed name:  CHRIS HOPP  Title:  CHIEF OPERATING OFFICER  (Title of official position held in corporation or partnership).	LEGAL NAME OF OWNER OF CABLE SYSTEM:  ALPINE CABLE TELEVISION LC  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 on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  MARGARET CORLETT  Telephon  Address  POBOX 1008  (Carry, Iown, state, rep)  Email  MCORLETT@ALPINE-COMMUNICATIONS.COM  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations in line 1 of space B and that the owner is not a corporation or partnership) I am the duity authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as ovin line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as ovin line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as ovin line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as ovin line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as ovin line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as ovin line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as ovin line 1 of space B and that the owner is not a corporation or partnership) of the line above to certif	LEGAL NAME OF OWNER OF CABLE SYSTEM:  ALPINE CABLE TELEVISION LC  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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.)  Name  MARGARET CORLETT  Telephone (incomplete the post of	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC  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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  MARGARET CORLETT  Telephone (563  POBOX 1008 (Number, street, runs route, specthrent, or suite number)  ELKADER, IA 52043 (City, from state, zip)  Email  MCORLETT@ALPINE-COMMUNICATIONS.COM  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • 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 in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation or partnership) of the legal entity identified as owner of the line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation or partnership) of the legal entity identified as owner of the line 1 of space B. or  Finite an electronic signature on the line above to certify this statement.  Finiter an electronic signature on the line above to certify this statement.  Finiter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name:  CHIEF OPERATING OFFICER  (Titl	LEGAL NAME OF OWNER OF CABLE SYSTEM ALPINE CABLE TELEVISION LC  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 activated 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 on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  MARGARET CORLETT  Telephone (563) 2  PO BOX 1008 Pourties, street, rule tools, apartment, or sube number)  ELKADER, IA 52043  (bit), trows, statement of account must be certified and signed in accordance with Copyright Office regulations)  • 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 and that the owner is not a copporation or partnership; or  X (Office or partners) Imm on officer (f a corporation) or a partnership; or the legal entity identified as owner of the circles are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  Typed or printed name:  CHRIS HOPP  Title:  CHRIS HOPP  Title:  CHRIS HOPP  CHRIS HOPP  Title:  CHRIS HOPP  Title:  CHRIS HOPP  Title:  CHRIS HOPP  Title:  CHRIS HOPP	LECAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC    CHANNELS	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC  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 systems 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 system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  MARGARET CORLETT  Telephone (563) 245-44  Address  PO BOX 1008 (Planner, street, rual roote, spatiment of suite number)  ELECADER, 14, 52043  (City, town steen, rep)  EMACORLETT@ALPINE-COMMUNICATIONS.COM  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  1. 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 8 and that the corner is not a copposition or partnership) of the legal entity identified as owner of the cable system in line 1 of space 8 and that the corner is not a copposition or partnership) of the legal entity identified as owner of the cable system to use the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and connect to the best of my knowledge, information, and belief, and are made in good fath.  1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and connect to the best of my knowledge, information, and belief, and are made in good fath.  1 have examined the state	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC  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. Einer the total number of channels on which the cable system carried television broadcast stations.  2. Einer the total number of advoted channels on which the cable system carried television broadcast stations and nonbroadcast serious.  33 INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.)  NOVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.)  NOVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.)  NOVIDUAL TO BE CONTACTED IF SURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account in the statement or such sumber)  ELECATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  **In 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 owner of the cable system as identified in line 1 of space B; or  **X** (Office or partner) are in ordice (if a corporation or 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 fect contained herein are true, complete, and correct to be best of my knowledge, information, and before it and all statements of fect contained herein are true, complete, and correct to t	ECAL NAME OF OWNER OF CARLE SYSTEM ALPINE CABLE TELEVISION LC  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 stold number of advivated channels during the accounting period.  1. Enter the total number of dathenets on which the cable system carried television broadcast stations.  8 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.  333  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact alrowing this statement of account).  Name  MARGARET CORLETT  PO BOX 1008  PO BOX 1008  Coll. Town, John, John, John, John, Spill Coll.  ELKADER, IA 52043  Coll. Town, John, John, Spill Coll.  ELKADER, IA 52043  Coll. Town, John, John, Spill Coll.  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  Cover other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8 and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner of a partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner of a partnership; or  (Officer or partnership) I am officer (if a corporation) or a partner of a partnership; or  (Officer or partnership) I am an officer (if a corporation or partnership) of the legal entity identified as owner of the cable system in its of space 8.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fact constanted herein are two, complete, and correct to the best of my knowledge, information, and belief, and are made in good fain.  Exter signature using an 7/4 signat	ECAL NAME OF OWNER OF CABLE SYSTEM:   ALPINE CABLE TELEVISION LC	LECAL NAME OF OWNER OF CABLE SYSTEM:  ALPINE CABLE TELEVISION LC  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 systems 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 numberaded services.  333  ANDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  MARGARET CORLETT  Telephone (563) 245-4481  PO BOX 1008 Number shall, role fluids, systemed, or substantially a statement of account.)  ELIKADER, IA S2043  ((3), tean siles, 79)  Email  MCCRLETT@ALPINE-COMMUNICATIONS.COM  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  1. It be undersigned, hereby certify that (Check one, but only one, of the boxes of the cable system as identified in fine 1 of space B; or  (Agent of every other than corporation or partnership) I am the duty authorized agent of the owner of the cable system as identified in line 1 of space B; or  X (Officer or partners) and an efficer (if a corporation) or a partner ship) or in the cover of the cable system as identified in line 1 of space B; or  X (Officer or partners) and an efficer (if a corporation) or a partner ship) or the legal entity identified as owner of the cable system in line 1 of space B; or  X (Officer or partners) and an efficer (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; or  X (Officer or partners) and an efficer (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; or  X (Officer or partn	ECAL NAME OF OWNER OF CASIE SYSTEM ALPINE CABLE TELEVISION LC  CHANNELS  Instructions: You must give (1) the number of channels on which the cable system carried lelevision broadcast stations to its subscribes, and (2) the cable systems total number of activated channels outing the accounting period.  1. Enter the total number of channels on which the cable system carried delevision broadcast stations.  2. Enter the total number of activated channels on which the cable system carried tolevision broadcast stations and renderoclastic stations.  3.333  and renderoclastic staticus  NOVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.)  Name  MARGARET CORLETT  PO BOX 1008  PROCEDED, It is 2043  City, from stee, cy  EVAL OF THE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact allow this statement of account.)  PO BOX 1008  PROCEDED, It is 2043  City, from stee, cy  EVAL OF THE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.)  PO BOX 1008  PROCEDED, It is 2043  City, from stee, cy  EVAL OF THE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account must be certified and signed in accordance with Copyright Office regulations)  - 1, the undersigned, hereby certify that (Chack one, for only one, of the boxes)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in in a 1 of space B in of space B in or 1 of space B in the total contract B in the 1 of space B in the 1 of s	ECAN NAME OF DWINES OF CABLE SYSTEM ALPINE CABLE TELEVISION LC GRANNELS  CHANNELS  Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its susceptibers, and (2) the cable system's total number of activated channels during the accounting period.  1. Either the total number of channels on which the cable system carried television broadcast stations.  2. Either the total number of activated channels on which the cable system carried television broadcast stations and included starvices  3333  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identity an Individual to whom we can contact about this statement of account.)  Name  MARGARET CORLETT  Telephone (563) 245-4481  PO BOX 1008 [INTOO, start, clustrate, systems, or authorized the contact systems and the cable system as identified in line 1 of space 8; or  (Corner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or  (Officer or partnership) and on owner of the cable system as identified in line 1 of space 8; or  (Officer or partnership) and an owner of the cable system as identified in line 1 of space 8; or  (Officer or partnership) and the owner of the cable system as identified in line 1 of space 8; or  (Officer or partnership) and on owner of the capacity systems as identified in line 1 of space 8; or  (Officer or partnership) and on owner of the capacity systems as identified in line 1 of space 8; or  (Officer or partnership) and nother (if a corporation or partnership) or the line above to certify this statement.  First or special partnership and comment of the corporation of the capacity of line in line 1 of space 8.  (If an electronic signature using an "Js signature" (e.g., Js

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 the 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 telephon 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 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

Accounting Period: 2017/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ALPINE CABLE TELEVISION LC	63468
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 (vii) of the general instructions located in the paper SA1-2 form.  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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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 Address	
ID number First community served Accounting period	

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 th 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.