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

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/1 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.	63594
		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 us already appear in space B. In line 2, give the mailing address of the 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	ALPINE CABLE TELEVISION LC	63594
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings	nunity" is the same as a "community unit" as defined in FCC rules: d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob- identified city.	ile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	ELGIN	IA
Community		
Add Rows as Necessary		
Add nows as necessary		

Name											
		SION LC							6359		
-	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRIE	BERS AND RA	ATES						
E	In General: The information in s										
	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										
Secondary Transmission	about other services (including p last day of the accounting period						those existin	ng on the			
Service: Sub-	Number of Subscribers: Both						ble svstem.	broken			
scribers and	down by categories of secondary	rtransmission	service.	In general, yo	u can com	pute the numbe	er of subscri	bers in			
Rates	each category by counting the nu							charged			
	separately for the particular servi							and the			
	Rate: Give the standard rate c unit in which it is generally billed.										
	category, but do not include disc				iny standar						
	Block 1: In the left-hand block	in space E, the	e form lis	sts the categor							
	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.		e ngnt-ne			e-word descript					
	BLC	DCK 1					BLOCK				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE		
	Residential:										
	Service to first set		6	34.95	ESSEN	TIALS PACH	AGE	28	50.0		
	 Service to additional set(s) 				PREMI	ER PACKAG	ε	17	10.0		
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
			Nemice		6		1				
_	SERVICES OTHER THAN SEC In General: Space F calls for rat					l vour cable svs	stem's servi	ces that were			
F	not covered in space E, that is, th	•	,		•						
	service for a single fee. There ar										
Services Other Than	furnished at cost or (2) services of										
Secondary	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.										
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	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 service brief (two- or three-word) description and include the rate for each.							prvices in the form of a			
	BLOCK 1							BLOCK 2			
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE		
	Continuing Services:			tion: Non-res							
	• Pay cable		• Mote	el, hotel			CINEM	AX	16.0		
	Pay cable—add'l channel		• Corr	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	• Burg	glar protection							
		[Other s								
	 Additional set(s) 			civices.			·····				
	Additional set(s)FM radio (if separate rate)		• Rec	onnect		29.00					
	· · /					29.00					
	• FM radio (if separate rate)		• Disc	onnect		29.00					

ame				SYSTEM II 6359				
	ALPINE CABLE TELEVISION LC PRIMARY TRANSMITTERS: TELEVISION							
G mary mitters: vvision	In General: In space G, ic carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eace educational station, by end (for independent multicast For the meaning of these Column 4: Give the locati	dentify every television station (including the em during the accounting period, except is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.63 explained in the next paragraph. Is: With respect to any distant stations carrules, regulations, or authorizations: are in space G—but do list it in space I (the in a substitute basis. I also in space I, if the station was carried ion concerning substitute basis stations, or so are or origination per ent station according to its over-the-	(1) stations carried only on a part- ie carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta- irried by your cable system on a su- ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). h is licensed by the				
	1. CALL SIGN	4. LOCATION OF STATION						
	KCRG	9	N	CEDAR RAPIDS, IA				
	KCRG KFXA	9 27	<u>N</u>	CEDAR RAPIDS, IA CEDAR RAPIDS, IA				
ecessary			N 					
cessary	KFXA	27	<u> </u>	CEDAR RAPIDS, IA				
cessary	KFXA KGAN	27 51	<u> </u>	CEDAR RAPIDS, IA CEDAR RAPIDS, IA				
ecessary	KFXA KGAN KPXR	27 51 47	I N I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA				
essary	KFXA KGAN KPXR KRIN	27 51 47 35	I N I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA				
essary	KFXA KGAN KPXR KRIN KWKB	27 51 47 35 25	I N I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA				
ecessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA				
lecessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA				
lecessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA				
Vecessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA				
lecessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA				
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lecessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA				
Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA				
Vecessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA				
Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA				
Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA				
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lecessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA				

ALPINE CA	FOWNER OF C							SYSTEM II 635
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					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 state whether to 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 ved at the headend, with the pyright Office regulations on t 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 licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ærtain st general i eparate	be expected, ated 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	
UALL SIGN		3/0	LOCATION OF STATION	UALL SIGN		310	LOGATION OF STATION	
						L		

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name		ISION LC)					63594
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G			
I	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisio	on progran	n
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram zog	Note: If your answer is "No	" leave the	rest of this nac	e blank. If your answer is '	Yes " vou mi	ist complete ti	-	
	log in block 2.	, leave the			res, you me		ne prograi	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their n	neaning is	;
	clear. If you need more spa					t du unitar au tila a la		
	period, was broadcast by a			ision program ("substitute p ur cable system substitute				
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further i	nformatior	
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	e Lucy" or	
	"NBA Basketball: 76ers vs.		dcast live ente	r "Yes." Otherwise enter "N	lo "			
				isting the substitute progra				
				ne community to which the			CC or, in	
	the case of Mexican or Can			community with which the steep the steep the second s			th the mor	ath
	first. Example: for May 7 giv		when you sys			numerais, wi		
	Column 6: State the time	es when the		gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. sho	uld be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system wa	as require	d
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the lis	sted progr	
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulations	s in	
	eneci on Ociober 19, 1970.							
				1		N SUBSTITU		7. REASON FOR
		UBSTITUT 2. LIVE?	E PROGRAM		5. MONTH	AGE OCCUP 6. TIN	RRED IES	7. REASON FOR DELETION
	s	UBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCCU	RRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	RRED IES	

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# 63594
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (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 2,171.55
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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Total Remittance 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		OWNER OF CABLE SYSTEM	:				SYSTEM ID# 63594
M Channels	to its subscribe 1. Enter the to system carrie 2. Enter the to	ers, and (2) the cable system al number of channels on whe d television broadcast station al number of activated chann	s total num lich the cab ns nels	mber able 	which the cable system carried television of activated channels during the accountin	g period.	8
		cable system carried televisi			auons		333
N Individual to Be Contacted		O BE CONTACTED IF FUR t about this statement of acco		FORM	ATION IS NEEDED (Identify an individual	to whom	
for Further Information	Name	MARGARET CORL	ETT			Telephone	(563) 245-4481
	Address	PO BOX 1008 (Number, street, rural route, ap ELKADER, IA 5204 (City, town, state, zip)		suite n	umber)		
	Email	MCORLETT	@ALPINE-	E-CO	MMUNICATIONS.COM Fax (optional)	
O		N (This statement of account			d and signed in accordance with Copyrigh	t Office regulations)	
Certinoution				-	am the owner of the cable system as identifi	ed in line 1 of space B	; or
		n line 1 of space B and that the	e owner is n	not a			
	 I have examin are true, compl 	n line 1 of space B. ed the statement of account ar	id hereby de	declar	i) or a partner (if a partnership) of the legal e e under penalty of law that all statements of formation, and belief, and are made in good	act contained herein	er of the cable system
				an ele	s/ Chris Hopp tronic signature on the line above to certify t ire using an "/s/ signature" (e.g., /s/ John Sm		
		Typed or print	ed name:	: (HRIS HOPP		
		Title: (Title)			PERATING OFFICER eld in corporation or partnership)		
		Date:				7/5/2017	

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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lave

unting Period: 2017/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
INE CABLE TELEVISION LC	635
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.	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 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 Assessme
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
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	_
* 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.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	

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