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.

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

## SA1-2E Short Form

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

				6372220171	
Α	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (YYY)	//(Period))	
		2017/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
•		20171	Barcode Data Filing Period (optional - se	e instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		y of another corporation, give the full corp	porate title
Owner		List any other name or names under which	the owner conducts the business of the ca	able system.	
		If there were different owners during the a single statement of account and royalty fee			bmit a
		Check here if this is the system's first filing	. If not, enter the system's ID number assig	ned by the Licensing Division.	63722
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		Skitter Cable TV, Inc.			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		Skitter Cable TV-Minerva Valley			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		3230 Peachtree Corners Cir (Number, street, rural route, apartment, or suite nu	<b>·cle, Ste H</b> <sup>umber)</sup>		
		Norcross, GA 30092 (City, town, state, zip)			
С		<b>RUCTIONS:</b> In line 1, give any busing as already appear in space B. In line 2		•	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	mber)		
	1	,,,,,, or outlot ne	/		

FOR COPYRIGHT OFFICE USE ONLY

8/2/2018

AMOUNT

ALLOCATION NUMBER

\$67.48 JAN

DATE RECEIVED

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.

(City, town, state, zip code)

## U.S. Copyright Office

.....

.....

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Skitter Cable TV, Inc.	637
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated con	
-	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	st will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
•	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	Clemens	IA
Community	Hubbard	A
	McCallsburg	IA
	New Providence	IA
dd Rows as Necessary		
	St. Anthony	IA
	Huxley	IA
	State Center	IA
	Albion	IA
	Ames	IA
	Zearing	IA
		<sup>3</sup>

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	TEM ID
Name	Skitter Cable TV, Inc.								6372
E Secondary Transmission	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including period last day of the accounting period	pace E should on of television pay cable) in sp	cover all and radio bace F, no	categories o broadcasts t here. All th	f secondar by your sy e facts you	stem to subscri state must be	ibers. Give	information	
Service: Sub- scribers and Rates	Number of Subscribers: Both down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide	n blocks in spa y transmission umber of billin ice at the rate harged for eac . (Example: "\$ counts allowed in space E, th	ce E call f service. In gs in that of indicated- ch categor 20/mth"). \$ for advan e form list	or the numb n general, yo category (the —not the nur y of service. Summarize a ce payment. s the catego	er of subso ou can com e number of nber of se Include bo any standa	ribers to the ca npute the number of persons or orgonic ts receiving serv- oth the amount of rd rate variation condary transmis	er of subsc ganizations vice). of the charg ns within a ssion servio	ribers in charged ge and the particular rate ce that cable	
	that applies to your system. Not categories, that person or entity subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	e: Where an ir should be cou able service to once again und has rate categ iers of services and rates, in th	ndividual o nted as a additional ler "Servic ories for s s that inclu	r organization subscriber ir sets would l e to addition econdary tra ude one or m	n is receiv each app be included al set(s)." nsmission ore secon	ing service that licable category d in the count un service that are dary transmission	falls under . Example nder "Servi e different f ons), list th tion of the s	different a residential ce to the rom those em, together service is	
	BLC	DCK 1 NO. OF					BLOCK	X 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		216	32.99	DVR			102	-
	Service to additional set(s)     FM radio (if separate rate) Motel, hotel								
	Commercial Converter								
	Residential     Non-residential		554	-					
<b>F</b> Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There au furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscri hose services re two exceptio or facilities fur hit in which it is rate column. te charged by t your cable sy separate charge	ber) inform that are n ons: you de nished to n usually b the cable s stem furni ge was ma de the rate	nation with re ot offered in o not need to nonsubscribe illed. If any r system for ea shed or offer ide or establ	espect to a combination give rate ers. Rate in ates are ch ach of the red during	on with any seco information con nformation shou narged on a vari applicable servi the accounting	ondary tran acerning (1) ild include iable per-p ces listed. period that	esmission ) services both the rogram basis, were not	
	CATEGORY OF SERVICE	RATE		RY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services: • Pay cable	81.99	Installati • Motel	<b>on: Non-res</b> , hotel	idential		STARZ		12.
	Pay cable—add'l channel     Fire protection     Burglar protection	90.99	• Comr • Pay c • Pay c		nannel		Encore		5.
	Installation: Residential • First set		• Burgl	rotection ar protection					
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		Other se	rvices:					

ccounting Period:	2017/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Skitter Cable TV, Inc.			63722
	PRIMARY TRANSMITTERS:	TELEVISION		
<b>G</b> Primary	carried by your cable syster FCC rules and regulations in	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.0	t (1) stations carried only on a part-t he carriage of certain network progra	ime basis under ams [sections
Transmitters: Television	Substitute Basis Stations:	s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations:	arried by your cable system on a sub	ostitute program
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (i a substitute basis.		
	basis. For further informatio <b>Column 1:</b> List each station	also in space I, if the station was carrie n concerning substitute basis stations s call sign. <i>Do not</i> report origination	, see page (v) of the general instructi program services such as HBO, ESF	ons. N, etc. Identify each
	"WETA-2" as the same on t	l with a station according to its over-th he form. el number the FCC assigned to the tel		
	of license. For example, W	RC is channel 4 in Washington, D.C.	-	
		case whether the station is a network ring the letter "N" (for network), "N-M"	•	
	(for independent multicast),	"E" (for noncommercial educational),	or "E-M" (for noncommercial education	
		rms, see page (iv) of the general instr n of each station. For U.S. stations, lis		is licensed by the
	FCC. For Mexican or Canac	dian stations, if any, give the name of t	he community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	кссі	8	N	Des Moines, IA
	KCWE-TV	23	l	Ames, IA
l Rows as Necessary	KDIN-TV	11	E	Des Moines, IA
	KDMI	56	l	Des Moines, IA
	KDSM-TV	17	l	Des Moines, IA
	KFPX-TV	39	<b>I</b>	Newton, IA
	WHO-DT	13	Ν	Des Moines, IA
	WOI-DT	5.1	Ν	Ames, IA
	WOI-DT-2	5.2	N-M	Ames, IA

EGAL NAME OF		JABLE 3	TSTEM.					SYSTEM   637
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of it For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recein the Co sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright 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	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral in 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	
							·	

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Skitter Cable TV, Inc.							63722
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ifv everv no	nnetwork televi	<i>ision program.</i> broadcast b	v a <i>distant</i> sta	ition. that vo	ur cable svs	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	the general ins	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any nonr	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" loovo tha	roct of this pa	ao blank if your answor i	с "Voc " vou i	must compl	-	
	-	, leave life	rest of this pa	ige blank. Il your answer i	s res, your	must compi	ele llie pioù	Jian
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if th	neir meanin	a is
	clear. If you need more spa					,		5
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.					, -	,	
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		consod by t	he ECC or	in
	the case of Mexican or Car						ine i 00 0i,	
	Column 5: Give the mor	nth and day		stem carried the substitute			s, with the r	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."	слатрю.	a program can		1. 10 p.m. to c		. Should be	
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976	•	your system w	as permitted to delete und		s and regula		
					11			1
						N SUBSTI		7. REASON FOR
	5		E PROGRAM			AGE OCC		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— то	
							_	
							_	
							_	
							_	
							_	
							_	
					1.1			

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Skitter Cable TV, Inc.	S	YSTEM ID# 63722
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	5,982.00 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • 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.	63,800	
	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 t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.48
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.48
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	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 \$ 263,800.00		
	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		
Elling For and			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.48	
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	\$	67.48
	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	LEGAL NAME OF OWNE Skitter Cable TV, Ir	ER OF CABLE SYSTEM: <b>nc.</b>								SY	STEM ID# 63722
M Channels	<ol> <li>to its subscribers, and</li> <li>Enter the total num system carried telev</li> <li>Enter the total num on which the cable s</li> </ol>	ust give (1) the number o d (2) the cable system's t nber of channels on which vision broadcast stations nber of activated channels system carried television services	total numb h the cable 	e e 	d channels dur	ing the ac	ccounting perio	od.		9 25	
N Individual to Be Contacted	we can contact about	CONTACTED IF FURTH t this statement of accour		PRMATION IS	NEEDED (Ide	ntify an in	dividual to wh				
for Further Information	Name St	eve Hughes						Telephone	704-576-732	23	
O Certification	Email CERTIFICATION (This I, the undersigned, he	230 Peachtree Corr mber, street, rural route, apartu- prcross, GA 30092 y, town, state, zip) s statement of account m ereby certify that (Check of her than corporation or p	ument, or sulf	te number) rtified and sigr	ned in accordar boxes.)		Copyright Offic	ce regulations)			
	in line 1 X (Officer or in line 1 • I have examined the	owner other than corpora of space B and that the of r partner) I am an officer ( I of space B. statement of account and Id correct to the best of my 001(1986)]	owner is no (if a corpor I hereby de	ot a corporatio ration) or a par eclare under p	on or partnership rtner (if a partne penalty of law th	o; or ership) of t at all state	the legal entity ements of fact	r identified as ov contained herei	vner of the cable		
				electronic sign	R. Hughes nature on the line n "/s/ signature"			tement.			
		Typed or printed Title: (Title of o	Treas		Hughes	p)					
		Date:					27 July 2	2018			

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ounting Period: 2017/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
tter Cable TV, Inc.	6372
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	-
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	× ×
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1       Enter the amount of late payment or underpayment	Interest Assessmen
Line 1       Enter the amount of late payment or underpayment	Interest Assessmen
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