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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/23/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

	ACCU	JUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20172 Barcode Data Filing Period (optional - see instructions)	
Accounting 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	
		Dumont Telephone Company	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 349 (Number, street, rural route, apartment, or suite number)	
		Dumont, IA 50625-0349 (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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Dumont Telephone Company	31293
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filir Note: Entities and properties such as hotels, apartments, condominiums, or m	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known igs.
Area Served	identified city.	ubile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Dumont	B
Community	Allison	A
	Parkersburg	IA IA
Add Rows as Necessary	Geneva	

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM.						FORM SA1	-2E. PAGE
Name	Dumont Telephone Con							010	3129
									2.20
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission s	ervice of th	e cable	
_	system, that is, the retransmission								
Secondary	about other services (including p						hose existii	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						le svetem	broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate of							e and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adva	nce payment.					
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca					in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fro	om those	
	printed in block 1 (for example, t	iers of services	that inc	lude one or me	ore second	dary transmissio	ns), list the	m, together	
	with the number of subscribers a	and rates, in the	e right-ha	and block. A tv	vo- or three	e-word descripti	on of the se	ervice is	
	sufficient.	OCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:		LING	TUTE	0,111		(IIIOE	CODOCI (IDEI (C	1011
	Service to first set	Basic Pkg =	298	\$108.24	Local E	Basic Pkg		53	\$39.0
	 Service to additional set(s) 	Non-DVR =	121	\$3.95	Additio	nal DVR		2	\$5.9
	 FM radio (if separate rate) 								
	Motel, hotel	Basic Pkg =	1	\$350					
	Commercial								
	Converter								
	Residential Non-residential								
	• NON-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	5				
F	In General: Space F calls for rat	•	,		•				
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services				•		• • •		
Other Than	amount of the charge and the ur		usually I	billed. If any ra	tes are ch	arged on a varia	able per-pro	ogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cable	system for ea	ch of the a	applicable servic	es listed.		
Rates	Block 2: List any services that	t your cable sys	stem furr	nished or offere	ed during t	he accounting p	eriod that v		
	listed in block 1 and for which a brief (two- or three-word) descript				shed. List	these other serv	rices in the	form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RAT
	Continuing Services:			tion: Non-res			UATEOC		
	• Pay cable	\$14.95	• Mot	el, hotel		PP	NFL Re	dZone HD	\$40.0
	• Pay cable—add'l channel	\$14.95	• Con	nmercial		PP	Live US	B Adapter	\$1.0
	Fire protection		• Pay	cable		\$10			
	 Burglar protection 		,	cable-add'l ch	annel	\$10.00			
	Installation: Residential			protection					
	• First set	\$35.00		glar protection					
	Additional set(s) EM radio (if concrete rate)	PP		ervices:		\$25 00			
	 FM radio (if separate rate) Converter 			onnect connect		\$35.00			
	Conventer			et relocation		PP			
				e to new addr	ess	۲۲ \$35.00			
	1								

	LEGAL NAME OF OWNER OF	CARLE SYSTEM		SYSTEM
Name	Dumont Telephone Co			312
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c ules, regulations, or authorizations:	bt (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain station	ne basis under ns [sections ons carried on a
	Do not list the station here station was carried only on List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the	ed both on a substitute basis and also , see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, repor evision station for broadcasting over th station, an independent station, or a r (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	on some other ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRG-TV	9	Ν	Cedar Rapids, IA
	KCRGDT		N-M	Cedar Rapids, IA
Rows as Necessary	KCRGDT2		N-M	Cedar Rapids, IA
nows as necessary	KCRGDT3		N-M	Cedar Rapids, IA
	KFPX-TV	39	N	Des Moines, IA
	KFXA	28	N	Cedar Rapids, IA
	KFXADT		N-M	Cedar Rapids, IA
	KFXADT2		N-M	Cedar Rapids, IA
	KGAN	2	N	Cedar Rapids, IA
	KGANDT		N-M	Cedar Rapids, IA
	KGANDT2		N-M	Cedar Rapids, IA
	KGANDT3		N-M	Cedar Rapids, IA
		1	14-141	
	KIMT	3	N	
	KIMT	3	N N-M	Mason City, IA
	KIMTDT		N-M	Mason City, IA Mason City, IA
	KIMTDT KPXR-TV	3 48	N-M N	Mason City, IA Mason City, IA Cedar Rapids, IA
	KIMTDT KPXR-TV KPXRDT		N-M N N-M	Mason City, IA Mason City, IA Cedar Rapids, IA Cedar Rapids, IA
	KIMTDT KPXR-TV KPXRDT KPXRDT2		N-M N N-M N-M	Mason City, IA Mason City, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA
	KIMTDT KPXR-TV KPXRDT KPXRDT2 KPXRDT3	48	N-M N N-M N-M N-M	Mason City, IA Mason City, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA
	KIMTDT KPXR-TV KPXRDT KPXRDT2 KPXRDT3 KDIN		N-M N N-M N-M E	Mason City, IA Mason City, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Des Moines, IA
	KIMTDT KPXR-TV KPXRDT KPXRDT2 KPXRDT3 KDIN KDINDT	48	N-M N N-M N-M E E E-M	Mason City, IA Mason City, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Des Moines, IA Des Moines, IA
	KIMTDT KPXR-TV KPXRDT KPXRDT2 KPXRDT3 KDIN KDINDT KDINDT2	48	N-M N N-M N-M E E E-M E-M	Mason City, IA Mason City, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Des Moines, IA Des Moines, IA Des Moines, IA
	KIMTDT KPXR-TV KPXRDT KPXRDT2 KPXRDT3 KDIN KDINDT KDINDT2 KDINDT3	48	N-M N N-M N-M E E E-M E-M E-M	Mason City, IA Mason City, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Des Moines, IA Des Moines, IA Des Moines, IA
	KIMTDT KPXR-TV KPXRDT KPXRDT2 KPXRDT3 KDIN KDINDT KDINDT2	48	N-M N N-M N-M E E E-M E-M	Mason City, IA Mason City, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Des Moines, IA Des Moines, IA Des Moines, IA

Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	Dumont Telephone C	company		31:
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 or explained in the part percention	t (1) stations carried only on a part-ti he carriage of certain network progra	me basis under ms [sections
nsmitters: elevision		es explained in the next paragraph. So With respect to any distant stations c	arried by your cable system on a sub	ostitute program
		ules, regulations, or authorizations: e in space G—but do list it in space I (1	the Special Statement and Program L	oa)—if the
	station was carried only on	a substitute basis.		
	basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network	, see page (v) of the general instructi program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t	ons. N, etc. Identify each rt multistream the air in its community
	(for independent multicast) For the meaning of these te Column 4: Give the location	ering the letter "N" (for network), "N-M", "E" (for noncommercial educational), erms, see page (iv) of the general instr- on of each station. For U.S. stations, lis idian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	onal multicast). is licensed by the
		2. B'CAST CHAINNEL NUMBER		
			N-M	Waterloo, IA
	KWWLDT2	-	N-M	Waterloo, IA
	KCCI	8	N	Des Moines, IA
	KCCIDT		N-M	Des Moines, IA
	KCCIDT2		N-M	Des Moines, IA
	KCCIDT3		<u>N-M</u>	Des Moines, IA
	KCWI	23	<u>N</u>	Des Moines, IA
	KCWIDT		N-M	Des Moines, IA
	KCWIDT2		N-M	Des Moines, IA
	KCWIDT3		N-M	Des Moines, IA
	KDMI	56	N	Des Moines, IA
	KDSM	17	N	Des Moines, IA
	KDSMDT		N-M	Des Moines, IA
	KDSMDT2		N-M	Des Moines, IA
	KDSMDT3		N-M	Des Moines, IA
	КҒРХ	39	N	Des Moines, IA
	KFPXDT		N-M	Des Moines, IA
	KFPXDT2		N-M	Des Moines, IA
	KFPXDT3		N-M	Des Moines, IA
	WHO	13	Ν	Des Moines, IA
	WHODT		N-M	Des Moines, IA
	WHODT2		N-M	Des Moines, IA
	WHODT3		<u>N-M</u>	Des Moines, IA
	WHODT3 WHODT4		N-M N-M	Des Moines, IA Des Moines, IA

LEGAL NAME OF OWNER OF Dumont Telephone Co PRIMARY TRANSMITTERS: In General: In space G, ide	ompany TELEVISION		SYSTEM 312
PRIMARY TRANSMITTERS:	TELEVISION		312
In General: In space G, ide			
	ntify every television station (including		
	n during the accounting period, excep		
0	, , , , , , , , , , , , , , , , , , ,	0 1 0	L
		(2) and $(4))];$ and (2) certain station	ons carried on a
		arried by your cable system on a subs	stitute program
basis under specific FCC ru	les, regulations, or authorizations:		
		he Special Statement and Program Lo	og)—if the
		•	
		· · · ·	
	5	evision station for broadcasting over the	ne air in its community
Column 4: Give the location	n of each station. For U.S. stations, list	the community to which the station is	s licensed by the
FCC. For Mexican or Canac	dian stations, if any, give the name of t	he community with which the station i	s identified.
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WOIDT		N_M	Des Moines, IA
WOIDT2		N-M	Des Moines, IA
	76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations : basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WOIDT	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.6 substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations of basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (t station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carrie basis. For further information concerning substitute basis stations; Column 1: List each station's call sign. Do not report origination pulticast stream associated with a station according to its over-the "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the tele of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network educational station, by entering the letter "N" (for network), "N-M" (for independent multicast), "E" (for noncommercial educational), or For the meaning of these terms, see page (iv) of the general instruction of each station. For U.S. stations, list FCC. For Mexican or Canadian stations, if any, give the name of the tele of the station of each station. For U.S. stations, list FCC. For Mexican or Canadian stations, if any, give the name of the station is a station of each station.	Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substibation was carried 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 Listation 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 basis. For further information concerning substitute basis stations, see page (v) of the general instructic Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPI multicast stream associated with a station according to its over-the-air designation. For example, repor "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 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 reducational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial education is For example, the station of each station. For U.S. stations, list the community to which the station is FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is FCC. N-M N-M

	F OWNER OF (SYSTEM I
Dumont Tel	ephone Co	mpany						3129
	NSMITTERS							
n General: Lis	t every radio	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 b monitoring, to prmation abou- rm. dentify the cal state whether the radio stat this by placing Sive the station	y the sys be recei at the Cc I sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under (tem 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 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 this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral 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	
	+	 -						

	od: 2017/2						FOR	M SA1-2E. PAGE 5.
NI	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Dumont Telephone Co	ompany						31293
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi	ifv everv non	network televis	sion program, broadcast by	- a <i>distant</i> stati	on that your	cable syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that must	t be included in	this log, see page (v) of the	e general instru	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did your	cable system	carry, on a substitute basi	s, any nonnet	work televis	ion progran	n
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
Program Log	-		ant of this was	a black. If your ensures is f	·/ "			
	Note: If your answer is "No'	, leave the r	rest of this pag	je blank. If your answer is "	Yes, you mu	ist complete	the program	n
	log in block 2.		MO					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. I lse abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa						incuring ic	,
	Column 1: Give the title	of every non	nnetwork televi	ision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg							า.
	Do not use general categori "NBA Basketball: 76ers vs.		les ui baske	abali. List specific program		ample, TLOV	e Lucy OI	
			cast live, ente	r "Yes." Otherwise enter "N	lo."			
				asting the substitute progra				
				ne community to which the			FCC or, in	
	the case of Mexican or Can			tem carried the substitute			ith the mor	hth
	first. Example: for May 7 giv		when your sys			numerais, w		
			substitute pro	gram was carried by your of	cable system.	List the time	es accurate	ly
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sh	ould be	
	stated as "6:00–6:30 p.m."	or "D" if the l	listed program	was substituted for progra	mming that w	our ovetom v	voo roquira	d
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.							
	s	UBSTITUT	E PROGRAM	1		N SUBSTII		7. REASON FOR
	S 1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	7. REASON FOR DELETION
				4. STATION'S LOCATION	CARRI	AGE OCCL	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TI	JRRED MES	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM II
Name	Dumont Telephone Company				3129
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	system's s	econdary trans	mission servio	e
	during the accounting period IMPORTANT: You must complete a statement in space P concerning gross			\$ 20 (Amount of gr	9,545.47
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more) but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-month	
	Line 1. Royalty fee for accounting period				
					0.00
	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 li	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,	100)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	209,545.47		
	3. Subtract line 2 from line 1	\$	54,254.53		
	4. Enter the amount of gross receipts from space K		\$ 2	209,545.47	
	5. Enter the amount from line 3		\$	54,254.53	
	6. Subtract line 5 from line 4		\$ 1	55,290.94	
	7. Multiply line 6 by .005 (enter figure here)			\$	776.45
	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		\$	776.45
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	7,600)	
	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	L 5. and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	776.45	
otal Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)			20.00	
			Ψ		
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	796.45

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7.
Name		F OWNER OF CABLE SYSTEM: ephone Company	SYSTEM ID# 31293
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations tal number of activated channels e cable system carried television broadcast stations adcast services	52 287
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name		(641) 857-3211
	Address	506 Pine St, PO Box 349 (Number, street, rural route, apartment, or suite number) Dumont, IA 50625-0349 (City, town, state, zip)	
	Email	rogerkr@netins.net Fax (optional)	
O Certification	I, the undersig (Ow (Ag X (Of I have examinare true, comp	In (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Inter other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. Here the statement of account and hereby declare under penalty of law that all statements of fact contained herein lefe, and correct to the best of my knowledge, information, and belief, and are made in good faith. Cition 1001(1986)] Market Corporation (1986) Market Cor	stem as identified
		Date: 2/23/18	

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 telephoi 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 fling, a determination that would be made by a court of lay

unting Period: 2017/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
iont Telephone Company	312
 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? X NO 	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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