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 COPYRIGH	IT 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> For additional information,
General instructions are located in the first tab of this workbook	02/26/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		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.	61822
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Northland Communications, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 66 (Number, street, rural route, apartment, or suite number)	
		Clear Lake, IA 50428 (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 the system of the system.	
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.

Nom-	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Northland Communications, Inc.	61822
D Area	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing. Note: Entities and properties such as hotels, apartments, condominiums, or mot identified city.	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 c.
Served		
	CITY OR TOWN	STATE
First	Ventura	IA
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	-2E. PAGE
Name	Northland Communicati							010	6182
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular servi 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	SERVICE: SU pace E should on of television ay cable) in sp (June 30 or D blocks in span / transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the	cover all and radii ace F, n ecember ce E call service. gs in that indicated h catego 20/mth"). for advar e form lis	categories of o broadcasts l ot here. All the 31, as the ca- for the numbe In general, you category (the l—not the num ry of service. I Summarize a nce payment.	secondary by your sy facts you se may be r of subsc u can com number of set nclude bo ny standar ies of seco	stem to subscrit state must be t). ribers to the cat pute the numbe f persons or org s receiving servi th the amount o rd rate variations	pers. Give i hose existi ole system, r of subscr anizations ice). f the charg s within a p sion servic	nformation ng on the broken ibers in charged e and the articular rate e that cable	
	systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted of Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	Where an inv should be courd ble service to a nce again und has rate categoriers of services nd rates, in the	dividual onted as a additionater "Servion ories for that inc	or organization subscriber in il sets would b ce to additiona secondary tran lude one or mo	a is receiving each apple included al set(s)." asmission pre second	ng service that f icable category. in the count un service that are dary transmissio	alls under of Example: der "Servic different fr ns), list the on of the so	different a residential e to the om those em, together ervice is	
	BLC	DCK 1 NO. OF	-				BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		190	\$29.95					
	Service to additional set(s)		380	\$4.95					
	• FM radio (if separate rate) Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un 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 s brief (two- or three-word) description	e (not subscrit hose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) infor that are in ns: you on hished to usually l he cable stem furr he was m	mation with re- not offered in c do not need to nonsubscribe billed. If any ra system for ea hished or offere ade or establis	spect to al combinatio give rate i rs. Rate in tes are ch ch of the a ed during t	n with any seco information cond formation shoul arged on a varia applicable servic the accounting p	ndary trans cerning (1) d include b able per-pro ces listed. period that	smission services oth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE	1	ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RAT
	Lontinuing Services			tion: Non-res el, hotel	idential		Cinema		\$14.
	-		WIOU				HBO PI		
	• Pay cable		• Con	nmercial					\$18.9
	-			nmercial cable			HBO &	Cinemax	\$18.9 \$32.9
	Pay cable Pay cable—add'l channel		• Pay		annel			Cinemax me Plex	
	 Pay cable Pay cable—add'l channel Fire protection 		• Pay • Pay	cable	annel			me Plex	\$32.9 \$14.9
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 	\$29.95	• Pay • Pay • Fire	cable cable-add'i ch	annel		Showti	me Plex	\$32.9 \$14.9
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay • Pay • Fire • Burg	cable cable-add'l ch protection	annel		Showti	me Plex	\$32.
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 		• Pay • Pay • Fire • Burg Other s	cable cable-add'l ch protection glar protection	annel	\$25.00	Showti	me Plex	\$32.9 \$14.9
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Pay • Fire • Burg Other s • Rec • Disc	cable cable-add'l ch protection glar protection ervices:	annel	\$25.00	Showti	me Plex	\$32.9 \$14.9

	•			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	Northland Communic	•		61822
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a 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 informatic Column 1: List each station multicast stream associated "WETA-2" as the same on f 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	entify every television station (including m during the accounting period, except in 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 of leles, regulations, or authorizations: e in space G—but do list it in space I (f 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-th	<i>t</i> (1) stations carried only on a part- he carriage of certain network progr S1(e)(2) and (4))]; and (2) certain state arried by your cable system on a such he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educate uctions in the paper SA1-2 form. t the community to which the station	time basis under rams [sections ations carried on a abstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КІМТ	3	N	MASON CITY IOWA
	KIMT-MY3.2	3.2	N-M	MASON CITY IOWA
ows as Necessary	KAAL	6	Ν	AUSTIN MINNESOTA
	KAAL 6.2	6.2	N-M	
	NAAL 0.2	V-2	IN-IVI	AUSTIN MINNESOTA
	KAAL 0.2 KXLT	47	N-M	AUSTIN MINNESOTA ROCHESTER MINNESOTA
	KXLT	47	N	ROCHESTER MINNESOTA
	KXLT KXLT 47.2	47 47.2	N N-M	ROCHESTER MINNESOTA ROCHESTER MINNESOTA
	KXLT KXLT 47.2 KTTC	47 47.2 10	N N-M N	ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA
	KXLT KXLT 47.2 KTTC KTTC-CW	47 47.2 10 10.2	N N-M N I	ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA
	KXLT KXLT 47.2 KTTC KTTC-CW KYIN	47 47.2 10 10.2 11	N N-M N I E	ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA MASON CITY IOWA
	KXLT KXLT 47.2 KTTC KTTC-CW KYIN KYIN11.2	47 47.2 10 10.2 11 11.2	N N-M N I E E-M	ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA MASON CITY IOWA MASON CITY IOWA
	KXLT KXLT 47.2 KTTC KTTC-CW KYIN KYIN11.2 KYIN11.3	47 47.2 10 10.2 11 11.2 11.3	N N-M N I E E-M E-M	ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA MASON CITY IOWA MASON CITY IOWA MASON CITY IOWA
	KXLT KXLT 47.2 KTTC KTTC-CW KYIN KYIN11.2 KYIN11.3 KFPX-ION	47 47.2 10 10.2 11 11.2 11.3 39	N N-M N I E E-M E-M I	ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA MASON CITY IOWA MASON CITY IOWA MASON CITY IOWA URBANDALE IOWA
	KXLT KXLT 47.2 KTTC KTTC-CW KYIN KYIN11.2 KYIN11.3 KFPX-ION	47 47.2 10 10.2 11 11.2 11.3 39	N N-M N I E E-M E-M I	ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA MASON CITY IOWA MASON CITY IOWA MASON CITY IOWA URBANDALE IOWA
	KXLT KXLT 47.2 KTTC KTTC-CW KYIN KYIN11.2 KYIN11.3 KFPX-ION	47 47.2 10 10.2 11 11.2 11.3 39	N N-M N I E E-M E-M I	ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA MASON CITY IOWA MASON CITY IOWA MASON CITY IOWA URBANDALE IOWA
	KXLT KXLT 47.2 KTTC KTTC-CW KYIN KYIN11.2 KYIN11.3 KFPX-ION	47 47.2 10 10.2 11 11.2 11.3 39	N N-M N I E E-M E-M I	ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA MASON CITY IOWA MASON CITY IOWA MASON CITY IOWA URBANDALE IOWA
	KXLT KXLT 47.2 KTTC KTTC-CW KYIN KYIN11.2 KYIN11.3 KFPX-ION	47 47.2 10 10.2 11 11.2 11.3 39	N N-M N I E E-M E-M I	ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA MASON CITY IOWA MASON CITY IOWA MASON CITY IOWA URBANDALE IOWA
	KXLT KXLT 47.2 KTTC KTTC-CW KYIN KYIN11.2 KYIN11.3 KFPX-ION	47 47.2 10 10.2 11 11.2 11.3 39	N N-M N I E E-M E-M I	ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA MASON CITY IOWA MASON CITY IOWA MASON CITY IOWA URBANDALE IOWA
	KXLT KXLT 47.2 KTTC KTTC-CW KYIN KYIN11.2 KYIN11.3 KFPX-ION	47 47.2 10 10.2 11 11.2 11.3 39	N N-M N I E E-M E-M I	ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA MASON CITY IOWA MASON CITY IOWA MASON CITY IOWA URBANDALE IOWA
	KXLT KXLT 47.2 KTTC KTTC-CW KYIN KYIN11.2 KYIN11.3 KFPX-ION	47 47.2 10 10.2 11 11.2 11.3 39	N N-M N I E E-M E-M I	ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA MASON CITY IOWA MASON CITY IOWA MASON CITY IOWA URBANDALE IOWA
	KXLT KXLT 47.2 KTTC KTTC-CW KYIN KYIN11.2 KYIN11.3 KFPX-ION	47 47.2 10 10.2 11 11.2 11.3 39	N N-M N I E E-M E-M I	ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA ROCHESTER MINNESOTA MASON CITY IOWA MASON CITY IOWA MASON CITY IOWA URBANDALE IOWA

LEGAL NAME OF	OWNER OF C	CABLE SY	/STEM:					SYSTEM ID
Northland C	ommunica	tions, I	nc.					6182
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
Special Instruct receivable if (1) on the basis of / For detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If signal, indicate Column 4: G	tions Conce it is carried by monitoring, to prmation about m. dentify the call tate whether the radio stat this by placing sive the station	rning AI y the sys be recein to the Coord sign of of 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 opyright Office regulations on 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	Copyright Office r it the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	regulations, ar eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can ertain st eneral i eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		0/5			AN4 514	0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
IONE								
							1	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	FEM:					SYSTEM ID#
Name	Northland Communica	tions, Inc						61822
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi	fy every nor	nnetwork televis	ion program, broadcast by	a distant stat	ion, that your	cable syste	m carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regul	ations, or aut	horizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the	paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	During the accounting period	•	r cable system	carry, on a substitute basi	s, any nonnet	twork televis		
Program Log	broadcast by a distant stat	tion?					YES	X NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete	the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE			ka lina. I laa abbuuviatiana .		sible if the sim		
	In General: List each subst clear. If you need more spa-				wherever pos	sible, if their	meaning is	
				sion program ("substitute	program") tha	t, during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							1.
	"NBA Basketball: 76ers vs.	Bulls."					0 2009 0	
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		nsed by the	FCC or. in	
	the case of Mexican or Can	adian statio	ns, if any, the o	community with which the	station is iden	itified).		
			when your syst	em carried the substitute	orogram. Use	numerals, w	ith the mor	nth
	first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your	cable svstem.	List the time	es accurate	lv
	to the nearest five minutes.							5
	stated as "6:00–6:30 p.m."	or "D" if tho	listed program	was substituted for progra	mming that y	our evetors y	vas roquiro	d
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	S		E PROGRAM			AGE OCCL		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM –		DELETION
						-	-	
						-	_	
						_	_	
							_	
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						-	_	
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						-	-	
						_	_	
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							_	
						-	_	

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Communications, Inc.	S	487EM ID 61822
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary 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 servic s amount, see	e 5,652.00
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: mmunications, Inc.	SYSTEM ID# 61822
M Channels	to its subscribe1. Enter the to system carrie2. Enter the to on which the	You must give (1) the number of channels on which the cable system carri rs, and (2) the cable system's total number of activated channels during th al number of channels on which the cable d television broadcast stations	he accounting period.
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify a about this statement of account.)	an individual to whom
for Further Information	Name	Sarah McChesney	Telephone 641-357-2111
	Address	PO Box 66 (Number, street, rural route, apartment, or suite number) Clear Lake, IA 50428 (City, town, state, zip)	
	Email	citelacctg@citel.com	Fax (optional) <u>641-357-8800</u>
O Certification	I, the undersig (Ow (Age X (Of I have examinare true, complete	A (This statement of account must be certified and signed in accordance we hed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) her other than corporation or partnership) I am the owner of the cable system in the owner other than corporation or partnership) I am the duly authorized in line 1 of space B and that the owner is not a corporation or partnership; or icer or partner) I am an officer (if a corporation) or a partner (if a partnership) in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all states the and correct to the best of my knowledge, information, and belief, and are not ition 1001(1986)] X /s/ Thomas A. Lovell	em as identified in line 1 of space B; or d agent of the owner of the cable system as identified of the legal entity identified as owner of the cable system tatements of fact contained herein
		Typed or printed name: Thomas A. Lovell Title: General Manager	
		(Title of official position held in corporation or partnership) Date:	2/23/2018

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: 2017/2		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
thland Communications, Inc.		618
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of th lowing sentence: "In determining the total number of subscribers and the gross amounts paid to service of providing secondary transmissions of primary broadcast transmitte scribers and amounts collected from subscribers receiving secondary transm For more information on when to exclude these amounts, see the note on page (vii) located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross re made by satellite carriers to satellite dish owners?	e Copyright Act by adding the fol- o the cable system for the basic rrs, the system shall not include sub- issions pursuant to section 119." of the general instructions	P Special Statemen Concerning Gros Receipts Exclusio
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 For an explanation of interest assessment, see page (viii) of the general instructions	located in the paper SA1-2 form.	Q
	Iocated in the paper SA1-2 form.	Q Interest Assessme
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