This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

# SA1-2E Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFF	TOT LICE ONLY
TORCOL INGILIOLI	ICE USE ONLY
DATE RECEIVED	AMOUNT
01/10/2018	ALLOCATION NUMBER

Return completed workbook by email to:

### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		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
		City of Hawarden
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1150 Central Ave (Number, street, rural route, apartment, or suite number)
		Hawarden, IA 51023 (City, town, state, zip)
С		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

	LEGAL MANE OF CHANED OF CARLE OVETEN	FORM SA1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI
	City of Hawarden	621
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including single at you list will serve as a form of system identification hereafter kno lings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First Community	Hawarden	IA
Rows as Necessary		

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

City of Hawarden

62197

# E

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK	<b>(2</b>	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	626	57.00	Local	49	26.95
<ul> <li>Service to additional set(s)</li> </ul>			Digital	61	30.00
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
				1	

# F

#### Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1**: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		Cinemax Premium	10.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Showtime Premium	15.00
<ul> <li>Fire protection</li> </ul>		• Pay cable		Starz/Encore Premium	15.00
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		HBO Premium	20.00
Installation: Residential		Fire protection			
First set		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62197

City of Hawarden

PRIMARY TRANSMITTERS: TELEVISION

# G

# Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTIV-DT	4.1	N	SIOUX CITY, IA
KTIV-DT2	4.2	N-M	SIOUX CITY, IA
KTIV-DT3	4.3	N-M	SIOUX CITY, IA
KTTW	7.1	N	SIOUX FALLS, SD
KTTW-DT2	7.2	N-M	SIOUX FALLS, SD
KCAU-DT	9.1	N	SIOUX CITY, IA
KCAU-DT2	9.2	N-M	SIOUX CITY, IA
KCASU-DT3	9.3	N-M	SIOUX CITY, IA
KCAU-DT4	9.4	N-M	SIOUX CITY, IA
KELO-DT	11.1	N	SIOUX FALLS, SD
KELO-DT2	11.2	N-M	SIOUX FALLS, SD
KELO-DT3	11.3	N-M	SIOUX FALLS, SD
KELO-DT4	11.4	N-M	SIOUX FALLS, SD
KMEG	14.1	N	SIOUX CITY, IA
KMEG-DT2	14.2	N-M	SIOUX CITY, IA
KSIN-DT	28.1	E	SIOUX CITY, IA
KSIN-DT2	28.2	E-M	SIOUX CITY, IA
KUSD	34.1	E	VERMILLION, SD
KUSD-DT2	34.2	E-M	VERMILLION, SD
KUSD-DT3	34.3	E-M	VERMILLION, SD
KPTH-DT	44.1	N	SIOUX CITY, IA
KPTH-DT2	44.2	N-M	SIOUX CITY, IA

Accounting	Period:	2017/2
------------	---------	--------

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

City of Hawarden 62197

### PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

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

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

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

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

od: 2017/2						FOR	M SA1-2E. PAGE 5.
LEGAL NAME OF OWNER OF O	CABLE SYST	ГЕМ:					SYSTEM ID# 62197
In General: In space I, identification substitute basis during the acceptanation of the programmi  1. SPECIAL STATEMENT  • During the accounting periphroadcast by a distant state	fy every nor ecounting peng that muse CONCER od, did you ion?	nnetwork televis eriod, under spe t be included in NING SUBST r cable system	sion program, broadcast ecific present and former this log, see page (v) of FITUTE CARRIAGE carry, on a substitute ba	by a distant stand stand stands, reg the general instands, any nonn	ulations, or a tructions in t etwork telev	nuthorizations. he paper SA1 rision progran YES	For a further -2 form.
log in block 2.  2. LOG OF SUBSTITUTE In General: List each substit clear. If you need more space Column 1: Give the title of period, was broadcast by a cunder certain FCC rules, rectly point of the period, was broadcast by a cunder certain FCC rules, rectly point use general categori "NBA Basketball: 76ers vs. In Column 2: If the program Column 3: Give the call is Column 4: Give the broad the case of Mexican or Canace Column 5: Give the monifiest. Example: for May 7 given Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a	E PROGRA tute progra ce, please a of every noi distant stati gulations, o es like "moi Bulls." n was broad sign of the s dcast static adian statio th and day e "5/7." es when the Example: a	ms on a separar add additional ranetwork televion and that your authorizations vies" or "baske locast live, enter station broadcan's location (thins, if any, the owner your systimus substitute proprogram carried listed program ons in effect du	te line. Use abbreviation rows to the tables. Ision program ("substitutur cable system substitutur cable system substitutur. S. See page (v) of the getball." List specific program "Yes." Otherwise entersting the substitute program was carried by work the carried the substitutur. Is gram was carried by you are by a system from 6:00 was substituted for progring the accounting peri	is wherever pose program") the steed for the program titles, for each of the station is like the station is like program. Using the station is like program. Using the station is like program. Using cable system 1:15 p.m. to 6 gramming that od; enter the like program that od; enter the like program is station.	possible, if the part, during the gramming cons for furth example, "I Lensed by the partified), see numerals, in. List the till 28:30 p.m.: your systemetter "P" if the	eir meaning is ne accounting of another state information ove Lucy" or e FCC or, in with the more accurate should be new as require e listed programmes.	tion n.
SI  1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTI	RIAGE OCO	TIMES	7. REASON FOR DELETION
	City of Hawarden  SUBSTITUTE CARRIAGE In General: In space I, identification of the programmi  1. SPECIAL STATEMENT  • During the accounting periphroadcast by a distant state Note: If your answer is "No" log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, received to the call substituted in the program Column 3: Give the call substituted in the case of Mexican or Canact Column 4: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00—6:30 p.m."  Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	City of Hawarden  SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every nor substitute basis during the accounting pe explanation of the programming that mus  1. SPECIAL STATEMENT CONCER • During the accounting period, did your broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progra clear. If you need more space, please a Column 1: Give the title of every nor period, was broadcast by a distant stati under certain FCC rules, regulations, or Do not use general categories like "mor "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broad Column 3: Give the call sign of the se Column 4: Give the broadcast statio the case of Mexican or Canadian statio Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the to delete under FCC rules and regulatio was substituted for programming that y effect on October 19, 1976.	City of Hawarden  SUBSTITUTE CARRIAGE: SPECIAL STATEMEI In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under spe explanation of the programming that must be included in  1. SPECIAL STATEMENT CONCERNING SUBST  • During the accounting period, did your cable system broadcast by a distant station?  Note: If your answer is "No", leave the rest of this pag log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional r Column 1: Give the title of every nonnetwork televi period, was broadcast by a distant station and that yo under certain FCC rules, regulations, or authorizations Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadca Column 4: Give the broadcast station's location (the the case of Mexican or Canadian stations, if any, the or Column 5: Give the month and day when your sys first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute pro to the nearest five minutes. Example: a program carrie stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system wa effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	City of Hawarden  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM L In General: In space I, identify every nonnetwork television program, broadcast substitute basis during the accounting period, under specific present and former explanation of the programming that must be included in this log, see page (v) of  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute ba broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer i log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitut period, was broadcast by a distant station and that your cable system substitu under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progr "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute prog Column 4: Give the broadcast station's location (the community to which th the case of Mexican or Canadian stations, if any, the community with which th Column 5: Give the month and day when your system carried the substitut first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for prog to delete under FCC rules and regulations in effect during the accounting peri- was substituted for programming that your system was permitted to delete un- effect on October 19, 1976.	City of Hawarden  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant standstitute basis during the accounting period, under specific present and former FCC rules, regiexplanation of the programming that must be included in this log, see page (v) of the general ins  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonn broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you note in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever periode. It you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the program on the system substituted for the program or under certain FCC rules, regulations, or authorizations. See page (v) of the general instruction not use general categories like "movies" or "basketball." List specific program titles, for e "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 5: Give the month and day when your system carried the substitute program. Use first. Example: for May 7 give "5/7."  Column 5: Give the month and day when your system carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6: stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the letter "R" if the listed program was substituted for programming that	City of Hawarden  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that yo substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in to 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork telev broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must comple log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I L "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 4: Give the call sign of the station broadcasting the substitute program. Use numerals, first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the tit to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable syste substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  * During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prograt log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another sta under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is location is dentified).  Column 5: Give the broadcast station's location (the community to which the station is location (the times when the s

Accounting Period:	2017/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of Hawarden			S	YSTEM ID# 62197
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file 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) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross	system's tion of how	secondary tran w to compute th	smission service is amount, see	2,015.00
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	0 but less e informati	than \$527,600 on.	o \$263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal			r this six-month	
	accounting period is \$52.00	ty ice tilat	you must pay to	i una aix-monun	
	Line 1. Royalty fee for accounting period				
	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 Ii  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE			-	
	Base amount under statutory formula	,	263,800.00		
	Enter amount of gross receipts from space K		·	_	
	Subtract line 2 from line 1			_	
	Substact line 2 from line 4      Enter the amount of gross receipts from space K			- 222,015.00	
	Enter the amount from line 3			41,785.00	
	6. Subtract line 5 from line 4			180,230.00	
	7. Multiply line 6 by .005 (enter figure here)				901.15
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	o. microst charge. Enter the amount normine 4, space Q, page 0				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8		\$	901.15
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (bu	t less than \$52	7,600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula			=	
	3. Subtract line 2 from line 1			_	
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	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	I, 5, and 6		÷	
	FILING FEE AND TOTAL REMITTANCE DU	JE			_
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	901.15	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	921.15
	Important: Your remittance must be in the form of an electronic pay.  See page i of the general instructions in the paper SA1		_		jhts!

Accounting Period:	2017/2																														_																																																		-	F	OF	RI	Л:	S	<b>A</b> 1	1-	2F	Ē.	Р	'nA	١G	įΕ	7
Name	LEGAL NAME OF OWNER OF City of Hawarden	CABLE SYSTEM:																																																																				_		_		_	_					_					_	-	S	Y	S						D# 97
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) to the subscribers, and (2) to the subscribers of the subscrib	ne cable system's total f channels on which the broadcast stations f activated channels in carried television br	tal numb	nber o	e 	e 	le 	e e	e t	t	e t	e t	e t	e :	91	er	r	r	r	r		ta	a	of 	f a	ac 	ns.	va	ate	е					ch.		ıa	ar	nr	ie.	ls	d	۱.	ri	n		g	th	ne	a					n	nt	ir	n	ıg	ı	Э	eri	io	d.			atio	on:	. [											2	45														
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s			ORM	RM	RN	R	R	R	F	R	R	R	₹	RI	2 1	N	N	N	N	V	1.	,	A	١T	ΓIC	10	N	ıs	s	;	•	N	E	E	:	E	C	) I	= [	) (	d	е	n	ti	if	fy	' 6	an	ir	nd	liv	/i	d	lu	Jä	а	al	to	0	٧	vh	101	m																								=							
for Further Information	Name Kristi \	Varner												•••	•••					•••	•••																							•••		•••																			Т	ele	ph	or	e	7	12	2-	5	51	<u>  -</u> 2	2	56	6	5																
	(Number, s	treet, rural route, apartme	ent, or suit	suite ni	te nı	te r	ite	te	te	te	te	te	te	е	9	9 1		: 1		r	n	 1L	 	un	mt	be	er)																																																																				
	Email	kristiw@cityofhaw	warden.	n.cor	.cor	.cc	.C	С	C	(	C		C	С	20	c	C	:C	C	0	כ	r	Υ.	m	<u>]</u>													•••							•••								F	= 2	a	ıx	(	(	(0	р	ti	or	na	ıl)																															
	CERTIFICATION (This state	ment of account mus	st be cert	ertifie	tifie	tifi	rtif	tif	ti	ti	ti	ti	ti	ii	if	fi	fi	fi	fi	î	ie	е	(	d	ı a	an	nd	s	ig	gr	n	e	e	d	t	i	in	1	а	C	0:	·c	а	n	С	26	е	W	/it	h	С	0	р	у	ri	ię	gl	jh	nt		)1	ffic	се	r	eg	ula	atic	ns	;)	_	_	_		_		_		_	_	_											_				
O Certification		certify that (Check one, n corporation or part	rtnership	nip) la	o) l a	<b>o)</b> l	p)	)	)	)	)	)	)	)	)	)	ı	ı	ı	ı	ı	â	а	ar	m	n th	he	e c	οv	ΝI	n	e	eı	r	٠,	c	of	ft	:h																																	n :	ae	hi	lor	ntir	fie	ad.	Ī																
	in line 1 of sp  (Officer or partn in line 1 of sp	ace B and that the owr er) I am an officer (if a ace B.	ner is not	not a o	ot a o	ot a	ot a	t a	t	t	t	at	t	ti	tio	ic	a	ic	a	a o	a OI	n	1	1)	or ) o	rpo or	a	at pa	aı	or rt	h	16	o e	r	r	(	pa (if	a f	rt	p	ers ar	h n	p	;	h	or ni	r	))	of	tł	ne	e I	e	g	ja	al	1 (	е	en	nti	ity	/ i	de	ent	tifi	ed	as	ov	/ne											∍m	1														
	I have examined the statem are true, complete, and corre [18 U.S.C., Section 1001(19)]	ect to the best of my kn																																																														ıa	irie	ea i	ie	eı	1																										
			Enter an e	n elec		ele	el	el	e		e	e	e	el	ele	le	le	le	le	e	e	c	:1	ctr	ro	oni	iic	si	ig	n	ıa	ıt	tı	u	ır	re	e	c	r	t	he	li																				ta	te	em	en	t.			_																										
		Typed or printed n			G		,	,						٠,																					•••		C	ŀ	(	1					•••		••••									••••		••••					••••		•••••			•••••														••••													
		Title: (Title of office	City A																																		1 (	O	 r	oa	rtr	eı	s	ni	p	)	)																																																
		Date:																																																				•••		•••	C	0	1/	/1	10	)/2	20	18	3																														

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

ounting Period: 2017/2	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
y of Hawarden	62197
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."	Special Statement Concerning Gross Receipts Exclusion
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.	Neceipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
NO VES Enter the total here and list the catallite corrier(s) helev	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number  First community served  Accounting period	

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