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 OFFICE USE ONLY				
DATE RECEIVED AMOUNT				
08/22/2018	\$ 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

	1							
Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
		Instructions:						
D		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						
В		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.							
	Greek feet it and to the system of the feet the system of brunner assigned by the accroming bivision.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	COMSERV LTD							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		SCHALLER TELEPHONE COMPANY						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		BOX 9						
		(Number, street, rural route, apartment, or suite number)						
		SCHALLER, IA 51053 ((City, town, state, zip)						
	INCTO	h w						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE
Na	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	COMSERV LTD	152
	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter know
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobi	le home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN SCHALLER	STATE
First Community		IA
Community	GALVA	IA
	CUSHING	IIA
Rows as Necessary	KIRON	IA
	p	

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

1528

COMSERV LTD

E

Name

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 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	249	59.95			
Service to additional set(s)					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
				†·····	†

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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE		
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	45.00	Burglar protection			
Additional set(s)	15.00	Other services:			
FM radio (if separate rate)	45.00	Reconnect	45.00		
Converter		Disconnect			
		Outlet relocation	45.00		
		Move to new address	45.00		

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

COMSERV LTD

1528

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	4	N	SIOUX CITY, IA
KTIVDT	4.1	N	SIOUX CITY, IA
CW	4.2	N-M	SIOUX CITY, IA
METV	4.3	N-M	SIOUX CITY, IA
KCAU	9	N	SIOUX CITY, IA
KCAUDT	9.11	N	SIOUX CITY, IA
ESCAPE	9.2	N-M	SIOUX CITY, IA
LAFF	9.3	N-M	SIOUX CITY, IA
BOUNCE	9.4	N-M	SIOUX CITY, IA
KMEG	14	N	SIOUX CITY, IA
KMEGDT	14.1	N	SIOUX CITY, IA
TBD	14.2	N-M	SIOUX CITY, IA
COMET	14.3	N-M	SIOUX CITY, IA
IPTV	27	E	SIOUX CITY, IA
IPTVDT	27.1	E	SIOUX CITY, IA
IPTV CREATES	27.2	E-M	SIOUX CITY, IA
IPTV WORLD	27.3	E-M	SIOUX CITY, IA
KPTH	44	N	SIOUX CITY, IA
KPTHDT	44.1	N	SIOUX CITY, IA
MY NETWORK	44.2	N-M	SIOUX CITY, IA
CHARGED	44.3	N-M	SIOUX CITY, IA
STADIUM	44.4	N-M	SIOUX CITY, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

COMSERV LTD 1528

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

Primary Transmitters: Radio

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.

- 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).

ON OF STATION

Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	COMSERV LTD							1528
	SUBSTITUTE CARRIAG	F: SPECIA	AI STATEME	NT AND PROGRAM I	ng.			
ı	In General: In space I, iden		_			ition that v	our cable sys	stem carried on a
-	substitute basis during the a							
Substitute	explanation of the programn	ning that mu	st be included	in this log, see page (v) of	the general in	structions	in the paper S	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting pe 	riod, did yo	ur cable syster	m carry, on a substitute ba	asis, any non	network te	levision prog	x NO
Program Log	broadcast by a distant station?							
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer i	s "Yes," you	must com	plete the pro	gram
	log in block 2.							
	2. LOG OF SUBSTITUT		_					_
	In General: List each subsclear. If you need more spa				s wherever p	ossible, if	their meanin	g is
				vision program ("substitut	e program") t	hat, during	g the accoun	ting
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.		SVICS OF BUSIN	ctodii. Liot opeoino progn	arri aaco, ioi i	схатрю,	1 Love Lucy	OI .
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by	the FCC or	in
	the case of Mexican or Ca	nadian stati	ons, if any, the	community with which th	e station is id	lentified).	•	
			when your sy	stem carried the substitut	e program. U	se numera	als, with the r	month
	first. Example: for May 7 gi		e substitute nr	ogram was carried by you	ır cable syste	m List the	e times accur	ately
	to the nearest five minutes							
	stated as "6:00-6:30 p.m."	«D» : (II	Pate dans and					
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976							
					II WHE	N SUBST		
	S	UBSTITUT	E PROGRAM	1	CARRIAGE OCCURRED 7. REASON FOR			7. REASON FOR
	TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	DELETION
	1. THEE OF TROOTKAW	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
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Accounting Period:	2018/1		1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMSERV LTD	S	YSTEM ID# 1528			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service amount, see	5,247.40 ss receipts)			
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$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 t accounting period is \$52.00	his six-mon				
	Line 1. Royalty fee for accounting period	\$	52.00			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00			
	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 \$137,1	00)				
	1. Base amount under statutory formula					
	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)				
	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	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 information		nts!			

Accounting Period:	2018/1				FORM SA1-2E. PAGE 7.	
Name	LEGAL NAME OF OWNER OF COMSERV LTD	CABLE SYSTEM:			SYSTEM ID# 1528	
M Channels	_			s on which the cable system carried television broadcast stations per of activated channels during the accounting period.		
	1. Enter the total number of channels on which the cable system carried television broadcast stations					
	Enter the total number or on which the cable system and nonbroadcast services.	n carried television b		t stations	95	
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s			RMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name DIANA	MYRTUE		Telephone 7'	12-275-4211	
	(Number, s	2ND STREET, I street, rural route, apartm LLER, IA 5105 , state, zip)				
	Email	dmyrtue@schall	ertel.net	fax (optional) 712-275-4121		
O Certification	CERTIFICATION (This state • I, the undersigned, hereby			tified and signed in accordance with Copyright Office regulations)		
				(p) I am the owner of the cable system as identified in line 1 of space B;		
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system					
		nent of account and h		eclare under penalty of law that all statements of fact contained herein ge, information, and belief, and are made in good faith.		
			X	Missy Kestel		
				electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)		
		Typed or printed	name:	Missy Kestel		
				ral Manager on held in corporation or partnership)		
		Date:		8/22/18		

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counting Period: 2018/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
DMSERV LTD	1528
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11 For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	ic e sub- Special Statement
located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmiss made by satellite carriers to satellite dish owners?	sions
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	<u>-</u> ue)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance processes the contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	please
** 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, p list below the owner, address, first community served, ID number, and accounting period as given in the original fill	
Owner	
Address	
ID number	
First community served	
Accounting period	

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