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						
7/6/2018	\$ 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	۸۵۵۵	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	ACCC	TOWNING PERIOD COVERED BY THIS STATEMENT. (TTTT/(Period/)
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20181 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		UCTIONS: 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		IDENTIFICATION OF CABLE SYSTEM:
• • • • • • • • • • • • • • • • • • • •	1	
		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.

Accounting Period:	2018/1	
Accounting Feriou.	2010/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Dumont Telephone Company	31293
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	
D	"a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	identified city.	onie parks snould be reported in parentieses below the
	CITY OR TOWN	STATE
First	Dumont	lA
Community	Allison	<u>IA</u>
	Parkersburg	IA
Add Rows as Necessary	Geneva	IA.

Accounting Period: 2018/1 FORM SA1-2E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

Dumont Telephone Company

31293

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 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	Basic Pkg = 288	\$114.04	Local Basic Pkg	52	\$41.58
Service to additional set(s)	Non-DVR = 118	\$3.95	Basic Pkg (Geneva)	4	######
• FM radio (if separate rate)			Local Basic Pkg (Geneva)	1	39.09
Motel, hotel	Basic Pkg = 1	\$356	Additional DVR	2	5.95
Commercial					
Converter					
Residential					
Non-residential					
		T		I	

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 1					
CATEGORY OF SERVICE	RATE CATEGORY OF SERVICE RATE			CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
 Pay cable 	\$14.95	Motel, hotel	PP	NFL RedZone HD	\$40.00	
 Pay cable—add'l channel 	\$14.95	Commercial		Live USB Adapter	\$1.00	
 Fire protection 		Pay cable	\$10			
Burglar protection		Pay cable-add'l channel	\$10.00			
Installation: Residential		Fire protection				
 First set 	\$35.00	Burglar protection				
 Additional set(s) 	PP	Other services:				
 FM radio (if separate rate) 		Reconnect	\$35.00			
 Converter 		Disconnect				
		Outlet relocation	PP			
		Move to new address	\$35.00			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 31293

Dumont Telephone Company

G

Primary Transmitters: Television

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
KCRG-TV	9	N	Cedar Rapids, IA
KCRGDT		N-M	Cedar Rapids, IA
KCRGDT2		N-M	Cedar Rapids, IA
KCRGDT3		N-M	Cedar Rapids, 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
KPXR-TV	48	N	Cedar Rapids, IA
KPXRDT		N-M	Cedar Rapids, IA
KPXRDT2		N-M	Cedar Rapids, IA
KPXRDT3		N-M	Cedar Rapids, IA
KDIN	11	E	Des Moines, IA
KDINDT		E-M	Des Moines, IA
KDINDT2		E-M	Des Moines, IA
KDINDT3		E-M	Des Moines, IA
KDINDT4		E-M	Des Moines, IA
KWKBDT	20	N	lowa City, IA
KWWL	7	N	Waterloo, IA
KWWL2HD		N-M	Waterloo, IA
KWWLDT		N-M	Waterloo, IA
KWWLDT2		N-M	Waterloo, IA

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 31293

Dumont Telephone Company

G

Primary
Transmitters:
Television

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
кссі	8	N	Des Moines, IA
KCCIDT		N-M	Des Moines, IA
KCCIDT2		N-M	Des Moines, IA
KCCIDT3		N-M	Des Moines, IA
KCWI	23	N	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
KDSMDT4		N-M	Des Moines, IA
KFPX-TV	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	N	Des Moines, IA
WHODT		N-M	Des Moines, IA
WHODT2		N-M	Des Moines, IA
WHODT3		N-M	Des Moines, IA
WHODT4		N-M	Des Moines, IA
WOI	5	N	Des Moines, IA
WOIDT		N-M	Des Moines, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 31293 **Dumont Telephone Company** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** 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 Transmitters: substitute program basis, as explained in the next paragraph. Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION WOIDT2 N-M Des Moines, IA WOIDT3 N-M Des Moines, IA

FORM SA1-2E. PAGE 3.

Accounting Period: 2018/1

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Dumont Telephone Company

31293

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
							
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od: 2018/1						FOR	M SA1-2E. PAGE 5.	
		ГЕМ:					SYSTEM ID# 31293	
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 system care substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for the included in this log, see page (v) of the general instructions in the paper SA1-2 for the included in this log, see page (v) of the general instructions in the paper SA1-2 for the included in this log, see page (v) of the general instructions in the paper SA1-2 for the included in this log, see page (v) of the general instructions in the paper SA1-2 for the included in this log, see page (v) of the general instructions in the paper SA1-2 for the included in this log, see page (v) of the general instructions in the paper SA1-2 for the included in this log, see page (v) of the general instructions in the paper SA1-2 for the included in this log, see page (v) of the general instructions in the paper SA1-2 for the included in this log, see page (v) of the general instructions in the paper SA1-2 for the included in this log, see page (v) of the general instructions in the paper SA1-2 for the included in this log, see page (v) of the general instructions in the paper SA1-2 for the included in this log, see page (v) of the general instructions in the paper SA1-2 for the included in this log, see page (v) of the general instructions in the paper SA1-2 for the included in this log, see page (v) of the general instructions in the paper SA1-2 for the included in this log, see page (v) of the general instructions in the paper SA1-2 for the included in this log, see page (v) of the general instructions in the paper SA1-2 for the included in this log, see page (v) of the general instructions in the paper SA1-2 for the included in this log, see page (v) of the general instructions in t								
nroadcast 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 program 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 substituted for the programming of another station 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 call sign of the station broadcasting the substitute program. Column 4: 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 to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month 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 times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."								
was substituted for program effect on October 19, 1976.	ming that y UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete un	WH-CARI 5. MONTH	EN SUBST	TITUTE CURRED TIMES	7. REASON FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATIO	N AND DAY	FROM			
	LEGAL NAME OF OWNER OF OUTPUT OF COMMONT Telephone Co SUBSTITUTE CARRIAGE In General: In space I, identify substitute basis during the acceptanation of the programming of the programming of the programming of the programming of the product of the programming of the product o	SUBSTITUTE CARRIAGE: SPECIAIN General: In space I, identify every not substitute basis during the accounting preexplanation of the programming that must 1. SPECIAL STATEMENT CONCERTOR During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRAIN General: List each substitute prograclear. If you need more space, please a Column 1: Give the title of every not period, was broadcast by a distant statifunder certain FCC rules, regulations, on Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcound 3: Give the call sign of the secolumn 3: Give the broadcast static the case of Mexican or Canadian static 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 regulation was substituted for programming that y effect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEMEING General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under speexplanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE PROGRAMS • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this paging in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separaclear. If you need more space, please add additional in Column 1: Give the title of every nonnetwork televent period, was broadcast by a distant station and that you under certain FCC rules, regulations, or authorizations. Do not use general categories like "movies" or "basked" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, ente Column 3: Give the call sign of the station broadcated Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your systifirst. Example: for May 7 give "5/7." Column 6: State the times when the substitute proto to the nearest five minutes. Example: a program carriestated 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 duwas substituted for programming that your system was effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	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 be broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer 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 the case of Mexican or Canadian stations, if any, the community with which the 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.	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant stabstitute 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 make in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever poor 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") the period, was broadcast by a distant station and that your cable system substituted for the prounder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction on to 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 broadcast station's location (the community to which the station is lide common for the program was substitute program. Us 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 effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	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 total station of the programming that must be included in this log, see page (v) of the general instructions in total station of the programming that must be included in this log, see page (v) of the general instructions in total station of the programming that must be included in this log, see page (v) of the general instructions in total station of the programming that program or a substitute basis, any nonnetwork televioradcast 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 broadcast station's location (the community with which the station is licensed by the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 6: State the times when the substitute program was carried by your cable system. List the tit to the nearest five	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 Don tot use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "INBA 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 loensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is loensed by the FCC or, in the case of Mexican or Canadian stations in ocation (the community to which the station is loensed by the FCC or, i	

ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:				A1-2E. PAGE YSTEM II
Name	Dumont Telephone Company				3129
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determir all amounts (gross receipts) paid to your cable system be (as identified in space E) during the accounting period. I page (vii) of the general instructions located in the pape Gross receipts from subscribers for secondary transduring the accounting period.	by subscribers for the sys For a further explanation or SA1-2 form. smission service(s)	stem's seconda of how to com	ary transmission service pute this amount, see	ce
	IMPORTANT: You must complete a statement in space	P concerning gross rece	eipts.	(Amount of gr	oss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is Use block 2 if the amount of gross receipts in space K is Use block 3 if the amount of gross receipts in space K is See page (vi) of the general instructions located in the paper	s more than \$137,100 bus more than \$263,800 bus	it less than \$52		
	BLOCK 1: GROSS	RECEIPTS OF \$137,10	00 OR LESS		
	Instructions: As a cable system with gross receipts of \$137 accounting period is \$52.00	7,100 or less, the royalty fe	ee that you mus	t pay for this six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space			<u> </u>	0.00
	Line 2. Interest charge. Effect the amount from line 4, space	ce Q, page o			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUN	ITING PERIOD Add lines	1 and 2	· · · · · · · · · · · · · · · · · · ·	
	BLOCK 2: GROSS RECEIPTS C			n \$137,100)	
	Base amount under statutory formula			800.00	
	2. Enter amount of gross receipts from space K			16.39	
	3. Subtract line 2 from line 1			883.61	
	4. Enter the amount of gross receipts from space K			•	
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				- 0 40
	7. Multiply line 6 by .005 (enter figure here)				795.16
	8. Interest charge. Enter the amount from line 4, space Q,	page 8		· · · · · · · · · · · · · · · · · · ·	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING	G PERIOD. Add lines 7 and	d 8	· · · · · · · \$	795.16
	BLOCK 3: GROSS RECEIPTS OF	F MORE THAN \$263,80	00 (but less th	an \$527,600)	
	Enter the amount of gross receipts from space K	· · · · · · · · · · · · · · · · · · ·			
	Base amount under statutory formula	\$	263,8	800.00	
	3. Subtract line 2 from line 1	<u> </u>			
	4. Multiply line 3 by .01		<u></u>		
	5. Royalty due on the first \$263,800 of gross receipts (under	er statutory formula)	<u>\$</u>	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	G PERIOD. Add lines 4, 5,	and 6		
	FILING FEE AND TOTA	L REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block	1, 2, or 3, above)	\$	795.16	
Due	2. Filing Fee (See the instructions for more information on the	filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.	Add lines 2 and 3		\$	815.16
	Important: Your remittance must be in the form	of on algetranic	4 mayzalala 4 a 4	an Bonister of Commit	whata!

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER O Dumont Telephone Co					SYSTEM ID# 31293
M Channels	to its subscribers, and (2) 1. Enter the total number system carried television 2. Enter the total number on which the cable system	the cable system's to of channels on which a broadcast stations. of activated channels am carried television b	the cable		accounting period.	288
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			RMATION IS NEEDED (Identify an	individual to whom	
for Further Information	Name Rogel	· Kregel			Telephone	(641) 857-3211
	(Number,	ine St, PO Box 3 street, rural route, apartm int, IA 50625-034	nent, or suit	te number)		
	(City, tow	n, state, zip) rogerkr@netins.	net		Fax (optional) (641) 857-33	00
	CERTIFICATION (This stat	ement of account mu	st be cert	tified and signed in accordance wit	h Copyright Office regulations)	
O Certification	(Agent of owne	an corporation or pa	rtnership	y one, of the boxes.) D) I am the owner of the cable system ortnership) I am the duly authorized at a corporation or partnership; or		
	in line 1 of s	pace B.		ation) or a partner (if a partnership) of		er of the cable system
		rect to the best of my k		e, information, and belief, and are ma		
				/s/ Roger Kregel electronic signature on the line above nature using an "/s/ signature" (e.g., /		
		Typed or printed	name:	Roger Kregel		
				al Manager on held in corporation or partnership)		
		Date:			7/5/18	

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 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: 2018/1	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
mont Telephone Company	31293
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."	P Special Statement Concerning Gross
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.	Receipts 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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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 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 Assessment
	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
	_
xdays	
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	_
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. 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	

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