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		
DATE RECEIVED AMOUNT	FOR COPYRIGHT	OFFICE USE ONLY
	DATE RECEIVED	AMOUNT
\$ 09/04/2018 ALLOCATION NUMBER	09/04/2018	Υ

Return completed workbook by email to:

#### coplicsoa@copyright.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
		COON RAPIDS MUNICIPAL CABLE SYSTEM
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		123 3RD AVENUE SOUTH; PO BOX 207 (Number, street, rural route, apartment, or suite number)
		COON RAPIDS, IA 50058 (City, town, state, z/p)
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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2018/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	COON RAPIDS MUNICIPAL CABLE SYSTEM	_
		0
_	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated co	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	it will serve as a form of system identification hereafter known
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	COON RAPIDS	IOWA
Community		
Add Rows as Necessary		
•		

Accounting Period: 2018/1

FORM SA1-2E PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### COON RAPIDS MUNICIPAL CABLE SYSTEM

0

# Ε

#### 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:								
<ul> <li>Service to first set</li> </ul>	37	69.95	Explanded Bundle	68	61.95			
<ul> <li>Service to additional set(s)</li> </ul>								
<ul> <li>FM radio (if separate rate)</li> </ul>			Family Choice Bundle	286	61.65			
Motel, hotel								
Commercial	22	69.95						
Converter			Nursing Home	33	14.95			
<ul> <li>Residential</li> </ul>			The state of the s					
<ul> <li>Non-residential</li> </ul>								
		T		T	l			

# 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.

BLOC		CK 1		BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential						
<ul> <li>Pay cable</li> </ul>	17.95	Motel, hotel		Pay channel (C-Max)	14.95			
<ul> <li>Pay cable—add'l channel</li> </ul>	11.00	Commercial	20.00					
<ul> <li>Fire protection</li> </ul>		• Pay cable		Pay additional	14.00			
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel						
Installation: Residential		Fire protection						
First set	20.00	Burglar protection						
<ul> <li>Additional set(s)</li> </ul>		Other services:						
• FM radio (if separate rate)		Reconnect	30.00					
<ul> <li>Converter</li> </ul>		Disconnect						
		Outlet relocation	20.00					
		Move to new address	20.00					

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### COON RAPIDS MUNICIPAL CABLE SYSTEM

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 pager 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
WOI	5	N	Des Moines, Iowa
KDSM	17	N	Des Moines, Iowa
KCCI	8	N	Des Moines, Iowa
KDIN	11	E	Johnston, Iowa
WHO	13	N	Des Moines, Iowa
KCWI	23	N	Ankeny, Iowa
KDSM DT	17.1	N	Des Moines, Iowa
WOI DT	5.1	N	Des Moines, Iowa
KCCI DT	8.1	N	Des Moines, Iowa
NBC DT	13.1	N	Des Moines, Iowa
KDIN DT	11.1	E	Johnston, Iowa
cw	23.1	N	Ankeny, Iowa
LAFF	5.2	N	Des Moines, Iowa
GRIT	5.3	N	Des Moines, Iowa
COZI	5.4	N	Des Moines, Iowa
ME TV	8.2	N	Des Moines, Iowa
HNI	8.3	N	Des Moines, Iowa
IPTV KIDS	11.2	Е	Johnston, Iowa
IPTV WORLD	11.3	E	Johnston, Iowa
IPTV SD3	11.4	E	Johnston, Iowa
COMET	17.2	N	Des Moines, Iowa
KDSM CHARGE!	17.3	N	Des Moines, Iowa
TBD	17.4	N	Des Moines, Iowa
KDMI	19.1	N	Des Moines, Iowa
ESCAPE	23.2	N	Ankeny, Iowa

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## COON RAPIDS MUNICIPAL CABLE SYSTEM

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
BOUNCE	23.3	N	Ankeny, Iowa
QUEST	23.4	N	Ankeny, Iowa
WHO WEATHER	13.2	N	Des Moines, Iowa
WHO ANTENNA TV	13.3	N	Des Moines, Iowa
WHO NBCSD	13.4	N	Des Moines, Iowa

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **COON RAPIDS MUNICIPAL CABLE SYSTEM**

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#### 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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Name  LEGAL NAME OF OWNER OF CABLE SYSTEM:  COON RAPIDS MUNICIPAL CABLE SYSTEM  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 carrisubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a fexplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program	further
Substitute Carriage: Special Statement and Program Log  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.  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.	ried on a further n.
In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carrisubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a fexplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form  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 program log in block 2.  1. CO 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.	further n.
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.	
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 with 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."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.	
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES	EASON FOR ELETION
Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY FROM — TO — — — — — — — — — — — — — — — — —	

				A1-2E. PAGE
LEGAL NAME OF OWNER OF CABLE SYSTEM: COON RAPIDS MUNICIPAL CABLE SYSTEM			S	YSTEM II
all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanati 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.	system's ion of hov	secondary transn w to compute this	nission service amount, see	2,592.23
IMPORTANT: You must complete a statement in space P concerning gross re	eceipts.		(Amount of gro	oss receipts)
<ul> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more</li> </ul>	but less informati	than \$527,600 ion.	263,800	
Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	lty fee tha	it you must pay for	this six-mon	
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 I	ines 1 and	d 2		
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but	more than \$137,	100)	
Base amount under statutory formula	\$	263,800.00	<del>-</del>	
2. Enter amount of gross receipts from space K	\$	162,592.23	_	
3. Subtract line 2 from line 1	\$	101,207.77	_	
4. Enter the amount of gross receipts from space K		\$	162,592.23	
5. Enter the amount from line 3		\$	101,207.77	
6. Subtract line 5 from line 4		\$	61,384.46	
7. Multiply line 6 by .005 (enter figure here)			\$	306.92
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 .		\$	306.92
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (b	ut less than \$527	7,600)	
Enter the amount of gross receipts from space K			_	
2. Base amount under statutory formula	\$	263,800.00	_	
3. Subtract line 2 from line 1			=	
4. Multiply line 3 by .01				
5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) .		<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 PERIOD. Add lines	4, 5, and	6		
FILING FEE AND TOTAL REMITTANCE DU	JE			
1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	306.92	
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			\$	326.92
EFT Trace # or TRANSACTION ID #	26C12	D4D (Pay.gov ID)	]	
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat page (wij) of the general instructions located in the paper \$A1-2 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 or COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the organization 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 \$137,100 Use block 3 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 \$137,100 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (wi) of the general instructions located in the paper \$A1-2 form for more  BLOCK 1: GROSS RECEIPTS OF \$13 Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00  Line 1. Royalty fee for accounting period  Line 2. Interest charge. Enter the amount from line 4, space Q, page 8  Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add Ince  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE  2. Enter amount of gross receipts from space K  5. Enter the amount of gross receipts from space K  6. Subtract line 2 from line 1  4. Enter the amount form 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  1. Enter the amount of gross receipts from space K  2. Base amount under statutory formula  3. Subtract line 2 from line 1  4. Multiply line 3 by .01  5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)  6. In	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ar all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of hot page (iii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  MIPORTANT: You must complete a statement in space P concerning gross receipts.  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 fit he amount of gross receipts in space K is more than \$137,100 but less 1 use block 3 fit he amount of gross receipts in space K is more than \$137,100 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informat BLOCK 1: GROSS RECEIPTS OF \$137,100 Or less, the royalty fee the accounting period is \$52.00  Line 1. Royalty fee for accounting period.  Line 2. Interest charge. Enter the amount from line 4, space Q, page 8.  Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 an BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but 1. Base amount under statutory formula  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but 1. Base amount under statutory formula  \$ 2. Enter the amount of gross receipts from space K  5. Enter the amount 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.  9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8.  BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b BLOCK	GOON RAPIDS MUNICIPAL CABLE SYSTEM  GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this page (viii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmissions service(s) during the accounting period.  MIPORTANT: You must complete a statement in space P concerning gross receipts.  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Use block 1 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ 10 use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ 10 use block 3 if the amount of gross receipts in space K is more than \$263,000 but less than or equal to \$ 10 use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ 10 use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ 10 use block 3 if the amount of gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period \$ \$52.00.  ELOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that you must pay for accounting period \$ \$52.00.  Line 1. Royalty fee for accounting period  Line 2. Interest charge. Enter the amount from line 4, space Q, page 8  Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2  BLOCK 2: GROSS RECEIPTS OF \$283,800 OR LESS (but more than \$137, 100 or less, the royalty line 6 by .005 (enter figure here)  8. Subtract line 2 from line 1  9. Enter the amount of gross receipts from space K  9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8  1. Enter the amount of g	COON RAPIDS MUNICIPAL CABLE SYSTEM  GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service as identified in apace E) during the accounting period.  MPORTANT: You must complete a statement in space P concerning gross receipts.  COPYRIGHT ROYALTY FEE Instructions: To complete the royalty fee you owe:  1 Complete block 1, block 2, or block 3.  1 Use block 2 first emount of gross receipts in space K is \$137,100 or less.  1 Use block 2 first emount of gross receipts in space K is \$137,100 or less.  2 Use block 2 first emount of gross receipts in space K is \$137,100 or less.  3 Use block 2 first emount of gross receipts in space K is more than \$127,100 or less.  4 Use block 2 first emount of gross receipts in space K is more than \$127,100 or less.  5 Use block 2 first emount of gross receipts in space K is more than \$127,100 or less.  8 BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that you must pay for this six-more accounting period as \$20.00  Line 1. Royalty fee for accounting period  Line 2. Interest charge. Enter the amount from line 4, space Q, page 8  Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2  ELINE 3. Subtract line 2 from line 1  1. Base amount under statutory formula  2. Enter amount of gross receipts from space K  5 162,592.23  3. Subtract line 2 from line 4  5 101,207.77  4. Enter the amount of gross receipts from space K  5 162,592.23  6. Subtract line 2 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  9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8  9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8  9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6  FILING FEE AND TOTAL REMITTANCE DUE  1. Royalty Fee Payable for Accountin

Accounting Period:	2018/1																									FO	RM S	41-2E	. PA	GE 7
Name	LEGAL NAME OF OWNER OF COON RAPIDS MUNICI		ЕМ																									SYS	TEN	1 ID# 0
M Channels	CHANNELS Instructions: You must gi to its subscribers, and (2) t  1. Enter the total number of system carried television  2. Enter the total number of on which the cable system and nonbroadcast services	he cable system's tot f channels on which t broadcast stations f activated channels n carried television bu	tal numb	nber ble 	e	of a	activ	/ate	ed cl	nann	els d	uring	g the		our	ntin	ıg pe	eriod	l.		[					21 19				
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this s			ORM	RMA	ΛAΤ	ΓΙΟΝ	N IS	NE	EDE	<b>D</b> (ld	entif	fy an	indiv	ividı	lual	to v	vhor	n											
for Further Information	Name Kari W	oodard																	Te	epho	ne <b>7</b>	'12-	999	-22	25					
	(Number,	d Avenue South street, rural route, apartme Rapids, IA 50058 state, zip)	ent, or suit	suite n	ite nur	numt	ber)																							
	Email	kari.woodard@cr	rmu.net	et	t										Fa	ax (	(opti	onal	)											
	CERTIFICATION (This state	ment of account mus	st be cer	ertifie	rtified	ed a	and	sigr	ned	in a	ccord	ance	e with	h Co	pyr	righ	nt O	ffice	regu	latior	ıs)									
O Certification	(Agent of owner in line 1 of sp	other than corporation ace B and that the own er) I am an officer (if a ace B.	rtnership fon or pa rner is no a corpora	partn not a oratio	p) I and artner of a contact a conta	ners cor on) c	ship) rpora or a p	) I a ation part	m then or	of the duparti	ily aut nershi partne	thori: ip; or ershi	zed a r ip) of	agent the I	it of lega	f the	e ow entity	rner o	of the	cable	e syst	em a				m				
	[18 U.S.C., Section 1001(19		Enter and	n ele	elect	ectro	onic :	sign	ıatuı		the li							tater	ment		_									
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		Date:														8	3/31	/201	8											

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

counting Period: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
OON RAPIDS MUNICIPAL CABLE SYSTEM	0
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?	
NO  YES. Enter the total here and list the satellite carrier(s) below	
TES. Enter the total hore and not the satellite satisfies serious.	
Name Mailing Address Mailing Address	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  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 www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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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