This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	8/20/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
A		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.	61742
	-	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		SPENCER MUNICIPAL UTILITIES	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 520 2ND AVE E STE 1 (Number, street, rural route, apartment, or suite number)	
		SPENCER, IA 51301 (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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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)	
	1		

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SPENCER MUNICIPAL UTILITIES	SYSTEM ID# 61742
D Area Served	Instructions: List each separate community served by the cable system. A "commur "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 I 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 identified city.	ity" is the same as a "community unit" as defined in FCC rules: ommunities within unincorporated areas and including single, ist will serve as a form of system identification hereafter known
	CITY OR TOWN	STATE
First Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	SPENCER MUNICIPAL	JTILITIES							6174
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	SERS AND RA	TES				
E	In General: The information in s			-	-	rtransmission s	service of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng on the	
Transmission	last day of the accounting period						alo avatom	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular servi	ice at the rate i	ndicated	-not the numb	per of sets	s receiving serv	ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed.				y standar	d rate variation	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				es of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					in the count un	der "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.								
	BLC	DCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		2,250	83.75					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES					
-	In General: Space F calls for rat	-				your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, th								
0	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		asaany	billed. If dify fut				ogram basis,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				nea. List	inese other serv	vices in the	form of a	
	CATEGORY OF SERVICE	BLO0 RATE		ORY OF SERV		RATE	CATEGO	BLOCK 2	RATE
	Continuing Services:			tion: Non-resi			UATEO		
	• Pay cable			el, hotel			SHOW	ГІМЕ	13.0
	• Pay cable—add'l channel			nmercial			CINEM		7.5
	Fire protection			cable			STARZ		8.0
	•Burglar protection			cable-add'l cha	annel		HBO		15.0
	Installation: Residential			protection					
	• First set	45.00		glar protection					
	Additional set(s)	43.00		services:					
	· · ·			connect		45.00			
	 FM radio (if separate rate) Converter 					45.00			
	- Converter			connect		45.00			
				let relocation /e to new addre	~~	45.00 45.00			

ounting Period: 2	2018/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	SPENCER MUNICIPA			61742
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- Do <i>not</i> list the station her station was carried <i>only</i> or List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	lentify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations car ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried for concerning substitute basis stations, on's call sign. <i>Do not</i> report origination per ed with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	κτιν	41	N	SIOUX CITY, IA
	KMEG	39	N	SIOUX CITY, IA
ows as Necessary	KTIN	21	Е	FORT DODGE, IA
	KCAU	9	N	SIOUX CITY, IA
	KSFY	13	N	SIOUX FALLS, SD
	KEYC	12	Ν	MANKATO, MN

EGAL NAME OF								SYSTEM II 617
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal					Н
pecial Instruct eceivable if (1) in the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	ctions Conce) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio state this by placing Give the station	rning Al y the sys be recein at the Co l sign of of the station cion's sig g a chech n's locati	I-Band FM Carriage: Under the whenever it is received a wed at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office at the system's he system's FM ant this point, see pa sed by the cable he station is licer	regulations, ar eadend, and (2 enna, during c age (v) of the g system as a so	n FM sig 2) it can certain si general i eparate	inal is generally be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	1	1	1 1		T	1		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	FM	x	SPENCER, IA					
						+		
		+				+		
						+		
						+		
						+		
						+		
						[
						+		
	+							

Accounting Perio	od: 2018/1					FOF	RM SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	SPENCER MUNICIPAL	. UTILITIE	S				61742
	SUBSTITUTE CARRIAG				G		
I	In General: In space I, ident	ify every no	nnetwork televis	<i>sion program,</i> broadcast by	a distant stat		
	substitute basis during the a						
Substitute Carriage:	explanation of the programm				e general instr	uctions in the paper SA	1-2 101111.
Special	1. SPECIAL STATEMEN					twork tolovicion progra	~
Statement and	During the accounting per	-	i cable system	carry, on a substitute basi	s, any nonne		
Program Log	broadcast by a distant sta					YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	'Yes," you mι	ist complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE			to line. Lice abbroviations	whorovor pos	sible, if their meaning i	6
	In General: List each subst clear. If you need more spa				wherever pos	sible, il triell meaning i	5
	Column 1: Give the title	of every no	nnetwork telev	sion program ("substitute			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy" or	11.
	"NBA Basketball: 76ers vs.	Bulls."				- F-7	
				r "Yes." Otherwise enter "N			
				sting the substitute progra to community to which the		nsed by the FCC or. in	
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is ider	ntified).	
			when your sys	tem carried the substitute	program. Use	numerals, with the mo	nth
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	gram was carried by your	cable system.	List the times accurate	elv
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that y	our ovetem wee, requir	ad
	to delete under FCC rules a			was substituted for progra			
	was substituted for program	nming that y					
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						<u> </u>	
						<u></u>	
						_	
		1				_	
					·		""
						_	

Accounting Period:	2018/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SPENCER MUNICIPAL UTILITIES				61742 65YSTEM
K Gross Receipts	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 (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	system's s ion of how	econdary trans to compute this	mission serv s amount, ser \$ 34	ice
	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	, ,			1
	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 lin	nes 1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,	100)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (but	less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K	\$	342,573.16		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1		78,773.16		
	- 4. Multiply line 3 by .01			787.73	
	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 .		\$	2,106.73
		E		•	<u> </u>
	FILING FEE AND TOTAL REMITTANCE DU				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,106.73	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,126.73
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		ghts!

	2018/1		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: JNICIPAL UTILITIES	SYSTEM ID# 61742
M Channels	to its subscrib 1. Enter the to	You must give (1) the number of channels on which the cable rs, and (2) the cable system's total number of activated chan al number of channels on which the cable d television broadcast stations	nels during the accounting period.
	2. Enter the to on which the	al number of activated channels cable system carried television broadcast stations Icast services	113
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEED about this statement of account.)	ED (Identify an individual to whom
for Further Information	Name	TRISH BRUNING	Telephone 712.580.5800
	Address	520 2ND AVE E, SUITE 1 (Number, street, rural route, apartment, or suite number) SPENCER, IA 51301	
	Email	(City, town, state, zip) TRISH.BRUNING@SMUNET.NET	Fax (optional) 712.580.5888
O		V (This statement of account must be certified and signed in a ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	accordance with Copyright Office regulations)
		ner other than corporation or partnership) I am the owner of the	he cable system as identified in line 1 of space B; or
		n line 1 of space B and that the owner is not a corporation or par	
	I have examinare true, comp	n line 1 of space B and that the owner is not a corporation or par	tnership; or a partnership) of the legal entity identified as owner of the cable system law that all statements of fact contained herein
	I have examinare true, comp	In line 1 of space B and that the owner is not a corporation or particer or partner) I am an officer (if a corporation) or a partner (if a n line 1 of space B. ad the statement of account and hereby declare under penalty of the best of my knowledge, information, and be tion 1001(1986)] $X /s/ Trish Bruning$	thership; or a partnership) of the legal entity identified as owner of the cable system I law that all statements of fact contained herein lifef, and are made in good faith.
	I have examinare true, comp	I line 1 of space B and that the owner is not a corporation or particer or partner) I am an officer (if a corporation) or a partner (if a n line 1 of space B. ad the statement of account and hereby declare under penalty of the statement of account and hereby declare under penalty of the tee, and correct to the best of my knowledge, information, and be tion 1001(1986)] $\frac{X /s/ Trish Brunin}{Enter an electronic signature or the statement of the statement of tee and tee and the statement of tee and tee$	thership; or a partnership) of the legal entity identified as owner of the cable system law that all statements of fact contained herein lifef, and are made in good faith. ng n the line above to certify this statement. gnature" (e.g., /s/ John Smith)
	I have examinare true, comp	In line 1 of space B and that the owner is not a corporation or particer or partner) I am an officer (if a corporation) or a partner (if a n line 1 of space B. ad the statement of account and hereby declare under penalty of the statement of account and hereby declare under penalty of the tet, and correct to the best of my knowledge, information, and be too 1001(1986)] $\frac{X /s/ Trish Brunin}{Enter an electronic signature o Enter signature using an "/s/ signature o Statement of Sta$	thership; or a partnership) of the legal entity identified as owner of the cable system "law that all statements of fact contained herein blief, and are made in good faith. ng n the line above to certify this statement. gnature" (e.g., /s/ John Smith)

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 telephoi numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account, and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lay

unting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
INCER MUNICIPAL UTILITIES	6174
 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." 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. 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address 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 Assessmen
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	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - k - - <t< td=""><td></td></t<>	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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