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	IT 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	07/03/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED B	Y THIS STATEMENT: (YY	YYY/(Period))	

		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20181 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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.	63226
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		ALPINE CABLE TELEVISION LC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 1008 (Number, street, rural route, apartment, or suite number)	
		ELKADER, IA 52043 (City, town, state, zip)	
С		CUCTIONS: 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 a	
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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	ALPINE CABLE TELEVISION LC	63226
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
Served	identified city.	
	CITY OR TOWN	STATE
First	ELKADER	IA
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	-2E. PAGE
Name								313	6322
	ALPINE CABLE TELEVI	SION LC							UULL
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both						ble system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu							charged	
	separately for the particular serve Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.								
	category, but do not include disc	ounts allowed	for advar	nce payment.	-				
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system I								
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.		, ngin ne						
	BLC	DCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		49	39.95	ESSEN	TIALS PACH	KAGE	170	55.0
	 Service to additional set(s) 				PREMI	ER PACKAG	ε	91	65.0
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISS		s				
-	In General: Space F calls for rat					I your cable sys	stem's servio	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		usually t					gram 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				SHEU. LISU	linese olinei sei		Ionn or a	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installa	ion: Non-res	idential				
	• Pay cable		• Mote	el, hotel			CINEM	AX	16.0
	Pay cable—add'l channel		• Corr	mercial			HBO		18.0
	Fire protection		• Pay	cable			SHOWT	IME	17.0
	•Burglar protection		• Pay	cable-add'l ch	nannel		STARZ		15.0
	Installation: Residential		• Fire	protection					
	First set	124.95	• Burg	lar protection					
	 Additional set(s) 			ervices:					
			1 _			00.00			l
	• FM radio (if separate rate)		• Rec	onnect		29.00			
	FM radio (if separate rate) Converter			onnect onnect		29.00			
			• Disc			29.00			

ting Period: 2	2018/1			FORM SA1-2E.	
Name				SYSTE	M ID# 3226
	ALPINE CABLE TEL				3220
G rimary smitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, N Column 3: Indicate in eace educational station, by enti (for independent multicast For the meaning of these Column 4: Give the locati	dentify every television station (including em during the accounting period, <i>except</i> is 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. Is: With respect to any distant stations ca rules, regulations, or authorizations: rere in space G—but do list it in space I (the in a substitute basis. It also in space I, if the station was carried tion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program b Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	KCRG	9	Ν	CEDAR RAPIDS, IA	
	KFXA	27	I	CEDAR RAPIDS, IA	
cessary	KGAN	51	Ν	CEDAR RAPIDS, IA	
	KPXR	47	<u> </u>	CEDAR RAPIDS, IA	
	KRIN	35	E	WATERLOO, IA	
	КШКВ	25	<u> </u>	IOWA CITY, IA	
	KWWF	22	I	WATERLOO, IA	
	KWWL	7	Ν	WATERLOO, IA	

EGAL NAME O								SYSTEM IE 6322
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C) it is carried by monitoring, to ormation about rm. dentify the call State whether if f the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of the static tion's sig g a checl n's locati	I-Band FM Carriage: Under of stem 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	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters: Radio
0411 01011		0.15				0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
							+	

Accounting Perio	d: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	ALPINE CABLE TELE	ISION LO	>					63226
	SUBSTITUTE CARRIAGI	E: SPECIA			G			
I I	In General: In space I, identi				-	ion that your	cable syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televisi	ion program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	je blank. If your answer is '	'Yes," you mι	ist complete	the prograr	n
	log in block 2.					•		
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa			rows to the tables. ision program ("substitute	orogram") tha	t during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further	information	ı.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	e Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	Column 4: Give the broat the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, w	ith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sn	ould be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
					П			1
						N SUBSTIT		
		2. LIVE?	E PROGRAM		5. MONTH	AGE OCCU 6. TI		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
							_	
							_	
							_	
							_	
						_	-	
			1					
							-	
							-	
							_	
]			_	_	
							-	
							-	
1		1	1	1	<u>ו (</u>	1		1

Accounting Period:	2018/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC		S	WSTEM ID# 63226
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a 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 he 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.	s secondary tran ow to compute th	smission servio is amount, see	ce 1,345.60
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 \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informa	s than \$527,600	9 \$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee tha 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			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and	12	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137	,100)	
	1. Base amount under statutory formula	263,800.00	_	
	2. Enter amount of gross receipts from space K	141,345.60	_	
	3. Subtract line 2 from line 1	122,454.40	_	
	4. Enter the amount of gross receipts from space K	\$	141,345.60	
	5. Enter the amount from line 3	\$	122,454.40	
	6. Subtract line 5 from line 4			
	7. Multiply line 6 by .005 (enter figure here)			94.46
	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		\$	94.46
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	ut less than \$52	7,600)	
	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. Interest charge. Enter the amount from line 4, space Q, page 8	_ <u>_</u>	· · ·	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	94.46	
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		\$	114.46
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form	-		ghts!

Accounting Period:	2018/1				FORM SA1-2E	. PAGE 7
Name		OF OWNER OF CABLE SYSTEM: BLE TELEVISION LC			SYS	TEM ID# 63226
M Channels	to its subscrib 1. Enter the to system carri	bers, and (2) the cable system's otal number of channels on whic ied television broadcast stations	S	during the accounting period.	st stations 8	
	on which the	otal number of activated channe e cable system carried television adcast services			340	
N Individual to Be Contacted		TO BE CONTACTED IF FURT ct about this statement of accou	HER INFORMATION IS NEEDED (unt.)	Identify an individual to whom		
for Further Information	Name	MARGARET CORLE	ETT		Telephone (563) 245-4481	
	Address	PO BOX 1008 (Number, street, rural route, apar ELKADER, IA 5204: (City, town, state, zip)				
	Email		ALPINE-COMMUNICATIONS.C	OM Fax (optional)		
0			nust be certified and signed in acco	rdance with Copyright Office re	egulations)	
Certification		igned, hereby certify that (Check on a component of the c	one, but only one, of the boxes.)	able system as identified in line 1	of space B; or	
		in line 1 of space B and that the	ration or partnership) I am the duly a owner is not a corporation or partners (if a corporation) or a partner (if a par	ship; or		
	 I have examir are true, comp 	in line 1 of space B. ned the statement of account and	d hereby declare under penalty of law y knowledge, information, and belief,	that all statements of fact contai		
			X /s/ Chris Hopp Enter an electronic signature on the Enter signature using an "/s/ signat	,	ent.	
		Typed or printe	ed name: CHRIS HOPP			
			CHIEF OPERATING OFF			
		Title: (Title of	f official position held in corporation or partr			

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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lav

	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
INE CABLE TELEVISION LC	632
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.	P Special Statemen Concerning Gros Receipts Exclusio
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
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 Assessme
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	vs
x da	,
	-
x da Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>·</u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>.</u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>·</u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>.</u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>.</u>
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	<u> </u>
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	<u> </u>

Privacy Act Notice: Section 111 of the 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 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.