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>
General instructions are located in the first tab of this workbook	07/03/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		2010/1
		20181 Barcode Data Filing Period (optional - see instructions)
Accounting		
Period		
		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
B		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
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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, zjp code)
	1	(row) rows and an an an and

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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Humo	ALPINE CABLE TELEVISION LC	63237
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	
		STATE
First Community	GUTTENBERG	IA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	-2E. PAGE
Name								313	6323
		SION LC							0525
Е	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRIE	BERS AND RA	TES				
E	In General: The information in s								
Casandami	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose existir	ig on the	
Service: Sub-	Number of Subscribers: Both	•		,	,	,	ole system,	broken	
scribers and	down by categories of secondary	, transmission	service.	In general, you	u can com	pute the numbe	r of subscri	bers in	
Rates	each category by counting the nu							charged	
	separately for the particular serve Rate: Give the standard rate c							and the	
	unit in which it is generally billed.								
	category, but do not include disc				.,		o mani a p		
	Block 1: In the left-hand block	in space E, the	e form lis	sts the categori					
	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.	ind rates, in the	e right-ha	and block. A tw	o- or three	e-word descripti	on of the se	INCE IS	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIB	ERG	NATE	CAT	LOOKT OF 3L	VICE	SUBSCRIBERS	NATE
	Service to first set		48	39.95	ESSEN	TIALS PACH		154	55.0
	Service to additional set(s)			00.00		ER PACKAG		114	65.0
	• FM radio (if separate rate)						-		
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	5				
Б	In General: Space F calls for rat	•	,		•				
F	not covered in space E, that is, the					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services (
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.		-		-		5	
Fransmissions:	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				Sileu. List				
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	RY OF SERVICE	RATE
	Continuing Services:			tion: Non-resi					
	• Pay cable		• Mot	el, hotel			CINEM	X	16.0
	Pay cable—add'l channel		• Con	nmercial			НВО		18.0
	Fire protection		• Pay	cable			SHOWT	IME	17.0
	•Burglar protection			cable-add'l ch	annel		STARZ		15.0
	Installation: Residential		-	protection					
	• First set	124.95		, glar protection					
			Other s						
	 Additional set(s) 								
			• Rec	onnect		29.00			
	• FM radio (if separate rate)			onnect		29.00			
			• Disc			29.00			

counting Period: 2	-			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF ALPINE CABLE TELE			8YSTEM ID# 63237
G Primary Insmitters: elevision	In General: In space G, ide 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 m • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station 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	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. :: With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carrier on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network program (1(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram 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 indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRG	9	N	CEDAR RAPIDS, IA
	KFXA	27	I	CEDAR RAPIDS, IA
Necessary	KGAN	51	Ν	CEDAR RAPIDS, IA
	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	Е	WATERLOO, IA
	КЖКВ	25	I	IOWA CITY, IA
	KWWF	22	l	WATERLOO, IA
	KWWL	7	N	WATERLOO, IA
		• • • • • • • • • • • • • • • • • • •		

EGAL NAME O								SYSTEM I 632
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of or detailed infr aper SA1-2 fo Column 1: It Column 2: S Column 3: It ignal, indicate	it is carried by monitoring, to ormation about rm. dentify the call State whether if f the radio stat this by placing	y the sys be recein at the Co l sign of a the static ion's sig g a check	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the pyright 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 th	t the system's he system's FM ante this point, see pa sed by the cable s	adend, and (2 enna, during c ge (v) of the g	2) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		+						

Accounting Perio						FO	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	ALPINE CABLE TELE	ISION LO)				63237
	SUBSTITUTE CARRIAGI				G		
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	fy every noi	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stat CC rules, regul	ations, or authorizations	s. For a further
Carriage:	1. SPECIAL STATEMEN				e general mea		
Special	During the accounting per				is. anv nonne	twork television progra	m
Statement and	broadcast by a distant sta	-	···· , ···	,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-, - ,	YES	× NO
Program Log	, ,		waat of this was	a blank. If your analysis	"\/~~"····	-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete the progra	am
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every no distant stati gulations, o ies like "mo Bulls." n was broad sign of the s idcast static adian static th and day re "5/7." es when the Example: a er "R" if the ind regulatio ming that y	Im on a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ons, if any, the of when your sys e substitute pro program carrie listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen- tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra- te community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra- ring the accounting period	program") that d for the prog eral instruction n titles, for exa No." station is lice station is ider program. Use cable system. 15 p.m. to 6:2 amming that y ; enter the let	t, during the accountin ramming of another stans for further informatio ample, "I Love Lucy" of nsed by the FCC or, in tiffied). Numerals, with the mod List the times accurat 8:30 p.m. should be our system was <i>requir</i> ter "P" if the listed prog	g ation on. onth ely ed
			E PROGRAM	1		N SUBSTITUTE	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>	
					-		
						_	
						_	
					-		
					-		
					-		
						_	
						_	
						—	

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# 63237
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and th all amounts (gross receipts) paid to your cable system by subscribers for the syste (as identified in space E) during the accounting period. For a further explanation of 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 receipt	m's secondary tran how to compute th	smission servio is amount, see	e 8,689.71
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 I • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but I See page (vi) of the general instructions located in the paper SA1-2 form for more information of the general instructions located in the paper SA1-2 form for more information.	ess than \$527,600	o \$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee 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			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b	ut more than \$137	,100)	
	1. Base amount under statutory formula	263,800.00	_	
	2. Enter amount of gross receipts from space K	148,689.71	_	
	3. Subtract line 2 from line 1	115,110.29	_	
	4. Enter the amount of gross receipts from space K	\$	148,689.71	
	5. Enter the amount from line 3	\$	115,110.29	
	6. Subtract line 5 from line 4	\$	33,579.42	
	7. Multiply line 6 by .005 (enter figure here)			167.90
	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	3	\$	167.90
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	(but less than \$52	7,600)	
	1. 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) 			
	6. Interest charge. Enter the amount from line 4, space Q, page 8			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and	nd 6		
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Free and				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	167.90	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	187.90
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 for			ghts!

Accounting Period:	2018/1				FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: E TELEVISION LC			SYSTEM ID# 63237
M Channels	to its subscribe1. Enter the tot system carrie2. Enter the tot on which the	rs, and (2) the cable system's total al number of channels on which the d television broadcast stations al number of activated channels cable system carried television bro		accounting period.	8 341
N Individual to Be Contacted		D BE CONTACTED IF FURTHER about this statement of account.)	INFORMATION IS NEEDED (Identify an ir	ndividual to whom	
for Further Information	Name	MARGARET CORLETT		Telephone (563) 245-4481
	Address	PO BOX 1008 (Number, street, rural route, apartmen ELKADER, IA 52043 (City, town, state, zip)	t, or suite number)		
	Email	MCORLETT@ALF	INE-COMMUNICATIONS.COM	Fax (optional)	
O Certification		I (This statement of account must lied, hereby certify that (Check one, <i>l</i>	be certified and signed in accordance with but only one, of the boxes.)	Copyright Office regulations)	
			ership) I am the owner of the cable system a		
	in (Offi	I line 1 of space B and that the owne cer or partner) I am an officer (if a c I line 1 of space B.	n or partnership) I am the duly authorized ag er is not a corporation or partnership; or corporation) or a partner (if a partnership) of the corporation or a partner (if a partnership) of the corporation of a partner (if a partnership) of the corporation of a partner (if a partnership) of the corporation of a partner (if a partner (if a partnership) of the corporation of a partner (if a partner (if a partnership) of the corporation of a partner (if a partner	he legal entity identified as owner	
	are true, comple [18 U.S.C., Sect	-	wledge, information, and belief, and are mad	e in good faith.	
			X /s/ Chris Hopp ter an electronic signature on the line above to ter signature using an "/s/ signature" (e.g., /s/		
		Typed or printed na	me: CHRIS HOPP		
			HIEF OPERATING OFFICER al position held in corporation or partnership)		
		Date:		7/3/2018	

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inting Period: 2018/1	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 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.	
You must complete this worksheet for those rovaity payments suprilited as a result of a fate payment of underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessme
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	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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	Q Interest Assessme
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