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 \$ 01/25/2019 ALLOCATION NUMBER
\$

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20182 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Dumont Telephone Company
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 349 (Number, street, rural route, apartment, or suite number)
		Dumont, IA 50625-0349 (City, town, state, zip)
С		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.

	LEGAL NAME OF COMMED OF CARLE OVOTERA	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Dumont Telephone Company	312
_	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	ou list will serve as a form of system identification hereafter kno
	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 mob	ile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Dumont	IA.
Community	Allison	IA
	Parkersburg	IA
Rows as Necessary	Geneva	iA
ļ		

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Dumont Telephone Company

SYSTEM ID# 31293

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.

BLO	OCK 1	BLOCK 2					
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	Basic Pkg = 288	\$114.04	Local Basic Pkg	59	\$41.58		
 Service to additional set(s) 	Non-DVR = 128	\$3.95	Basic Pkg (Geneva)	5	######		
• FM radio (if separate rate)			Local Basic Pkg (Geneva)	1	39.09		
Motel, hotel	Basic Pkg = 1	\$235	Additional DVR	2	5.95		
Commercial							
Converter							
Residential							
Non-residential							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	\$14.95	Motel, hotel	PP	NFL RedZone HD	\$40.00
 Pay cable—add'l channel 	\$14.95	Commercial		Live USB Adapter	\$1.00
 Fire protection 		Pay cable	\$10		
Burglar protection		Pay cable-add'l channel	\$10.00		
Installation: Residential		Fire protection			
 First set 	\$35.00	Burglar protection			
 Additional set(s) 	PP	Other services:			
 FM radio (if separate rate) 		Reconnect	\$35.00		
 Converter 		Disconnect			
		Outlet relocation	PP		
		Move to new address	\$35.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 31293

Dumont Telephone Company

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCRG-TV	9	N	Cedar Rapids, IA
KCRGDT		N-M	Cedar Rapids, IA
KCRGDT2		N-M	Cedar Rapids, IA
KCRGDT3		N-M	Cedar Rapids, IA
KFXA	28	N	Cedar Rapids, IA
KFXADT		N-M	Cedar Rapids, IA
KFXADT2		N-M	Cedar Rapids, IA
KGAN	2	N	Cedar Rapids, IA
KGANDT		N-M	Cedar Rapids, IA
KGANDT2		N-M	Cedar Rapids, IA
KGANDT3		N-M	Cedar Rapids, IA
KPXR-TV	48	N	Cedar Rapids, IA
KPXRDT		N-M	Cedar Rapids, IA
KPXRDT2		N-M	Cedar Rapids, IA
KPXRDT3		N-M	Cedar Rapids, IA
KDIN	11	E	Des Moines, IA
KDINDT	,,,,,,	E-M	Des Moines, IA
KDINDT2		E-M	Des Moines, IA
KDINDT3		E-M	Des Moines, IA
KDINDT4		E-M	Des Moines, IA
KWKBDT	20	N	lowa City, IA
KWWL	7	N	Waterloo, IA
KWWL2HD		N-M	Waterloo, IA
KWWLDT	,,,,,,,	N-M	Waterloo, IA
KWWLDT2		N-M	Waterloo, IA

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 31293

Dumont Telephone Company

G

Primary
Transmitters:
Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
кссі	8	N	Des Moines, IA
KCCIDT		N-M	Des Moines, IA
KCCIDT2		N-M	Des Moines, IA
KCCIDT3		N-M	Des Moines, IA
KCWI	23	N	Des Moines, IA
KCWIDT		N-M	Des Moines, IA
KCWIDT2		N-M	Des Moines, IA
KCWIDT3		N-M	Des Moines, IA
KDMI	56	N	Des Moines, IA
KDSM	17	N	Des Moines, IA
KDSMDT		N-M	Des Moines, IA
KDSMDT2		N-M	Des Moines, IA
KDSMDT3		N-M	Des Moines, IA
KDSMDT4		N-M	Des Moines, IA
KFPX-TV	39	N	Des Moines, IA
KFPXDT		N-M	Des Moines, IA
KFPXDT2		N-M	Des Moines, IA
KFPXDT3		N-M	Des Moines, IA
WHO	13	N	Des Moines, IA
WHODT		N-M	Des Moines, IA
WHODT2		N-M	Des Moines, IA
WHODT3		N-M	Des Moines, IA
WHODT4		N-M	Des Moines, IA
WOI	5	N	Des Moines, IA
WOIDT		N-M	Des Moines, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 31293 **Dumont Telephone Company** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections **Primary** 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: substitute program basis, as explained in the next paragraph. Television Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION WOIDT2 N-M Des Moines, IA WOIDT3 N-M Des Moines, IA

FORM SA1-2E. PAGE 3.

Accounting Period: 2018/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Dumont Telephone Company

31293

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Name									M SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF Dumont Telephone Co		ТЕМ:						SYSTEM ID# 31293		
Substitute Carriage: Special Statement and	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting per	ify every non ccounting pe ing that mus T CONCER iod, did you	nnetwork televis eriod, under spe t be included in RNING SUBST	sion program, broadcast ecific present and former this log, see page (v) or TITUTE CARRIAGE	by a <i>distant</i> FCC rules, re the general i	gulations, nstructions	or auth in the	orizations. paper SA1	For a further -2 form.		
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. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station										
	under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community 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										
	S	SUBSTITUTE PROGRAM 2. LIVE? 3. STATION'S			5. MON		OCCU 6. TIN	RRED MES	7. REASON FOR DELETION		
	Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the more first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	m was broad sign of the sadcast static ladian statio at and day re "5/7." les when the Example: a ler "R" if the and regulation in that y substitute that the state of the same that the substitute that the substitute that same	station broadca on's location (the ons, if any, the of when your systeman substitute pro- program carried listed program ons in effect du our system wa	esting the substitute pro- processing the substitute pro- processing the substitute of the substitute	gram. the station is he station is he station is lite program. ur cable syst 01:15 p.m. to gramming thiod; enter the oder FCC rule W CA 5. MON	dentified). Jse numer em. List th 6:28:30 p. at your system et etter "P" es and reg /HEN SUE RRIAGE (TH	rals, wire times m. shooten wift the liquidations	th the more accurate ould be as require sted progres in	d am 7. REAS		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Dumont Telephone Company GROSS RECEIPTS Instructions: The figure you give in this space determine all amounts (gross receipts) paid to your cable system by (as identified in space E) during the accounting period. For page (vii) of the general instructions located in the paper s					3129					
Instructions: The figure you give in this space determine all amounts (gross receipts) paid to your cable system by (as identified in space E) during the accounting period. For										
Gross receipts from subscribers for secondary transr during the accounting period.	r subscribers for the or a further explanati SA1-2 form. mission service(s)	system's s ion of how	secondary trans to compute thi	smission servic is amount, see	e					
IMPORTANT: You must complete a statement in space F				(Amount of gro	oss receipts)					
Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is 3 Use block 2 if the amount of gross receipts in space K is 1 Use block 3 if the amount of gross receipts in space K is 1	more than \$137,100 more than \$263,800	but less t	han \$527,600	\$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 that you must pay for this six-month accounting period is \$52.00										
Line 1. Royalty fee for accounting period										
					0.00					
Ellie 2. Interest charge. Enter the amount from line 4, space	e Q, page o				0.00					
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNT	ING PERIOD Add lin	nes 1 and 2	2							
		,		,100)						
	_			-						
	_			_						
	_			-						
					865.96					
8. Interest charge. Enter the amount from line 4, space Q, page 1.	age 8				0.00					
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING I	PERIOD. Add lines 7	and 8		\$	865.96					
BLOCK 3: GROSS RECEIPTS OF	MORE THAN \$263	3,800 (but	less than \$52	7,600)						
Enter the amount of gross receipts from space K										
Base amount under statutory formula	<u>-</u>	\$	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)		. \$	1,319.00						
6. Interest charge. Enter the amount from line 4, space Q, pa	age 8			0.00						
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING I	PERIOD. Add lines 4,	, 5, and 6 .								
FILING FEE AND TOTAL	REMITTANCE DU	E								
Royalty Fee Payable for Accounting Period (from Block 1,	2, or 3, above)		\$	865.96						
2. Filing Fee (See the instructions for more information on fili	ing fee calculations) .		\$	20.00						
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. A	dd lines 2 and 3			\$	885.96					
	structions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is Use block 3 if the amount of gross receipts in space K is Use block 3 if the amount of gross receipts in space K is use block 3 if the amount of gross receipts in space K is e page (vi) of the general instructions located in the paper: BLOCK 1: GROSS R Instructions: As a cable system with gross receipts of \$137, faccounting period is \$52.00 Line 1. Royalty fee for accounting period	structions: 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 use block 3 if the amount of gross receipts in space K is more than \$263,800 use page (wi) of the general instructions located in the paper \$A1-2 form for more BLOCK 1: GROSS RECEIPTS OF \$137 Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt 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 line BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES 1. Base amount under statutory formula 2. Enter amount of gross receipts from space K 3. Subtract line 2 from line 1 4. Enter the amount from line 4 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 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula 3. 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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263 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 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4 FILING FEE AND TOTAL REMITTANCE DU 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) 2. Filling Fee (See the instructions for more information on fili	structions: To compute the royally 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 \$263,800 but less to use block 3 if the amount of gross receipts in space K is more than \$263,800 but less to use block 3 if the amount of gross receipts in space K is more than \$263,800 but less to use block 3 if the amount of gross receipts in space K is more than \$263,800 but less to page (vi) of the general instructions located in the paper \$A1-2 form for more informatic BLOCK 1: GROSS RECEIPTS OF \$137,100 OR Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that y 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 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m 1. Base amount under statutory formula	structions: 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 3 if the amount of gross receipts in space K is more than \$123,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 re page (vi) of the general instructions located in the paper SA1-2 form for more information. 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 that you must pay for 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 and 2. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, 1. Base amount under statutory formula \$263,800.00 2. Enter amount of gross receipts from space K \$218,496.28 3. Subtract line 2 from line 1 \$45,303.72 4. Enter the amount of gross receipts from space K \$2,45,303.72 4. Enter the amount from line 3 \$45,303.72 4. Enter the amount from line 4 \$5,500.00 5. Enter the amount from line 4 \$5,500.00 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 (but less than \$527 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 \$7,000.00 4. Enter the amount of gross receipts from space K 5. Enter the amount of gross receipts from space K 6. Subtract line 2 from line 4 \$1,000.00 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 6 FILING FEE AND TOTAL REMITTANCE DUE 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00	structions: To compute the royalty fee you owe: Complete block 1, fiber & 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than 5263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 use block 2 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 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 that you must pay for this six-month 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 and 2. 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. \$ 218,496.28 3. Subtract line 2 from line 1. 4. Enter the amount of gross receipts from space K. 5. 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. 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8. \$ 173,192.56 PLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) 1. Enter the amount of gross receipts from space K. 2. Base amount under statutory formula. 5. \$ 263,800.00 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6. FILING FEE AND TOTAL REMITTANCE DUE 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above). \$ 865.96 2. Filing					

Accounting Period:	2018/2									FORM SA1-2E. PA	.GE 7
Name	LEGAL NAME OF OWNER Dumont Telephone C									SYSTEM 31	/I ID# I 293
M Channels	Enter the total number on which the cable system	2) the cable system's to er of channels on which ion broadcast stations.	otal numb the cable	e e	d channels du	ring the acc	counting period.			52 290	
N Individual to Be Contacted	INDIVIDUAL TO BE CO			RMATION IS	NEEDED (Ide	entify an ind	lividual to whom	1			
for Further Information	Name Rog	er Kregel						Telephone	(641) 857-3	3211	
	l	Pine St, PO Box 3		te number)							
		nont, IA 50625-03	49								
	Email	rogerkr@netins	.net				Fax (optional)	(641) 857-33	00		
	CERTIFICATION (This st	atement of account mu	ust be cert	tified and sig	ned in accorda	ince with C	opyright Office r	regulations)			
O Certification	• I, the undersigned, here	by certify that (Check on	ne, <i>but onl</i> y	y one, of the b	ooxes.)						
	(Owner other	than corporation or pa	artnership	o) I am the ow	ner of the cable	e system as	identified in line	1 of space B;	or		
		ner other than corporated space B and that the over					nt of the owner o	f the cable sy	stem as identifie	ed	
		artner) I am an officer (if					e legal entity iden	itified as owne	er of the cable s	system	
	I have examined the sta are true, complete, and c [18 U.S.C., Section 1001]	tement of account and h orrect to the best of my l	-					ained herein			
			X	/s/ Roger	r Kregel						
				_	nature on the lin		certify this statem ohn Smith)	nent.			
		Typed or printed	name:	Roger K	regel						
		Title: (Title of of		ral Manage on held in corpo	er ration or partners	hip)					
		Date:					1/24/19				

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

ounting Period: 2018/2	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
mont Telephone Company	31293
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
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? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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