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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	02/25/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63224
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		WELLMAN COOP TELEPHONE ASSOCIATION	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 170 (Number, street, rural route, apartment, or suite number)	
		WELLMAN IA 52356 (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 up s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
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.

		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WELLMAN COOP TELEPHONE ASSOCIATION	SYSTEM ID# 63224
D Area Served	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis 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 he identified city.	ry" is the same as a "community unit" as defined in FCC rules: nmunities within unincorporated areas and including single, t 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								ŀ		TEM II
Name										313	6322
	WELLMAN COOP TELE	PHONE ASS	OCIATIC	)N							0322
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIBE	S AND RATE	ES						
E	In General: The information in sp										
- ·	system, that is, the retransmission										
Secondary Transmission	about other services (including p last day of the accounting period						e those	e existin	g on the		
Service: Sub-	Number of Subscribers: Both						cable s	vstem.	broken		
scribers and	down by categories of secondary										
Rates	each category by counting the nu								harged		
	separately for the particular servi								and the		
	Rate: Give the standard rate cl unit in which it is generally billed.									te	
	category, but do not include disc				Standar		5113 WIL	nin a pe			
	Block 1: In the left-hand block				of seco	ondary transn	nission	service	that cable	е	
	systems most commonly provide									ry	
	that applies to your system. Note									-1	
	categories, that person or entity subscriber who pays extra for ca									ai	
	first set" and would be counted o						unuer	Service			
	Block 2: If your cable system h					service that a	are diffe	erent fro	m those		
	printed in block 1 (for example, ti									er	
	with the number of subscribers a	nd rates, in the	right-hand	block. A two-	or three	e-word descri	ption o	of the se	rvice is		
	sufficient.	DCK 1					B	LOCK	2		
		NO. OF							NO.		
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	EGORY OF S	SERVIC	)E	SUBSCR	RIBERS	RATI
	Residential:		400	70.05						220	76.0
	Service to first set		129	73.95						229	76.9
	Service to additional set(s)		597	4.00						6	7.0
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC										
-	<b>In General:</b> Space F calls for rat				ect to all	l vour cable s	vstem'	s servic	es that we	ere	
F	not covered in space E, that is, th	•	,	•		•	-				
	service for a single fee. There are										
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			u. II any fales	s are ch	aigeu oli a va	anabie	per-pro	yrani basi	5,	
ransmissions:	Block 1: Give the standard rate		e cable sy	stem for each	of the a	applicable ser	vices li	sted.			
Rates	Block 2: List any services that										
	listed in block 1 and for which a s				ed. List f	these other s	ervices	in the	form of a		
	brief (two- or three-word) descrip	and include	e the rate to	or each.							
		BLOC			25	DATE		ATE 00	BLO	-	DAT
	CATEGORY OF SERVICE Continuing Services:			Y OF SERVIC		RATE	C	ATEGO	RY OF SE	RVICE	RATE
	Pay cable		• Motel, I		muai						
	Pay cable—add'l channel		Comme								
			Pay cal								
					nol						
	Fire protection										
	Fire protection     Burglar protection		•	ole-add'l chan							
	Fire protection     Burglar protection Installation: Residential		• Fire pro	otection							
	Fire protection     Burglar protection Installation: Residential     First set		• Fire pro • Burglar	tection protection							
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Fire pro • Burglar Other serv	tection protection <b>ices:</b>							
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Fire pro • Burglar Other serv • Reconr	otection protection ices: nect							
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		<ul> <li>Fire pro</li> <li>Burglar</li> <li>Other serv</li> <li>Reconr</li> <li>Disconr</li> </ul>	tection protection ices: nect nect							
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		<ul> <li>Fire pro</li> <li>Burglar</li> <li>Other serv</li> <li>Reconr</li> <li>Disconr</li> <li>Outlet r</li> </ul>	otection protection ices: nect							

Name	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM
Name	WELLMAN COOP TE	ELEPHONE ASSOCIATION		63
	PRIMARY TRANSMITTERS	: TELEVISION		
G		lentify every television station (including		
U		em during the accounting period <i>except</i> is in effect on June 24, 1981, permitting th		
Primary ansmitters:		(e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph	1(e)(2) and (4))]; and (2) certain s	stations carried on
Television	Substitute Basis Station	s: With respect to any distant stations ca	arried by your cable system on a s	substitute program
		rules, regulations, or authorizations: re in space G—but do list it in space I (th	ne Special Statement and Program	m Log)—if the
	station was carried only o	n a substitute basis. I also in space I, if the station was carried	t both on a substitute basis and a	les en some ethe
	basis. For further informat	ion concerning substitute basis stations,	see page (v) of the general instru	uctions
		on's call sign. <i>Do not</i> report origination ple ed with a station according to its over-the	•	
	"WETA-2" as the same or	the form.	<b>.</b>	
		nel number the FCC assigned to the tele NRC is channel 4 in Washington, D.C.	vision station for broadcasting over	
		ch case whether the station is a network stering the letter "N" (for network), "N-M" (		
	(for independent multicast	), "E" (for noncommercial educational), o	r "E-M" (for noncommercial educa	
		terms, see page (iv) of the general instru on of each station. For U.S. stations, list		on is licensed by the
		adian stations, if any, give the name of the	-	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KWQCDT 6.1	366	N-M	DAVENPORT IA
	KWQCDT 6.2	367	N-M	DAVENPORT IA
Rows as Necessary	KWWL	7	N	WATERLOO IA
	KWWLDT 7.1	329	N-M	WATERLOO IA
	KWWLDT 7.2	330	N-M	WATERLOO IA
	KWWLDT 7.3	331	N-M	WATERLOO IA
	WHBF 4	114	N	ROCK ISLAND IL
	WHBFDT 4.1	365	N-M	ROCK ISLAND IL
	WQPT	118	Е	MOLINE IL
	WQPTDT 24.1	372	E-M	MOLINE IL
	WQPTDT 24.2	373	E-M	
		11	 E	DES MOINES IA
	KDINDT 11.1	338	E-M	DES MOINES IA
	KDINDT 11.2	339	E-M	DES MOINES IA
	RDINDT 11.2	JJ3		
	KDINDT 11 3	340	E-M	
	KDINDT 11.3	340	E-M	DES MOINES IA
	KCRG	9	N	DES MOINES IA CEDAR RAPIDS IA
	KCRG KCRGDT 9.1	9 334	N N-M	DES MOINES IA CEDAR RAPIDS IA CEDAR RAPIDS IA
	KCRG KCRGDT 9.1 KCRGDT 9.2	9 334 335	N N-M N-M	DES MOINES IA CEDAR RAPIDS IA CEDAR RAPIDS IA CEDAR RAPIDS IA
	KCRG KCRGDT 9.1 KCRGDT 9.2 KCRGDT 9.3	9 334 335 336	N N-M N-M N-M	DES MOINES IA CEDAR RAPIDS IA CEDAR RAPIDS IA CEDAR RAPIDS IA CEDAR RAPIDS IA
	KCRG KCRGDT 9.1 KCRGDT 9.2 KCRGDT 9.3 KFXA	9 334 335 336 15	N N-M N-M N-M N	DES MOINES IA CEDAR RAPIDS IA CEDAR RAPIDS IA CEDAR RAPIDS IA CEDAR RAPIDS IA CEDAR RAPIDS IA
	KCRG KCRGDT 9.1 KCRGDT 9.2 KCRGDT 9.3 KFXA KFXADT 28.1	9 334 335 336 15 345	N N-M N-M N-M N N-M	DES MOINES IA CEDAR RAPIDS IA CEDAR RAPIDS IA CEDAR RAPIDS IA CEDAR RAPIDS IA CEDAR RAPIDS IA CEDAR RAPIDS IA
	KCRG KCRGDT 9.1 KCRGDT 9.2 KCRGDT 9.3 KFXA KFXADT 28.1 KFXADT 28.2	9 334 335 336 15 345 346	N N-M N-M N-M N-M N-M	DES MOINES IA CEDAR RAPIDS IA
	KCRG KCRGDT 9.1 KCRGDT 9.2 KCRGDT 9.3 KFXA KFXADT 28.1 KFXADT 28.2 KGAN	9 334 335 336 15 345 346 2	N N-M N-M N-M N N-M N-M N-M N-M N	DES MOINES IA CEDAR RAPIDS IA
	KCRG KCRGDT 9.1 KCRGDT 9.2 KCRGDT 9.3 KFXA KFXADT 28.1 KFXADT 28.2 KGAN KGANDT 2.1	9 334 335 336 15 345 346 2 320	N N-M N-M N-M N N-M N-M N-M N-M	DES MOINES IA CEDAR RAPIDS IA
	KCRG KCRGDT 9.1 KCRGDT 9.2 KCRGDT 9.3 KFXA KFXADT 28.1 KFXADT 28.2 KGAN	9 334 335 336 15 345 346 2	N N-M N-M N-M N N-M N-M N-M N-M N	DES MOINES IA CEDAR RAPIDS IA
	KCRG KCRGDT 9.1 KCRGDT 9.2 KCRGDT 9.3 KFXA KFXADT 28.1 KFXADT 28.2 KGAN KGANDT 2.1	9 334 335 336 15 345 346 2 320	N N-M N-M N-M N N-M N-M N-M N-M	DES MOINES IA CEDAR RAPIDS IA
	KCRG KCRGDT 9.1 KCRGDT 9.2 KCRGDT 9.3 KFXA KFXADT 28.1 KFXADT 28.2 KGAN KGANDT 2.1 KLJB 18	9 334 335 336 15 345 346 2 320 117	N N-M N-M N-M N N-M N-M N-M N-M N-M N-M	DES MOINES IA CEDAR RAPIDS IA
	KCRG KCRGDT 9.1 KCRGDT 9.2 KCRGDT 9.3 KFXA KFXADT 28.1 KFXADT 28.2 KGAN KGANDT 2.1 KLJB 18 KLJBDT 18.1	9 334 335 336 15 345 346 2 320 117 370	N N-M N-M N-M N N-M N-M N-M N-M N-M N-M	DES MOINES IA CEDAR RAPIDS IA

counting Period:	2018/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM I
Name	WELLMAN COOP TE	ELEPHONE ASSOCIATION		6322
	PRIMARY TRANSMITTERS	: TELEVISION		
G Primary Transmitters: Television	In General: In space G, ic carried by your cable syst FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do not list the station he station was carried only o • List the station here, and basis. For further informat Column 1: List each stati multicast stream associate "WETA-2" as the same or Column 2: Give the chan of license. For example, I Column 3: Indicate in eac educational station, by en (for independent multicast For the meaning of these Column 4: Give the locat	dentify every television station (including em during the accounting period <i>except</i> s 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 car rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. d also in space I, if the station was carrier ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part he carriage of certain network pro- 1(e)(2) and (4))]; and (2) certain s arried by your cable system on a s he Special Statement and Program d both on a substitute basis and a see page (v) of the general instru- rogram services such as HBO, Es- e-air designation. For example, re- vision station for broadcasting ov station, an independent station, o for network multicast), "I" (for inde- r"E-M" (for noncommercial educ- ictions in the paper SA1-2 form the community to which the station	-time basis under grams [sections stations carried on : substitute program m Log)—if the ulso on some othe uctions SPN, etc. Identify each eport multistream er the air in its community r a noncommercia ependent), "I-M ational multicast) on is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КЖКВ	12	l	IOWA CITY IA
	KWKBDT20.1	341	I-M	IOWA CITY IA
	KWQC 6 115	115	Ν	DAVENPORT IA
	KFPX 39.1	96		DES MOINES IA
			•	

Accounting F	Period: 2018	/2					FORM	I SA1-2E. PAGE 4
			(STEM: IE ASSOCIATION					SYSTEM ID# 63224
								03224
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of For detailed info paper SA1-2 for <b>Column 1:</b> Io	) it is carried by monitoring, to ormation abou rm. dentify the call	y the sys be receint the Co	I-Band FM Carriage: Under ( stem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM.	t the system's he system's FM ante	eadend, and (2 enna, during c	2) it can ertain st	be expected, tated intervals.	Primary Transmitters: Radio
Column 3: If signal, indicate Column 4: G	f the radio stat this by placing Give the station	ion's sig g a checl n's locati	nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	ne station is licen	sed by the FC			
				<u>.</u>				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	+							

Accounting Perio	od: 2018/2					FOF	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	WELLMAN COOP TEL	EPHONE	ASSOCIATI	ON			63224
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LOO	G		
I I	In General: In space I, identi					ion, that your cable syste	em carried on a
-	substitute basis during the ad	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authorizations	. For a further
Substitute	explanation of the programm				e general instr	uctions in the paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMENT						
Statement and	<ul> <li>During the accounting peri</li> </ul>	-	r cable system	carry, on a substitute basi	s, any nonne	twork television prograr	
Program Log	broadcast by a distant stat	tion?				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						
	In General: List each subst clear. If you need more space				wherever pos	sible, if their meaning is	6
				ision program ("substitute p	orogram") tha	t, during the accounting	3
	period, was broadcast by a						
	under certain FCC rules, reg Do not use general categori						n.
	"NBA Basketball: 76ers vs.						
				r "Yes." Otherwise enter "N			
				sting the substitute progra the community to which the		nsed by the FCC or in	
	the case of Mexican or Can						
			when your sys	tem carried the substitute p	orogram. Use	numerals, with the mo	nth
	first. Example: for May 7 giv		substitute pro	gram was carried by your o	rahle system	List the times accurate	
	to the nearest five minutes.						, i y
	stated as "6:00–6:30 p.m."						
	to delete under FCC rules a			was substituted for progra			
	was substituted for program						um
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
							"
						_	
			]				
							"
						_	

Accounting Period:	<b>2018/2</b> FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I
Naille	WELLMAN COOP TELEPHONE ASSOCIATION 632
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
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 than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See 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 this six-mon 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 \$ 152,086.47
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 152,086.47
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here) \$ 201.86
	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 \$527,600)
	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) \$ 1,319.00
	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 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 221.86
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2018/2		FORM SA1-2E.	PAGE 7
Name		OWNER OF CABLE SYSTEM: DOP TELEPHONE ASSOCIATION		EM ID# 63224
M Channels	to its subscribe	You must give (1) the number of channels on which the cable system carried televers, and (2) the cable system's total number of activated channels during the accoral number of channels on which the cable d television broadcast stations .	bunting period.	
	on which the	al number of activated channels cable system carried television broadcast stations cast services	309	
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an indiviabout this statement of account.)	ridual to whom	
for Further Information	Name	Jayne Hochstedler	Telephone 319-646-6075	
	Address	PO Box 170 (Number, street, rural route, apartment, or suite number) Wellman, IA 52356 (City, town, state, zip)		
	Email		Fax (optional)	
O	I, the undersig     (Own     (Age     i     X     (Off     i     I have examinare true, completion	I (This statement of account must be certified and signed in accordance with Copered, hereby certify that (Check one, but only one, of the boxes.)         er other than corporation or partnership) I am the owner of the cable system as ident of owner other than corporation or partnership) I am the duly authorized agent in a fine 1 of space B and that the owner is not a corporation or partnership) of the least of partner) I am an officer (if a corporation) or a partner (if a partnership) of the least of space B.         Id the statement of account and hereby declare under penalty of law that all statement te, and correct to the best of my knowledge, information, and belief, and are made in ion 1001(1986)]         Image: Image	dentified in line 1 of space B; or of the owner of the cable system as identified egal entity identified as owner of the cable system its of fact contained herein good faith.	
		Date:	February 25, 2019	

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 lave

unting Period: 2018/2	
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
LMAN COOP TELEPHONE ASSOCIATION	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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts 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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name 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
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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.