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 COPYRIGE	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	01/02/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
			-

~	ACCC	OUNTING 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		20182 Barcode Data Filing Period (optional - see instructions)	
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	
		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, zip code)	
L			

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#
inaille	ALPINE CABLE TELEVISION LC	63237
D	Instructions: List each separate community served by the cable system. A "cd" a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fil	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or i identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	GUTTENBERG	IA
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name		SION LC							6323
_	SECONDARY TRANSMISSION	SERVICE: SI	IBSCRI	BERS AND RA	TES				
E	In General: The information in s			-	-	rtransmission s	ervice of th	e cable	
	system, that is, the retransmission	on of television	and rad	io broadcasts b	y your sy	stem to subscril	oers. Give i	nformation	
Secondary	about other services (including p						hose existir	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ola evetam	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed.								
	category, but do not include disc				iy stanuai		s wiu iir 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	nce again und	er "Serv	ice to additiona	l set(s)."				
	Block 2: If your cable system I								
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.		s ngnt-na	and block. A tw	0- 01 tillet				
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:							_	
	 Service to first set 		45			TIALS PACK		153	55.0
	 Service to additional set(s) 				PREMI	ER PACKAG	Ε	112	65.0
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	;				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un	it in which it is	usually	billed. If any rat	es are ch	arged on a vari	able per-pro	ogram basis,	
Secondary	enter only the letters "PP" in the						Kata d		
Transmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							vere not	
	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	tion and includ	le the ra	te for each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-resi	dential				
	• Pay cable			el, hotel			CINEM	4X	16.0
	Pay cable—add'l channel			nmercial			HBO		18.0
	Fire protection		,	cable			SHOWT	IME	17.0
	•Burglar protection		,	cable-add'l ch	annel		STARZ		15.0
	Installation: Residential	10.05		protection					
	• First set	124.95		glar protection					
	Additional set(s)			ervices:		00.00			
	FM radio (if separate rate)			onnect		29.00			
	Converter		Dise	connect					
	Converter		~ .						
				let relocation					

ounting Period: 2	-			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 63237
	ALPINE CABLE TELE PRIMARY TRANSMITTERS:			03231
G Primary smitters: devision	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie n concerning substitute basis stations s call sign. <i>Do not</i> report origination with a station according to its over-the	t (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a substi- he Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a fi- (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s 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	Ι	CEDAR RAPIDS, IA
lecessary	KGAN	51	Ν	CEDAR RAPIDS, IA
	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
	КШКВ	25	l	IOWA CITY, IA
	KWWF	22	<u>I</u>	WATERLOO, IA
	KWWL	7	Ν	WATERLOO, IA

LPINE CAE	F OWNER OF (SYSTEM I 632
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried b monitoring, to prmation abou rm. dentify the call state whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	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. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s he 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 general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0				5.5		
		+						
	+	+						

Accounting Perio						FOF	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	ALPINE CABLE TELE	ISION LO)				63237
	SUBSTITUTE CARRIAGI				 G		
I I	In General: In space I, identi				-	ion that your cable syste	em 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 television prograr	
Program Log	broadcast by a distant sta	tion?				YES	X NO
0 0	Note: If your answer is "No'	, leave the	rest of this pac	e blank. If your answer is	"Yes," you mu	ist complete the progra	m
	log in block 2.	,	1 0				
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst				wherever pos	sible, if their meaning is	6
	clear. If you need more spa			rows to the tables. ision program ("substitute	program") tha	t during the accounting	n
	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 informatio	n.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love Lucy" or	
			dcast live. ente	r "Yes." Otherwise enter "N	lo."		
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.		
				e community to which the			
	the case of Mexican or Can Column 5: Give the mon			tem carried the substitute			nth
	first. Example: for May 7 giv	/e "5/7."			_		
				gram was carried by your			ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be	
		er "R" if the	listed program	was substituted for progra	imming that y	our system was require	ed
	to delete under FCC rules a						ram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
	_					N SUBSTITUTE	
	S		E PROGRAM			AGE OCCURRED	7. REASON FOR DELETION
	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	
					7.110 0711		
						_	
						_	
						_	
						—	
						_	
	I	1	7	1	ין ו	1	

Accounting Period:	2018/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC		S	63237 63237
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of h 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 trans ow to compute th	smission servi is amount, see	7,868.73
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 les • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but les See page (vi) of the general instructions located in the paper SA1-2 form for more information	s than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	RLESS		
	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			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but		,100)	
	1. Base amount under statutory formula	263,800.00	-	
	2. Enter amount of gross receipts from space K	157,868.73	_	
	3. Subtract line 2 from line 1	105,931.27	_	
	4. Enter the amount of gross receipts from space K	\$	157,868.73	
	5. Enter the amount from line 3	\$	105,931.27	
	6. Subtract line 5 from line 4	\$	51,937.46	
	7. Multiply line 6 by .005 (enter figure here)		\$	259.69
	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.		\$	259.69
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	out 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			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and			
	FILING FEE AND TOTAL REMITTANCE DUE			
	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)	\$	259.69	
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		\$	279.69
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form			ghts!

Accounting Period:	2018/2		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: LE TELEVISION LC	SYSTEM ID# 63237
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	You must give (1) the number of channels on which the cal ers, and (2) the cable system's total number of activated ch al number of channels on which the cable d television broadcast stations	annels during the accounting period.
N Individual to		O BE CONTACTED IF FURTHER INFORMATION IS NEE about this statement of account.)	DED (Identify an individual to whom
Be Contacted for Further Information	Name	MARGARET CORLETT	Telephone (563) 245-4481
	Address	PO BOX 1008 (Number, street, rural route, apartment, or suite number) ELKADER, IA 52043 (City, town, state, zip)	
	Email	MCORLETT@ALPINE-COMMUNICATIO	DNS.COM Fax (optional)
O Certification	I, the undersite (Ow (Ag X (Of V (Ag V	n line 1 of space B and that the owner is not a corporation or p icer or partner) I am an officer (if a corporation) or a partner (n line 1 of space B. ad the statement of account and hereby declare under penalty ste, and correct to the best of my knowledge, information, and tion 1001(1986)] $\underbrace{X /s/ Chris Ho}_{Enter an electronic signature}$.) f the cable system as identified in line 1 of space B; or e duly authorized agent of the owner of the cable system as identified artnership; or f a partnership) of the legal entity identified as owner of the cable system of law that all statements of fact contained herein belief, and are made in good faith.
		Typed or printed name: CHRIS HOP	P
		Title: CHIEF OPERATING (Title of official position held in corporation	
		Date:	1/2/2019

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unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
INE CABLE TELEVISION LC	6323
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions 	P Special Statement Concerning Gross Receipts Exclusion
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. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	•
	Q
	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessment
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L L L L L L L L L L L L L L L L L L L
Line 1 Enter the amount of late payment or underpayment	L L L L L L L L L L L L L L L L L L L
Line 1 Enter the amount of late payment or underpayment	La Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L L L L L L L L L L L L L L L L L L L
Line 1 Enter the amount of late payment or underpayment	La Interest Assessme
Line 1 Enter the amount of late payment or underpayment	La Interest Assessme

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