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 | | | | | |
| 02/14/2019 | \$ ALLOCATION NUMBER | | | | | |

Return completed workbook by email to:

coplicsoa@copyright.gov

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

| Α | ACCOUNTING 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. | | | | | | | |
| | | | | | | | | |
| | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | | | | | |
| | | SCRANTON TELEPHONE COMPANY | | | | | | |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) | | | | | | |
| | | | | | | | | |
| | | MAILING ADDRESS OF OWNER OF CABLE SYSTEM | | | | | | |
| | | 1200 MAIN STREET, PO BOX 8 (Number, street, rural route, apartment, or suite number) | | | | | | |
| | | SCRANTON, IA 51462-7702 (City, town, state, zip) | | | | | | |
| | | (City, town, state, 2p) | | | | | | |
| С | | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. | | | | | | |
| System | | IDENTIFICATION OF CABLE SYSTEM: | | | | | | |
| Cystem | 1 | IDENTIFICATION OF CASEE CHOICEM. | | | | | | |
| | | 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 suffciency of the fling, a determination that would be made by a court of law.

| Accounting Period: | 2010/2 | FORM SA1-2E. PAGE 1b. | | | | | |
|-----------------------|---|-----------------------|--|--|--|--|--|
| Nama | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | | | | | |
| Name | SCRANTON TELEPHONE COMPANY | 717 | | | | | |
| D | Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. | | | | | | |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. | | | | | | |
| | CITY OR TOWN | STATE | | | | | |
| First Community | SCRANTON | IA | | | | | |
| Add Rows as Necessary | | | | | | | |
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Accounting Period: 2018/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SCRANTON TELEPHONE COMPANY

SYSTEM ID#

717

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.

| BL | OCK 1 | | BLOCK 2 | | | |
|--|-------------|-------|---------------------|-------------|----------|--|
| | NO. OF | | | NO. OF | | |
| CATEGORY OF SERVICE | SUBSCRIBERS | RATE | CATEGORY OF SERVICE | SUBSCRIBERS | RATE | |
| Residential: | | | | | | |
| Service to first set | 210 | 60.95 | | | | |
| Service to additional set(s) | | | | | | |
| FM radio (if separate rate) | | | | | | |
| Motel, hotel | | | | | | |
| 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 | 7.50 | Motel, hotel | | | |
| Pay cable—add'l channel | 9.50 | Commercial | | | |
| Fire protection | | Pay cable | | | |
| •Burglar protection | | Pay cable-add'l channel | | | |
| Installation: Residential | | Fire protection | | | |
| • First set | | Burglar protection | | | |
| Additional set(s) | | Other services: | | | |
| • FM radio (if separate rate) | | Reconnect | | | |
| Converter | | Disconnect | | | |
| | | Outlet relocation | | | |
| | | Move to new address | | | |
| | | | | | |

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 717

SCRANTON 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 |
|--------------|--------------------------|--------------------|------------------------|
| WOIDT3 | 4 | N | DES MOINES |
| woı | 5 | N | DES MOINES |
| KCCI-MY TV | 7 | N | DES MOINES |
| KCCI-CBS | 8 | N | DES MOINES |
| KCCIDT2 | 9 | N | DES MOINES |
| KDIN | 10 | E | DES MOINES |
| KDINDT4 | 11 | E | DES MOINES |
| KDINDT3 | 12 | E | DES MOINES |
| WHO | 13 | N | DES MOINES |
| WHODT2 | 14 | N | DES MOINES |
| WHODT3 | 15 | N | DES MOINES |
| KDIN2 | 16 | I | DES MOINES |
| KDSM | 17 | l | DES MOINES |
| KDSMDT2 | 18 | I | DES MOINES |
| KDSMDT3 | 19 | l | DES MOINES |
| KCWI | 23 | I | DES MOINES |
| KFPX | 39 | I | DES MOINES |
| KFPXDT2 | 40 | I | DES MOINES |
| KFPXDT3 | 41 | I | DES MOINES |
| KDMIDT | 75 | I | DES MOINES |
| WOIHD | 105 | N | DES MOINES |
| KCCIHD | 108 | N | DES MOINES |
| KDINHD | 111 | N | DES MOINES |
| KDINDT2 | 112 | N | DES MOINES |

Accounting Period: 2018/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 717 SCRANTON 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 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 Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television 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 **WHOHD DES MOINES** 113 N **KDSMHD** 117 N **DES MOINES** 123 **DES MOINES KCWIHD** ı

DES MOINES

139

KFPXHD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SCRANTON TELEPHONE COMPANY

717

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).

| | A B 4 | 0,10 | LOCATION OF STATIST | | A B A | 0.10 | LOOMED OF STATIST |
|-----------|----------|------|---------------------|-----------|----------|------|---------------------|
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION |
| KCIM | AM | | CARROLL, IA | | | | |
| CIIVI | AIVI | | CARROLL, IA | | | | |
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| ccounting Perio | od: 2018/2 LEGAL NAME OF OWNER OF | CABLE CVC | TEM. | | | | FORM | M SA1-2E. PAGE 5. |
|----------------------|---|--|---|--|---|---|--|-------------------------------------|
| Name | SCRANTON TELEPHO | | | | | | | SYSTEM ID# 717 |
| | SUBSTITUTE CARRIAG | E: SPECIA | AL STATEME | ENT AND PROGRAM LO |)G | | | |
| Substitute | In General: In space I, ident substitute basis during the a explanation of the programn | ify every no | nnetwork telev eriod, under sp | ision program, broadcast by pecific present and former F | / a <i>distant</i> sta CC rules, reg | ulations, o | r authorizatio | ns. For a further |
| Carriage: Special | 1. SPECIAL STATEMEN | | | , | | | | |
| Statement and | During the accounting pe broadcast by a distant sta | - | ur cable systei | m carry, on a substitute ba | isis, any nonr | network te | | · · |
| Program Log | Note: If your answer is "No | | root of this no | age blank. If your anower is | o "Voo." vou r | nuot oomi | YES | |
| | log in block 2. | , leave the | rest of this pa | age blatik. It your allswer is | s res, your | nust comp | piete trie prog | ji ai i i |
| | period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the brothe case of Mexican or Cal Column 5: Give the molfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." | titute progra ace, please of every no distant sta egulations, or ies like "mo Bulls." m was broa sign of the addcast stati natian stati hand day ve "5/7." es when the Example: er "R" if the and regulat nming that | am on a separ add additional connetwork tele- tion and that your authorization ovies" or "bask dcast live, ent station broadd on's location (ons, if any, the when your sy e substitute pr a program car e listed prograr- ions in effect of | I rows to the tables. vision program ("substitute our cable system substitute ins. See page (v) of the generated in the community to which the community to which the community with which the stem carried the substitute program was carried by your ried by a system from 6:01 m was substituted for programing the accounting period in the system carried for program was substituted for program was substituted for program was substituted for program the accounting period for program the accounting period in the system carried for program was substituted for program the accounting period for program the accounting period in the system is the system of the syst | e program") titled for the proneral instruct am titles, for e "No." ram. e station is lide program. Us r cable system i:15 p.m. to 6 ramming that od; enter the l | nat, during ogrammin ions for fuexample, " censed by entified). se numera m. List the :28:30 p.r. | g the account g of another a rither informa if Love Lucy" the FCC or, als, with the neatimes accurant should be seen was required. | ing station tion. or in nonth ately |
| | enedicin ediaber 10, 1070 | • | | | WHEN SUBSTITUTE | | | |
| | | UBSTITUT | E PROGRAM 3. STATION'S | | CARRIAGE OCCURRED 5. MONTH 6. TIMES | | | 7. REASON FOR DELETION |
| | TITLE OF PROGRAM | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM | — то | |
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| Accounting Period: | 2018/2 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|---|----------------------------|-----------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SCRANTON TELEPHONE COMPANY | SY | STEM ID# 717 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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. | mission service amount, se | ,181.06 |
| | IMPORTANT: You must complete a statement in space P concerning gross receipts. | (Amount of gro | ss receipts) |
| 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 9. 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. | \$263,80(| |
| | 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 t accounting period is \$52.00 | his six-month | |
| | Line 1. Royalty fee for accounting period | \$ | 52.00 |
| | 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 2 | . \$ | 52.00 |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1 | 00) | |
| | 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 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 | | 0.00 |
| | 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 groce receipts from anges V | | |
| | 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 | 0.00 | |
| | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 | | |
| | FILING FEE AND TOTAL REMITTANCE DUE | | |
| | | | |
| Filing Fee and Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | 52.00 | |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) | 15.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | \$ | 67.00 |
| | EFT Trace # or TRANSACTION ID # | | |
| | <u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more | | |

| Accounting Period: | Accounting Period: 2018/2 FORM SA1-2E. PAGE 7 | | | | | | |
|------------------------------------|---|--|--------------------------|---|------------------------------------|------------------------|--|
| Name | LEGAL NAME OF OWNE SCRANTON TELEP | | | | | SYSTEM ID# 717 | |
| M | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. | | | | | | |
| | | per of channels on which sion broadcast stations . | | 9 | | 28 | |
| | on which the cable s | per of activated channels ystem carried television ervices | broadcast | | | 146 | |
| N Individual to Be Contacted | | CONTACTED IF FURTH this statement of accoun | | RMATION IS NEEDED (Identify an inc | dividual to whom | | |
| for Further Information | Name EM | IILY HOYT | | | Telephone (| 712) 652-3355 | |
| | (Num | 00 MAIN ST, PO Both ber, street, rural route, apartr RANTON, IA 5146 town, state, zip) | nent, or suit | e number) | | | |
| | Email | emilyh@netins. | net | | Fax (optional) 7126523777 | | |
| | CERTIFICATION (This | statement of account mu | ust be cer | tified and signed in accordance with C | Copyright Office regulations) | | |
| O Certification | • I, the undersigned, he | reby certify that (Check o | ne,but on | ly one, of the boxes.) | | | |
| | (Owner other | er than corporation or p | artnershi | p) I am the owner of the cable system a | as identified in line 1 of space B | ; or | |
| | | | | artnership) I am the duly authorized ag tt a corporation or partnership; or | ent of the owner of the cable sy | ystem as identified | |
| | | partner) I am an officer (i of space B. | if a corpor | ation) or a partner (if a partnership) of t | he legal entity identified as own | er of the cable system | |
| | | I correct to the best of my | | clare under penalty of law that all state ge, information, and belief, and are mad | | | |
| | | | Χ | /S/ Allen Jacob | | | |
| | | | | electronic signature on the line above to nature using an "/s/ signature" (e.g., /s/ J | | | |
| | | Typed or printed | l name: | ALLEN JACOB | | | |
| | | Title: (Title of of | MANA fficial position | GER n held in corporation or partnership) | | | |
| | | Date: | | | FEBRUARY 14, 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 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 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.

| ounting Period: 2018/2 | FORM SA1-2E. PAGE 8 |
|--|--|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID: |
| RANTON TELEPHONE COMPANY | 717 |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXC The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), lowing sentence: "In determining the total number of subscribers and the gross amounts p service of providing secondary transmissions of primary broadcast trans scribers and amounts collected from subscribers receiving secondary tra For more information on when to exclude these amounts, see the note on page located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gro made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below | paid to the cable system for the basic smitters, the system shall not include sub-ansmissions pursuant to section 119." Special Statement Concerning Gross Receipts Exclusion e (vii) of the general instructions pass receipts for secondary transmissions |
| Name Mailing Address Mailing Address | |
| | |
| INTEREST ASSESSMENT | |
| You must complete this worksheet for those royalty payments submitted as a re- For an explanation of interest assessment, see page (viii) of the general instruc | |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessment |
| | x |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | _ |
| Line 2 Multiply line 1 by the interestrate and effect the sum fore | |
| | xdays |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | x 0.00274 |
| 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 | <u>\$</u> |
| | (interest charge) |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest contact the Licensing Division at (202) 707-8150 or licensing@copyright.g | · |
| ** 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 slist below the owner, address, first community served, ID number, and accounting | ., , |
| Owner | |
| Address | |
| | |
| ID number | |
| First community served | |
| Accounting period | |

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