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

STATEME	INT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	
	ms (Short Form)			<u>coplicsoa@copyright.gov</u>
O			\$	For additional information, contact the U.S. Copyright
	ctions are located of this workbook	08/15/2019	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
			THE CONTINUE TO THE PROPERTY OF THE PROPERTY O	-
-	I			⊣
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period))	
		7		
	2019-1	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 t of the subsidiary, not that of the parent o		diary of another corporation, give the full co	rporate title
Owner	List any other name or names under which		he cable system	
			the last day of the accounting period should s	ubmit a
	single statement of account and royalty f			
	Check here if this is the system's first filin	ng. If not, enter the system's ID number a	assigned by the Licensing Division.	27552
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	Olin Cablevision			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		

 PO Box 130

 [Number, street, rural route, apartment, or suite number]

 Olin, IA 52320

 [City, town, state, zip]

 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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
 IDENTIFICATION OF CABLE SYSTEM:

 1
 IDENTIFICATION OF CABLE SYSTEM:

 2
 (Number, street, rural route, apartment, or suite number)

 (City, town, state, zip code)
 (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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	Olin Cablevision	27552
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o	orated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area Served	identified city.	r mobile nome parks should be reported in parentileses below the
	CITY OR TOWN	STATE
First	Olin	lowa
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C						FORM SA1		
Name		ADLE STOTEIN					515	275	
	Olin Cablevision								
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	•	-		•				
Secondary	system, that is, the retransmission about other services (including particulation)								
Transmission	last day of the accounting period	, , ,	,	,		HUSE EXIS			
Service: Sub-	Number of Subscribers: Both					ole system	ı, broken		
scribers and	down by categories of secondar								
Rates	each category by counting the n						charged		
	separately for the particular serv Rate: Give the standard rate of						ne and the		
	unit in which it is generally billed	-	• •				-		
	category, but do not include disc	counts allowed	for advance payment.						
	Block 1: In the left-hand block								
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity		-		-				
	subscriber who pays extra for ca				• •	•			
	first set" and would be counted of								
	Block 2: If your cable system	•							
	printed in block 1 (for example, t				,	,.	, 0		
	with the number of subscribers a sufficient.	and rates, in the	e right-hand block. A ti	vo- or thre	e-word descripti	on of the	service is		
		DCK 1				BLOCK	(2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CATE	EGORY OF SEF		NO. OF SUBSCRIBERS	RA	
	Residential:	SUBSCRIB	ERS RATE	CATE	GORT OF SEP	VICE	SUBSCRIBERS	RA	
	Service to first set		152 87.90						
	Service to additional set(s)		287 \$5.00					•	
	• FM radio (if separate rate)		207 \$3.00					•	
	Motel, hotel							•	
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RATE	S					
F	In General: Space F calls for ra	•	•	-	• •				
•	not covered in space E, that is, t				•				
Services	service for a single fee. There are furnished at cost or (2) services	•	•	0		0 (·		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions:	Block 1: Give the standard rat		•		• •		were not		
Rates	Block 2: List any services that listed in block 1 and for which a	• •		-	÷ .				
	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	BLO RATE	CATEGORY OF SER	VICE	RATE	CATEG	DRY OF SERVICE	RA	
	Continuing Services:		Installation: Non-res						
	• Pay cable		 Motel, hotel 						
	• Pay cable—add'l channel		Commercial						
	Fire protection		• Pay cable						
	•Burglar protection		• Pay cable-add'l ch	annel					
	Installation: Residential		• Fire protection						
	• First set		Burglar protection						
	Additional set(s)		Other services:						
	()		• Reconnect					1	
	 FM radio (if separate rate) 								
	 FM radio (if separate rate) Converter 								
	 FM radio (if separate rate) Converter 		Disconnect						
	,			855					

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE				
Name	Olin Cablevision			27				
	PRIMARY TRANSMITTERS: TELEVISION							
G	carried by your cable syste FCC rules and regulations	lentify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	(1) stations carried only on a part ne carriage of certain network prog	t-time basis under grams [sections				
Primary Insmitters:		(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 st	tations carried on a				
elevision	Substitute Basis Stations	s: With respect to any distant stations ca	irried by your cable system on a s	ubstitute program				
	 Do not list the station her station was carried only or List the station here, and 	also in space I, if the station was carried	d both on a substitute basis and al	so on some other				
	Column 1: List each statio	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 the form	program services such as HBO, ES	SPN, etc. Identify each				
	Column 2: Give the chann of license. For example, W	nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. h case whether the station is a network s	-	-				
	educational station, by ento (for independent multicast) For the meaning of these t Column 4: Give the location	ering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of th	for network multicast), "I" (for inde or "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	pendent), "I-M" tional multicast). n is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KGAN	2.1	N	CEDAR RAPIDS, IA				
	KWWL	7.1	Ν	CEDAR RAPIDS, IA				
ows as Necessary	KCRG	9.1	N	CEDAR RAPIDS, IA				
	KDIN	11.1	N	DES MOINES, IA				
	КЖКВ	20.1	N	CEDAR RAPIDS, IA				
	KFXA	28.1	N	CEDAR RAPIDS, IA				
	KPXR	48.1	l	CEDAR RAPIDS, IA				
	KPXR	48.2	I	CEDAR RAPIDS, IA				
	KPXR	48.3	I	CEDAR RAPIDS, IA				
	KGAN	2.2	N-M	CEDAR RAPIDS, IA				
	KWWL	7.2	N-M	WATERLOO, IA				
	KWWL KWWL	7.2	N-M N-M	WATERLOO, IA				
	KWWL	7.3	N-M	WATERLOO, IA				
	KWWL KCRG	7.3 9.2	N-M N-M	WATERLOO, IA CEDAR RAPIDS, IA				
	KWWL KCRG KCRG	7.3 9.2 9.3	N-M N-M N-M	WATERLOO, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA				
	KWWL KCRG KCRG KDIN	7.3 9.2 9.3 11.2	N-M N-M N-M N-M	WATERLOO, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DES MOINES, IA				
	KWWL KCRG KCRG KDIN KDIN	7.3 9.2 9.3 11.2 11.3	N-M N-M N-M N-M N-M	WATERLOO, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DES MOINES, IA DES MOINES, IA				
	KWWL KCRG KCRG KDIN KDIN KFXA KCRG2HD	7.3 9.2 9.3 11.2 11.3 28.2	N-M N-M N-M N-M N-M N-M	WATERLOO, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA				
	KWWL KCRG KCRG KDIN KDIN KFXA	7.3 9.2 9.3 11.2 11.3 28.2 9.2	N-M N-M N-M N-M N-M N-M N-M	WATERLOO, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA				
	KWWL KCRG KCRG KDIN KDIN KFXA KCRG2HD KCRG4	7.3 9.2 9.3 11.2 11.3 28.2 9.2 9.4	N-M N-M N-M N-M N-M N-M N-M N-M	WATERLOO, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DES MOINES, IA DES MOINES, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA				

Olin Cablevi	FOWNER OF (CABLE 5	ISTEM:					SYSTEM 275
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of i for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation abourm. Identify the call tate whether the the radio stat this by placing tive the station	y the sys be recei it the Co l sign of e the static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t 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 ed by the cable s he station is licens	adend, and (2 enna, during ca ge (v) of the g system as a se sed by the FC0) it can ertain st eneral ii eparate a	be expected, ated intervals. hstructions 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	
						··		

Accounting Perio	od: 2019-1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Olin Cablevision							27552
	SUBSTITUTE CARRIAG	E: SPFCI)G			
	In General: In space I, ident	-	-			tion that you	r coblo ava	tom corried on a
•	substitute basis during the a			1 0	,	· .	,	
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting per				asis any noni	network telev	ision nroa	ram
Statement and				n ourry, on a substitute be	abio, arry norm			
Program Log	broadcast by a distant sta	lion?					YES	NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa				o program") t	hot during th		ina
	period, was broadcast by a			vision program ("substitut our cable system substitu				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			۵/ ۳ OII	()			
				er "Yes." Otherwise enter asting the substitute prog				
				the community to which the		censed bv th	e FCC or.	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which th	e station is id	entified).		
			when your sy	stem carried the substitut	e program. U	se numerals	, with the n	nonth
	first. Example: for May 7 gi					1.1.0		
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program can	ned by a system norm 0.0	1. 15 p.m. to t	.20.30 p.m.		
		er "R" if the	listed prograr	n was substituted for proc	ramming tha	t your systen	n was <i>requ</i>	iired
	to delete under FCC rules a							ogram
	was substituted for program		your system w	as permitted to delete un	der FCC rules	s and regulat	ions in	
	effect on October 19, 1976	•						
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI	MES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
						_		
							-	
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							-	

Accounting Period:	2019-1 FORM S	A1-2E. PAGE 6.
Name		YSTEM ID#
	Olin Cablevision	27552
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.	" 1,423.56
_	COPYRIGHT ROYALTY FEE	
L 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 \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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-month accounting period is \$52.00	
	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 \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	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)	
	BLUCK 3: GROSS RECEIPTS OF MORE THAN \$203,000 (but less than \$527,000)	
	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	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 #	
	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:	2019-1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	OWNER OF CABLE SYSTEM: on			SYSTEM ID# 27552
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c	s, and (2) the cable system's to I number of channels on which	broadcast stations		20 264
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accoun	ER INFORMATION IS NEEDED (Identify an individual t.)	I to whom	
for Further Information	Name	FRANK WOOD		Telephone 3	319-484-2200
	Address	318 JACKSON STRE (Number, street, rural route, apartr OLIN, IA 52320 (City, town, state, zip)	ET nent, or suite number)		
	Email	olintel@netins.r	et Fax ((optional) 319-484-2800	
O Certification	I, the undersign X (Own (Ager in (Offic in · I have examine	ned, hereby certify that (Check o er other than corporation or p nt of owner other than corpora line 1 of space B and that the o cer or partner) I am an officer (i line 1 of space B. d the statement of account and te, and correct to the best of my	ist be certified and signed in accordance with Copyrigh ne, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as identi tion or partnership) I am the duly authorized agent of the wner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the legal hereby declare under penalty of law that all statements of knowledge, information, and belief, and are made in goo	ified in line 1 of space B the owner of the cable sy I entity identified as own of fact contained herein	ystem as identified
			X /s/ Frank Wood Enter an electronic signature on the line above to certify th Enter signature using an "/s/ signature" (e.g., /s/ John Smi		
		Typed or printed	name: Frank Wood		
		Title: (Title of of	Manager/Assistant Board Secretary		
		Date:	Aug	gust 15, 2019	

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counting Period: 2019-1	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
in Cablevision	2755
 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 made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
X	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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 \$ -	-
x	_
x	-
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here -	
x	
x	

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