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	ти	OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return by ema	completed workbook ail to:
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	conlic	soa@copyright.gov
Cable Syster General instruct in the first tab of	ctions	are located	08/16/2019	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
Α	ACC		BY THIS STATEMENT: (YY	YY/(Period)) Period 2 = July 1 - December 31		
Accounting		2019/1	Barcode Data Filing Period (optional -			
Period B Owner		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co List any other name or names under which	rporation. the owner conducts the business of the	e cable system.		
		If there were different owners during the a single statement of account and royalty fe Check here if this is the system's first filing	e payment covering the entire accounting	ng period.	l submit a	62197
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM			
		City of Hawarden BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
		(Number, street, rural route, apartment, or suite nu	mber)			
		Hawarden, IA 51023 (City, town, state, zip)				
С		RUCTIONS: In line 1, give any busing s already appear in space B. In line 2				
System	1	IDENTIFICATION OF CABLE SYSTEM:				
		MAILING ADDRESS OF CABLE SYSTEM				
	2	(Number, street, rural route, apartment, or suite nu	mber)			

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.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	City of Hawarden	62197
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or n	nobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	HAWARDEN	A
mmunity		
vs as Necessary	/	
		······

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	TEM II
Name	City of Hawarden		-						6219
E Secondary Transmission Service: Sub- scribers and	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary	pace E should on of television pay cable) in sp I (June 30 or E n blocks in spa	l cover all ca and radio l bace F, not becember 3 ace E call fo	ategories of s broadcasts by here. All the f 1, as the case r the number	econdar / your sy acts you e may be of subso	vstem to subscr u state must be e). cribers to the ca	ibers. Give those exist ible system	information ting on the n, broken	
Rates	each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Not categories, that person or entity	ice at the rate harged for eac . (Example: "\$ counts allowed in space E, the to their subsc e: Where an ir	indicated ch category 20/mth"). So for advance for advance form lists cribers. Give ndividual or	not the numb of service. In ummarize any e payment. the categorie e the number organization	er of set clude bo y standa es of sec of subso is receiv	s receiving ser- oth the amount of rd rate variation ondary transmi cribers and rate ing service that	vice). of the char ns within a ssion servi for each lis falls unde	ge and the particular rate ce that cable sted category r different	
	subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	once again unc has rate categ iers of service and rates, in th	ler "Service ories for se s that incluc	to additional condary trans le one or mor	set(s)." mission e secon	service that are dary transmissi	e different t ons), list th tion of the s	rom those em, together service is	
	BLC	DCK 1 NO. OF	: [BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		459	67.00 L	.ocal			47	28.
	Service to additional set(s) FM radio (if separate rate) Motel, hotel				Digital			49	33.
	Commercial Converter								
	Residential Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscri hose services re two exceptio or facilities fur hit in which it is rate column. te charged by t your cable sy separate charge	ber) informa that are not ons: you do nished to no usually bill the cable sy stem furnish ge was mad de the rate t	ation with resp t offered in co not need to g onsubscribers ed. If any rate vstem for each hed or offered le or establish	mbinatio live rate s. Rate ir es are ch h of the d during	on with any sec information cor nformation shou narged on a var applicable servi the accounting	ondary trar ncerning (1 Ild include iable per-p ices listed. period that	nsmission) services both the rogram basis, : were not	
	CATEGORY OF SERVICE	RATE		RY OF SERVI	CE	RATE	CATEG	DRY OF SERVICE	RAT
	Continuing Services:			n: Non-resid					
	• Pay cable • Pay cable—add'l channel		• Motel, • Comme				HBO SHOW	TIME	20. 15.
	I		• Pay ca	ble				AX	10.
	Fire protection Burglar protection Installation: Residential		· ·	ble-add'l chai	nnel		STAR	/ENCORE	15.
	·		• Fire pro	otection r protection /ices:	nnei		STARZ	/ENCORE	

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE
Name	City of Hawarden	F UADLE ST ST LIVI.		62
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: relevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r	lentify every television station (including em during the accounting period, <i>excep</i> 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. s: With respect to any distant stations c: rules, regulations, or authorizations: re in space G—but do list it in space I (t	<i>t</i> (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a su	-time basis under rams [sections ations carried on a ubstitute program
	station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W	n a substitute basis. also in space I, if the station was carrie on 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. nel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C.	ed both on a substitute basis and al , see page (v) of the general instruc program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove	so on some other ctions. SPN, etc. Identify each port multistream r the air in its community
	educational station, by ente (for independent multicast) For the meaning of these te Column 4: Give the location FCC. For Mexican or Cana	h case whether the station is a network ering the letter "N" (for network), "N-M"), "E" (for noncommercial educational), of erms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of t	(for network multicast), "I" (for inde or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. t the community to which the station the community with which the station	pendent), "I-M" tional multicast). n is licensed by the on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTIV-DT	4.1	N	SIOUX CITY, IA
	KTIV-DT2	4.2	N-M	SIOUX CITY, IA
ows as Necessary	KTIV-DT3	4.3	N-M	SIOUX CITY, IA
	кттw	7.1	N	SIOUX FALLS, SD
	KTTW-DT2	7.2	N-M	SIOUX FALLS, SD
			Ν	SIOUX CITY, IA
	KCAU-DT	9.1		
	KCAU-DT KCAU-DT2	9.1	N-M	SIOUX CITY, IA
	KCAU-DT2	9.2	N-M	SIOUX CITY, IA
	KCAU-DT2 KCAU-DT3	9.2 9.3	N-M N-M	SIOUX CITY, IA SIOUX CITY, IA
	KCAU-DT2 KCAU-DT3 KCAU-DT4	9.2 9.3 9.4	N-M N-M N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA
	KCAU-DT2 KCAU-DT3 KCAU-DT4 KELO-DT	9.2 9.3 9.4 11.1	N-M N-M N-M N	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX FALLS, SD
	KCAU-DT2 KCAU-DT3 KCAU-DT4 KELO-DT KELO-DT2	9.2 9.3 9.4 11.1 11.2	N-M N-M N-M N N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX FALLS, SD SIOUX FALLS, SD
	KCAU-DT2 KCAU-DT3 KCAU-DT4 KELO-DT KELO-DT2 KELO-DT3	9.2 9.3 9.4 11.1 11.2 11.3	N-M N-M N-M N N-M N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD
	KCAU-DT2 KCAU-DT3 KCAU-DT4 KELO-DT KELO-DT2 KELO-DT3 KELO-DT4	9.2 9.3 9.4 11.1 11.2 11.3 11.4	N-M N-M N-M N N-M N-M N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD
	KCAU-DT2 KCAU-DT3 KCAU-DT4 KELO-DT KELO-DT2 KELO-DT3 KELO-DT4 KMEG KMEG-DT2	9.2 9.3 9.4 11.1 11.2 11.3 11.4 14.1 14.2	N-M N-M N-M N N-M N-M N-M N-M N-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX CITY, IA
	KCAU-DT2 KCAU-DT3 KCAU-DT4 KELO-DT KELO-DT2 KELO-DT3 KELO-DT4 KMEG KMEG-DT2 KSIN-DT	9.2 9.3 9.4 11.1 11.2 11.3 11.4 14.1 14.2 28.1	N-M N-M N-M N N-M N-M N-M N-M E	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX CITY, IA SIOUX CITY, IA
	KCAU-DT2 KCAU-DT3 KCAU-DT4 KELO-DT KELO-DT2 KELO-DT3 KELO-DT4 KMEG KMEG-DT2 KSIN-DT KSIN-DT2	9.2 9.3 9.4 11.1 11.2 11.3 11.4 14.1 14.2 28.1 28.2	N-M N-M N-M N-M N-M N-M N-M E E E-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA
	KCAU-DT2 KCAU-DT3 KCAU-DT4 KELO-DT KELO-DT2 KELO-DT3 KELO-DT4 KMEG KMEG-DT2 KSIN-DT KSIN-DT KSIN-DT2 KUSD	9.2 9.3 9.4 11.1 11.2 11.3 11.4 14.1 14.2 28.1 28.2 34.1	N-M N-M N-M N N-M N-M N-M N N-M E E E-M E	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA
	KCAU-DT2 KCAU-DT3 KCAU-DT4 KELO-DT KELO-DT2 KELO-DT3 KELO-DT4 KMEG KMEG-DT2 KSIN-DT KSIN-DT KUSD KUSD-DT2	9.2 9.3 9.4 11.1 11.2 11.3 11.4 14.1 14.2 28.1 28.2 34.1 34.2	N-M N-M N-M N-M N-M N-M N-M E E E-M E	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA VERMILLION, SD VERMILLION, SD
	KCAU-DT2 KCAU-DT3 KCAU-DT4 KELO-DT KELO-DT2 KELO-DT3 KELO-DT4 KMEG KMEG-DT2 KSIN-DT KSIN-DT KSIN-DT2 KUSD KUSD-DT2 KUSD-DT3	9.2 9.3 9.4 11.1 11.2 11.3 11.4 14.1 14.2 28.1 28.1 28.2 34.1 34.2 34.3	N-M N-M N-M N-M N-M N-M N-M E E E E-M E E-M E-M	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX FALLS, SD SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA VERMILLION, SD VERMILLION, SD
	KCAU-DT2 KCAU-DT3 KCAU-DT4 KELO-DT KELO-DT2 KELO-DT3 KELO-DT4 KMEG KMEG-DT2 KSIN-DT KSIN-DT KUSD KUSD-DT2	9.2 9.3 9.4 11.1 11.2 11.3 11.4 14.1 14.2 28.1 28.2 34.1 34.2	N-M N-M N-M N-M N-M N-M N-M E E E-M E	SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA VERMILLION, SD VERMILLION, SD

EGAL NAME OF								SYSTEM 621
	every radio s	station ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recei at 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 < 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 his point, see par ed by the cable s e 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 :	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	
UNEL UIGIN		3,0	LOGATION OF STATION			3,0	LOOATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	City of Hawarden							62197
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM I C	G			
	In General: In space I, ident				-	tion that vo	ur cable svs	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syste	m carry, on a substitute ba	isis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	age blank. If your answer i	s "Ves " vouu	must comp	_	
	-	, leave the		age blank. If your answer i	s 163, your	must comp	ete trie proj	gram
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if tl	neir meaning	g is
	clear. If you need more spa	ace, please	add additiona	I rows to the tables.				-
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by i	the FCC or	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numeral	s, with the r	nonth
	first. Example: for May 7 gi		o oubotituto pr	ogram was corriad by you	r aabla avata	m list the	timoo ooour	ataly
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:0				atery
	stated as "6:00-6:30 p.m."				·	•		
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s and regula		
	,							T
						N SUBSTI		7. REASON FOR
		2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	AGE OCC	IMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		— то	
							_	
								"
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1	I	1	Г	1	1 r	г		7

Accounting Period:	2019/1 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# City of Hawarden 62197
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 c 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, se 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 \$263,80(• 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
	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
	2. Enter amount of gross receipts from space K \$ 223,815.00
	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
	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 \$ 263,800.00
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, 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)
Due	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 \$ 939.15
	EFT Trace # or TRANSACTION ID # 26JHRHCC
	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 C	DWNER OF CABLE SYSTEM:				SYSTEM ID# 62197
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number of s, and (2) the cable system's I number of channels on which television broadcast stations I number of activated channe able system carried television cast services	otal number of activated c n the cable s s broadcast stations	hannels during the a	ccounting period.	22 178
N Individual to Be Contacted		BE CONTACTED IF FURTI about this statement of accou		EDED (Identify an ir	dividual to whom	
for Further Information	Name	Mike DeBruin			Telephone	712-551-4400
	Address	1150 Central Avenu (Number, street, rural route, apar Hawarden, IA 51023	ment, or suite number)			
	Email	(City, town, state, zip) miked@cityofh	awarden.com		Fax (optional)	
		(This statement of account m	ust be certified and signed	l in accordance with		
O Certification	• I, the undersigne	ed, hereby certify that (Check	one, <i>but only one</i> , of the box	kes.)	as identified in line 1 of space E	2. or
	(Agen in X (Offic in	t of owner other than corpor line 1 of space B and that the ser or partner) I am an officer line 1 of space B. d the statement of account and e, and correct to the best of m	ation or partnership) I am wher is not a corporation o if a corporation) or a partne hereby declare under pena	the duly authorized a r partnership; or er (if a partnership) of alty of law that all state	gent of the owner of the cable s the legal entity identified as own ements of fact contained herein	system as identified ner of the cable system
		Typed or printe	X /s/ Mike De Enter an electronic signatu Enter signature using an "/ d name: Mike DeBr	re on the line above to s/ signature" (e.g., /s/		
		Title:	City Administrato	r		
		Date:			7/29/2019	

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.

ity of Hawarden 62 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 carrier(s) below. No YES. Enter the total here and list the satellite carrier(s) below. Name Maling Address Name Maling Address Name Maling Address Name Maling Address No unust 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.		FORM SA1-2E. PAGE
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in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number		-
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