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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information,	
General instructions are located in the first tab of this workbook	07/16/2019	ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A ACCOUNTING PERIOD COVERED I	BY THIS STATEMENT: (Y)	YYY/(Period))		

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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
		Goldfield Communications Services, Corp
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 67 (Number, street, rural route, apartment, or suite number)
		Goldfield, IA 50542
		(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	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	Goldfield Communications Services, Corp	62366
	Instructions: List each separate community served by the cable system. A "comm	
-	"a separate and distinct community or municipal entity (including unincorporated	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobil	e home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Goldfield	Iowa
Community	Humboldt	lowa
	Clarion	Iowa
	Renwick	
dd Rows as Necessary		lowa

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:					FORM SA1	TEM ID
Name	Goldfield Communication	ons Service	s, Corp					6236
_	SECONDARY TRANSMISSION			ATES				
E	In General: The information in s			-	y transmission s	ervice of th	ne cable	
	system, that is, the retransmission	on of television	and radio broadcasts	by your sy	stem to subscrib	ers. Give i	information	
Secondary	about other services (including p					nose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	`	'	,	,	le svetem	broken	
scribers and	down by categories of secondary							
Rates	each category by counting the n							
	separately for the particular serv							
	Rate: Give the standard rate c unit in which it is generally billed							
	category, but do not include disc	ounts allowed	for advance pavment.	iny stanua		s wiu iir a p		
	Block 1: In the left-hand block			ries of sec	ondary transmis	sion servic	e that cable	
	systems most commonly provide							
	that applies to your system. <b>Note</b> categories, that person or entity							
	subscriber who pays extra for ca				0,			
	first set" and would be counted of							
	Block 2: If your cable system							
	printed in block 1 (for example, t with the number of subscribers a							
	sufficient.	inu rates, in the	HIGHT-HATTU DIOCK. A W	wo- or time	e-word description		ervice is	
	BLO	DCK 1				BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	208	\$37.95		Expanded Basic	2	182	\$74.9
	<ul> <li>Service to first set</li> </ul>							
	<ul> <li>Service to additional set(s)</li> </ul>							
	<ul> <li>FM radio (if separate rate)</li> </ul>							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RATE	S				
F	In General: Space F calls for rat	•	,	•	• •			
F	not covered in space E, that is, t							
Services	service for a single fee. There ar furnished at cost or (2) services							
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the	rate column.			-		-	
Transmissions: Rates	Block 1: Give the standard rat Block 2: List any services that						woro not	
Rales	listed in block 1 and for which a							
	brief (two- or three-word) descrip							
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Installation: Non-res	sidential				
	• Pay cable		<ul> <li>Motel, hotel</li> </ul>					
	Pay cable—add'l channel		<ul> <li>Commercial</li> </ul>					
	Fire protection		<ul> <li>Pay cable</li> </ul>					
	•Burglar protection		<ul> <li>Pay cable-add'l ch</li> </ul>	nannel				
			<ul> <li>Fire protection</li> </ul>					
	Installation: Residential			1				
	First set	\$35	<ul> <li>Burglar protection</li> </ul>					
	<ul><li>First set</li><li>Additional set(s)</li></ul>	\$35	Other services:					
	<ul> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	\$35	Other services: • Reconnect					
	<ul><li>First set</li><li>Additional set(s)</li></ul>	\$35	Other services:					
	<ul> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	\$35	Other services: • Reconnect					

	2019/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	Goldfield Communica			62366
G Primary Transmitters: Television	In General: In space G, ide carried by your cable system 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 not list the station here station was carried only 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 ti Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca leles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network program a(e)(2) and (4))]; and (2) certain static arried by your cable system on a subs he Special Statement and Program Lo d both on a substitute basis and also see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a re (for network multicast), "I" (for indeper pr "E-M" (for noncommercial education uctions in the paper SA1-2 form.	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 moncommercial 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
	WOI	5	N	Des Moines, IA
	KCCI	8	Ν	Des Moines, IA
ows as Necessary	WHO	13	Ν	Des Moines, IA
	KDIN	11	Ν	Des Moines, IA
	KDSM	17	Ν	Des Moines, IA
	KCWI	23	Ν	Des Moines, IA
		1		

Accounting F	Period: 2019	/1					FORM	I SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
Goldfield Co	ommunicati	ions Se	ervices, Corp					62366
all-band basis v Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo	t every radio s vhose signals ctions Conce it is carried b monitoring, to prmation abou rm. dentify the call	station ca were ge rning Al y the sys be recei t the Co sign of o	arried on a separate and discre- nerally receivable by your cab <b>I-Band FM Carriage:</b> Under C stem whenever it is received a ived at the headend, with the so pyright Office regulations on t each station carried. on is AM or FM.	le system during Copyright Office i t the system's he system's FM ante	the accountin regulations, ar adend, and (2 enna, during c	ng perioo n FM sig 2) it can ertain st	1. nal is generally be expected, ated intervals.	H Primary Transmitters: Radio
			n is AM or FM. nal was electronically process	ed by the cable s	system as a se	eparate	and discrete	
Column 4: G	Give the station	n's locati	k mark in the "S/D" column. on (the community to which th the community with which the LOCATION OF STATION			C or, in S/D	the case of	

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Goldfield Communicat	ions Serv	vices, Corp					62366
	SUBSTITUTE CARRIAGI	E: SPECIA			G			
	In General: In space I, identi		-			ion that your	cable syste	m 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	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televis	ion program	1
Program Log	broadcast by a distant star	tion?					YES	NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa Column 1: Give the title			ision program ("substitute p	program") that	t, during the	accounting	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substituted	d for the prog	ramming of a	another stat	tion
	under certain FCC rules, re Do not use general categor							1.
	"NBA Basketball: 76ers vs.		vies of baske	tball. List specific program		ample, TLOV	le Lucy O	
	Column 2: If the program	n was broad		r "Yes." Otherwise enter "N				
				sting the substitute programe community to which the		need by the	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day		tem carried the substitute p			vith the mor	nth
	first. Example: for May 7 giv				abla avetava			h
	to the nearest five minutes.			gram was carried by your o ed by a system from 6:01:1				iy
	stated as "6:00–6:30 p.m."				-			
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.							
						N SUBSTIT		
	s	UBSTITUT	E PROGRAM	1		AGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
							_	
							_	
						_	_	
							_	
						-	_	
						-	_	
						_	_	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Goldfield Communications Services, Corp	SY	STEM ID# 62366
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	,265.49 ss 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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	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-mon	
	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 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	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 # 26IRUHCA		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7.
Name		FOWNER OF CABLE SYSTEM: mmunications Services, Corp	SYSTEM ID# 62366
M Channels	<ul><li>to its subscrib</li><li>1. Enter the to system carri</li><li>2. Enter the to on which the</li></ul>	You must give (1) the number of channels on which the cable system carried television broadcast si ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	tations 15 79
N Individual to Be Contacted for Further	we can contac	TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)  Jacob Berte Tei	lephone <b>515-825-3996</b>
Information	Name Address	536 N Main St. / PO Box 67 (Number, street, rural route, apartment, or suite number)	
	Email	Goldfield, IA 50542 (City, town, state, zip) jberte@ganiowa.com Fax (optional)	
O Certification	I, the undersig     (Ow     (Age     X     (Of     I have examinare true, comp	N (This statement of account must be certified and signed in accordance with Copyright Office regulated in the interpretent of the case of the case of the boxes.)         Inter other than corporation or partnership) I am the owner of the cable system as identified in line 1 of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified in line 1 of space B.         Idea of the statement of account and hereby declare under penalty of law that all statements of fact contained ete, and correct to the best of my knowledge, information, and belief, and are made in good faith.         It is a corporation to 1001(1986)]         Image: Typed or printed name:         Image: Typed or printed name:	space B; or e cable system as identified d as owner of the cable system d herein
		Date: 07/16/2019	

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unting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
dfield Communications Services, Corp	623
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?	- Special Statemen Concerning Gross Receipts Exclusio
VES. Enter the total here and list the satellite carrier(s) below	
Name     Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	

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