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	T 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	7/3/2019	S ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - Dece	mber 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, of the subsidiary, not that of the parent corporation.	give the full corporate title
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 single statement of account and royalty fee payment covering the entire accounting period.	period should submit a
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Divi	sion.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	La Motte Telephone Company	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 8	
	(Number, street, rural route, apartment, or suite number)	
	LA MOTTE IOWA 52054 (City, town, state, zip)	
С	STRUCTIONS: In line 1, give any business or trade names used to identify the business and o mes already appear in space B. In line 2, give the mailing address of the system, if different fro	
System	1 IDENTIFICATION OF CABLE SYSTEM: 63050	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 PO BOX 8 (Number, street, rural route, apartment, or suite number)	
	LA MOTTE IOWA 52054 (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:	FORM SA1-2E. PAG
Name		5151EW
	La Motte Telephone Company	
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated 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.	l communities within unincorporated areas and including single u list will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city.	le home parks should be reported in parentheses below the
Fired	CITY OR TOWN	STATE IOWA
First Community	ANDREW	IOWA
Community		
	MAQUOKETA	IOWA
d Rows as Necessary	BELLEVUE	IOWA
	ZWINGLE	IOWA
	ST. DONATUS	IOWA

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								515	
	La Motte Telephone Cor	прапу							
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in sp								
Secondary	system, that is, the retransmissic about other services (including p								
Transmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both						le system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu							charged	
	separately for the particular servi Rate: Give the standard rate cl							e and the	
	unit in which it is generally billed.								
	category, but do not include disc	ounts allowed	for adva	nce payment.	-				
	Block 1: In the left-hand block								
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o	nce again und	er "Servi	ce to addition	al set(s)."				
	Block 2: If your cable system h	-		•					
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	nu rates, in the	e ngnt-na		wo- or thre	e-word description	on or the se	ervice is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:	SUBSCRIB	_1\3		UA1		(VICL	SUBSCRIBERS	1.411
	Service to first set		127	98.95	Basic			15	39.0
	Service to additional set(s)				Basic F	Plus		13	84.9
	• FM radio (if separate rate)					Plus Expande	ed .	3	98.9
	Motel, hotel					athered Expa		94	98.9
	Commercial				Oranai		inaoa	U -1	00.0
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	S				
Г	In General: Space F calls for rat					Il your cable syst	em's servio	ces that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There are furnished at cost or (2) services of								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the							.g	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip				ISHEU. LISI	lifese olifer serv	ices in the	IOTTI OF a	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res					
	• Pay cable		• Mot	el, hotel					
	• Pay cable—add'l channel			nmercial					
	Fire protection		• Pav	cable					
	•Burglar protection		,	cable-add'l cl	hannel				
				protection					
	•								
	Installation: Residential			•	1				
	Installation: Residential • First set		• Burç	glar protection	1				
	Installation: Residential • First set • Additional set(s)		• Burg Other s	glar protection	1				
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burç Other s • Rec	glar protection ervices: onnect	1				
	Installation: Residential • First set • Additional set(s)		• Burg Other s • Rec • Disc	glar protection ervices: onnect connect	I				
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burg Other s • Rec • Disc • Outl	glar protection ervices: onnect					

Image La Motte Telephone Company 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 reflect 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, and also in space (-) ubt do list it in space 1 (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 xas carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations. We TA-2" as the same on the form. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station accriding to its over-the-air designation. For example, WRC is channel 4 in Washington, D.C. Column 4: Give the channel number the FCC assigned to the television station or ranocommercial educational station, by entering the letter "N" (for network, "N-M" (for independent station, by entering the letter "N" (for network multicast), "T (for independent multicast), E" (for noncommercial educational), or "E-M" (for noncommercial educational mult					evetem
PRIMARY TRANSMITTERS: TELLVISION 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. <i>except</i> (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 passes. The constraint stations carried on (4) (3)) and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis. as explained in the next paragraph. • Bord Bit the station here in space C - build do list in space (1the Special Statement and Program Log)—If the station was carried only on a substitute basis. • Do not list the station here in space C - build do list in space (1the Special Statement and Program Log)—If the station was carried only on a substitute basis. • Lost the station here in space C - build do list in estation ad also in space 1, the special Statement and Program Log)—If the station and also in space 1, the station here are designed to be television station for broadcasting over the air in its community of license. For example, when 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 1: List each station is explored by the device stations in the paper SA12 form. Column 2: Give the charding carbon every stations. Is the community to which the station is increaded by the effect. Column 3: List the station is carbon by constructions in the paper SA12 form. Column 4: Give the location of each stations. Is the com	ame				SYSTEM
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, accept (1) stations carried only on a part-fline basis under PCC (uses and regulations) in effect on June 24, 1981, permitting the carried only on a part-fline basis under PCC for lows, regularizations. To Sol(12) and (4), 76 81(e)(2) and (4), or 76 83 (referring to 76 81(e)(2) and (3)); and (2) certain stations carried only our cable system 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. As explained the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis. The station was carried only on a substitute basis and also on some other basis. For thirtle imformation concerning substitute basis stations, see page (v) of the general instructions. To further imformation concerning substitute basis stations, see page (v) of the general instructions. To example, report nutistream "WEC in channel in Washinghon, 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 multicast), "To for independent multicast), "For the meaning of these terms, see page (v) of the general instructions in the paper SNL (for noncommercial education and multicast), "For the meaning of these terms, see page (v) of the general instructions in the paper SNL (for noncommercial education and the set paper (v) of the general instructions in the paper SNL (for noncommercial education and the set paper (v) the g		•	1 /		
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EGAL NAME OF .a Motte Tel								SYSTEM
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of the static ion's sig g a chec n's locati	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s he station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	La Motte Telephone C	ompany						0
Substitute	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the a explanation of the programm	fy every not	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stati C rules, regula	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMEN						- F - F	
Special	During the accounting per				is any nonnel	work televi	sion program	n
Statement and	broadcast by a distant sta	•		ourly, on a substitute sub-	io, any nonne			× NO
Program Log	,						YES	
	Note: If your answer is "No"	', leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete	e the prograi	n
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every no distant stat gulations, o ies like "mo Bulls." n was broad sign of the s idcast static adian static th and day re "5/7." es when the Example: a er "R" if the ind regulation ming that y	am on a separa add additional i innetwork telev ion and that yo or authorizations vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro a program carrie listed program ons in effect du	rows to the tables. Ision program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra be community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01:" was substituted for progra ring the accounting period	program") that d for the prog eral instruction h titles, for exa lo." m. station is lice station is iden program. Use cable system. 15 p.m. to 6:2 amming that y ; enter the let	t, during the ramming of ns for furthe ample, "I Lo nsed by the tiffied). numerals, " List the tim 8:30 p.m. sl our system ter "P" if the	e accounting another sta er information ve Lucy" or e FCC or, in with the mor hes accurate hould be was <i>require</i> e listed progr	tion n. hth ly
	s	UBSTITUT	TE PROGRAM	1		N SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T	TIMES — TO	DELETION
							_	
								·
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Accounting Period:	2019/1 FO	RM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	La Motte Telephone Company	0
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 tot all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission ser (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, s 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.	vice
_	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 \$263,800 • 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.	
	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-m accounting period is \$52.00	on
	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	
	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 \$ 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	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	00
	2. Filing Fee (See the instructions for more information on filing fee calculations)	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 Copy See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more inform	

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: Iephone Company	SYSTEM ID#
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period.	
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	JOANNE GREGORICH Telephone (563)) 773-2213
	Address	PO BOX 8 (Number, street, rural route, apartment, or suite number)	
		LA MOTTE IOWA 52054 (City, town, state, zip)	
	Email	joanne@lamotte-telco.com Fax (optional)	
O Certification	I, the undersig (Ow (Age X (Of I have examinare true, complete	DN (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) runer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. need the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] X /s/JoAnne Gregorich Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: JoAnne Gregorich Title: General Manager (Title of official position held in corporation or partnership)	
		Date: 07/03/2019	

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 the 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 telephon 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 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 t 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 lav

unting Period: 2019/1	FORM SA1-2E. PAC
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Iotte Telephone Company	
 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? NO 	P Special Stateme Concerning Gros Receipts Exclusion
YES. 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 Assessm
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 Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
	Q Interest Assessm
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