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 COPYRIGHT	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instructions are located in the first tab of this workbook	5/5/20	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		Barcode Data Filing Period (optional - see instructions)
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
		FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 410 BROAD AVE
		(Number, street, rural route, apartment, or suite number)
		STANTON IA 51573 (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: SAME AS "B"
		MAILING ADDRESS OF CABLE SYSTEM:
	2	SAME AS "B" (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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA	220*
	Instructions: List each separate community served by the cable system. A "commu	
D	"a separate and distinct community or municipal entity (including unincorporated	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	I list will serve as a form of system identification hereafter knowl
	Note: Entities and properties such as hotels, apartments, condominiums, or mobil	a home parks should be reported in parentheses helew the
Area	identified city.	e nome parks should be reported in parentileses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	STANTON	IOWA
Community	NEW MARKET	IOWA
	BETHESDA	IOWA
Rows as Necessary	VILLISCA	IOWA
uu Rows as Necessary	NODAWAY	IOWA

							FORM SA1	-2E. PAGE	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA								
	FARMERS MOTOAL TE		SU OF STAN						
Е	SECONDARY TRANSMISSION								
E	In General: The information in s system, that is, the retransmission	•	-		•				
Secondary	about other services (including p								
Transmission	last day of the accounting period						ig on the		
Service: Sub-	Number of Subscribers: Bot	h blocks in spa	ce E call for the r	number of subs	cribers to the ca	ble system,	broken		
scribers and	down by categories of secondar	•	-	•	•				
Rates	each category by counting the n separately for the particular server						charged		
	Rate: Give the standard rate of						e and the		
	unit in which it is generally billed								
	category, but do not include disc	counts allowed	for advance pay	ment.					
	Block 1: In the left-hand block	•		U					
	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					,.			
	with the number of subscribers a sufficient.	and rates, in the	e nym-nanu bioc	K. A two- of this	ee-word descrip				
		DCK 1			BLOCK				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		- CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATI	
	Residential:	CODOCINID		- 0,11		WICE	COBCONDENCE	1011	
	Service to first set		756 41	.95					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel		1 21.15/ro	om					
	Commercial		2 16.56/ro					•	
	Converter							•	
	Residential		1,173 5	5.95				1	
	Non-residential								
								1	
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra								
•	not covered in space E, that is, t service for a single fee. There a								
Services	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								
Transmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	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.								
	, , ,	PL O							
	CATEGORY OF SERVICE	BLO RATE	CATEGORY OF	SERVICE	RATE	CATEGO	BLOCK 2 RY OF SERVICE	RATE	
	Continuing Services:	TUTE	Installation: No		TUTE	C/ TEOO			
	• Pay cable	19.95	• Motel, hotel		-	DVR		9.9	
	• Pay cable—add'l channel	19.95	Commercial		-	Mini Bus	siness	45.0	
	Fire protection	N/A	• Pay cable		19.95	Basic/P		96.0	
	•Burglar protection	N/A	• Pay cable-ad	dd'l channel	19.95				
	Installation: Residential		Fire protection		N/A				
	First set	-	Burglar proteint		N/A				
			Other services:						
	 Additional set(s) 								
	 Additional set(s) FM radio (if separate rate) 	N/A	 Reconnect 		20 00				
	• FM radio (if separate rate)	N/A N/A	 Reconnect Disconnect 		20.00				
		N/A N/A	Disconnect	tion	-				
	• FM radio (if separate rate)				20.00 - 75.00 20.00				

Name	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTE					
Name		TELEPHONE CO OF STANTON	NIOWA						
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary	carried by your cable syst FCC rules and regulation	arried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6.59(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							
ansmitters:	substitute program basis,	as explained in the next paragraph.							
elevision		ns: With respect to any distant stations or rules, regulations, or authorizations:	carried by your cable system on a sut	ostitute program					
	• Do not list the station he station was carried only of	ere in space G—but do list it in space I (on a substitute basis.	(the Special Statement and Program I	Log)—if the					
	• List the station here, and	d also in space I, if the station was carrie							
	Column 1: List each stati	tion concerning substitute basis stations ion's call sign. <i>Do not</i> report origination	program services such as HBO, ESP	PN, etc. Identify each					
	multicast stream associat "WETA-2" as the same or	ted with a station according to its over-th n the form.	ne-air designation. For example, repo	ort multistream					
		nnel number the FCC assigned to the tel WRC is channel 4 in Washington, D.C.	levision station for broadcasting over	the air in its community					
	Column 3: Indicate in eac	ch case whether the station is a network	•						
		ntering the letter "N" (for network), "N-M" st), "E" (for noncommercial educational),							
	For the meaning of these	terms, see page (iv) of the general institution of each station. For U.S. stations, list	ructions in the paper SA1-2 form.	,					
		nadian stations, if any, give the name of							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KMTV-DT	3.1	N	OMAHA, NE					
	KMTV-DT2	3.2	N-M	OMAHA, NE					
Pows as Necessary									
Rows as Necessary	WOWT-DT	6.1	Ν	OMAHA, NE					
ows as Necessary	WOWT-DT WOWT-DT2	6.1 6.2	N N-M	OMAHA, NE OMAHA, NE					
ows as Necessary									
lows as Necessary	WOWT-DT2	6.2	N-M	OMAHA, NE					
lows as Necessary	WOWT-DT2 KETV-DT	6.2 7.1	N-M N	OMAHA, NE OMAHA, NE					
lows as Necessary	WOWT-DT2 KETV-DT KETV-DT2	6.2 7.1 7.2	N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE					
lows as Necessary	WOWT-DT2 KETV-DT KETV-DT2 IPTV-DT	6.2 7.1 7.2 11.1	N-M N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA					
lows as Necessary	WOWT-DT2 KETV-DT KETV-DT2 IPTV-DT IPTV-DT2	6.2 7.1 7.2 11.1 11.2	N-M N-M N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA					
lows as Necessary	WOWT-DT2 KETV-DT KETV-DT2 IPTV-DT IPTV-DT2 IPTV-DT3	6.2 7.1 7.2 11.1 11.2 11.3	N-M N-M N-M N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA					
lows as Necessary	WOWT-DT2 KETV-DT KETV-DT2 IPTV-DT IPTV-DT2 IPTV-DT3 IPTV-DT4	6.2 7.1 7.2 11.1 11.2 11.3 11.4	N-M N-M N-M N-M N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA					
lows as Necessary	WOWT-DT2 KETV-DT KETV-DT2 IPTV-DT2 IPTV-DT2 IPTV-DT3 IPTV-DT4 WHO-DT	6.2 7.1 7.2 11.1 11.2 11.3 11.4 13.1	N-M N-M N-M N-M N-M N-M N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA					
Rows as Necessary	WOWT-DT2 KETV-DT KETV-DT2 IPTV-DT IPTV-DT2 IPTV-DT3 IPTV-DT4 WHO-DT WHO-DT2	6.2 7.1 7.2 11.1 11.2 11.3 11.4 13.1 13.2	N-M N-M N-M N-M N-M N-M N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA					
tows as Necessary	WOWT-DT2 KETV-DT KETV-DT2 IPTV-DT2 IPTV-DT3 IPTV-DT4 WHO-DT WHO-DT2 WHO-DT2	6.2 7.1 7.2 11.1 11.2 11.3 11.4 13.1 13.2 13.3	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA					
tows as Necessary	WOWT-DT2 KETV-DT KETV-DT2 IPTV-DT2 IPTV-DT2 IPTV-DT3 IPTV-DT4 WHO-DT WHO-DT2 WHO-DT3 KXVO-DT	6.2 7.1 7.2 11.1 11.2 11.3 11.4 13.1 13.2 13.3 15.1	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA OMAHA, NE					
tows as Necessary	WOWT-DT2 KETV-DT KETV-DT2 IPTV-DT2 IPTV-DT3 IPTV-DT3 IPTV-DT4 WHO-DT WHO-DT2 WHO-DT2 WHO-DT3 KXVO-DT KXVO-DT2	6.2 7.1 7.2 11.1 11.2 11.3 11.4 13.1 13.2 13.3 15.1 15.2	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA OMAHA, NE OMAHA, NE					
tows as Necessary	WOWT-DT2 KETV-DT KETV-DT2 IPTV-DT2 IPTV-DT2 IPTV-DT3 IPTV-DT4 WHO-DT WHO-DT2 WHO-DT2 WHO-DT3 KXVO-DT KXVO-DT2	6.2 7.1 7.2 11.1 11.2 11.3 11.4 13.1 13.2 13.3 15.1 15.2 17.1	N-M N	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA					
tows as Necessary	WOWT-DT2 KETV-DT KETV-DT2 IPTV-DT2 IPTV-DT2 IPTV-DT3 IPTV-DT4 WHO-DT WHO-DT2 WHO-DT2 WHO-DT3 KXVO-DT KXVO-DT KXVO-DT2 KDSM-DT2	6.2 7.1 7.2 11.1 11.2 11.3 11.4 13.1 13.2 13.3 15.1 15.2 17.1 17.2	N-M N	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA OMAHA, NE OMAHA, NE DES MOINES, IA					
tows as Necessary	WOWT-DT2 KETV-DT KETV-DT2 IPTV-DT2 IPTV-DT3 IPTV-DT4 WHO-DT2 WHO-DT2 WHO-DT2 KXVO-DT2 KXVO-DT2 KDSM-DT2 KDSM-DT3	6.2 7.1 7.2 11.1 11.2 11.3 11.4 13.1 13.2 13.3 15.1 15.2 17.1 17.2 17.3	N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA					

EGAL NAME OI				OWA				SYSTEM 22
	t every radio s	station ca	arried on a separate and discrence of the second					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to prmation about rm. dentify the call tate whether t the radio stat this by placing	y the sys be recein to the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under C stem 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 th	t the system's he system's FM ante his point, see pa his point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
Mexican or Can	adian stations	s, if any,	the community with which the	station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
							·	
						·		
							·	
						·	·	

Accounting Perio	ounting Period: 2019/2						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	FARMERS MUTUAL T	ELEPHON	NE CO OF S	TANTON IOWA				2201
	SUBSTITUTE CARRIAG	-	-					
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a							
		ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further						
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:	1. SPECIAL STATEMEN	T CONCEP	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 te <u>l</u>	evision prog	ram
Program Log	 g broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations 						YES	× NO
r rogram Eog						L	-	
					s "Yes," you i	must comp	lete the prog	gram
	In General: List each subs	titute progra	am on a separ	ate line. Use abbreviation	s wherever p	ossible, if t	heir meaning	g is
	clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program"							
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progra	am titles, for e	example, I	Love Lucy	or
			dcast live ent	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
				the community to which th		censed by	the FCC or,	in
	the case of Mexican or Car						,	
	Column 5: Give the mor	nth and day	when your sy	stem carried the substitute	e program. U	se numera	ls, with the r	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes.	. Example: a	a program car	ried by a system from 6:07	1:15 p.m. to 6	5:28:30 p.m	1. should be	
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	n was substituted for prog	ramming that	t vour evet	m was roa	uired
	to delete under FCC rules							
	was substituted for program							ogram
	effect on October 19, 1976		your oyotonn n			o ana roga		
	,							T
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM	1	CARRIAGE OCCURRED			7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
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Accounting Period:	2019/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA		S	YSTEM ID# 2201
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho 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.	s secondary transm w to compute this :	nission service amount, see	0,592.00 oss 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informat	than \$527,600 tion.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the accounting period is \$52.00			
	Line 1. Royalty fee for accounting period			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 ar			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but			
	1. Base amount under statutory formula		,	
	2. Enter amount of gross receipts from space K	200,592.00	_	
	3. Subtract line 2 from line 1	63,208.00	_	
	4. Enter the amount of gross receipts from space K	\$	200,592.00	
	5. Enter the amount from line 3	\$	63,208.00	
	6. Subtract line 5 from line 4	\$	137,384.00	
	7. Multiply line 6 by .005 (enter figure here)		\$	686.92
	8. Interest charge. Enter the amount from line 4, space Q, page 8		\$	2.48
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 .		\$	689.40
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	out 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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	689.40	
246	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	709.40
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form	• •		hts!

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: TUAL TELEPHONE CO O	OF STANTON IOWA		SYSTEM ID# 2201
M Channels	to its subscribers 1. Enter the total system carried	s, and (2) the cable system's t number of channels on which television broadcast stations	·····	the accounting period.	21
	on which the ca	number of activated channel able system carried television ast services	n broadcast stations		170
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accourt	HER INFORMATION IS NEEDED (Identif	/ an individual to whom	
for Further Information	Name	KEVIN T CABBAGE		Telephone 7	12-829-2111
	Address	410 BROAD AVE (Number, street, rural route, apart STANTON IA 51573 (City, town, state, zip)			
	Email	kcabbage@fmt	tcnet.com	Fax (optional) 712-829-2111	
O Certification	I, the undersigned (Owned) (Agening) (Agening) (Agening) (Agening) (Officient) (In the second s	ed, hereby certify that (Check or er other than corporation or p t of owner other than corpor line 1 of space B and that the o er 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	nust be certified and signed in accordance one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable sy ration or partnership) I am the duly author owner is not a corporation or partnership; o (if a corporation) or a partner (if a partnersh d hereby declare under penalty of law that a y knowledge, information, and belief, and a	ystem as identified in line 1 of space B; ized agent of the owner of the cable sys r nip) of the legal entity identified as owne Ill statements of fact contained herein	stem as identified
		Typed or printed Title:	X /S/ KEVIN T CABBAGE	ove to certify this statement.	
		(Title of o Date:	official position held in corporation or partnership)	5/5/20	

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.

counting Period: 2019/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ARMERS MUTUAL TELEPHONE CO OF STANTON IOWA	2201
 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 Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
* 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@loc.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	

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 th 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.