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@loc.gov</u>
General instructions are located in the first tab of this workbook	2/20/2020	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
			1

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20192 Barcode Data Filing Period (optional - see instructions)
Period		
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
		Dumont Telephone Company
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 349 (Number, street, rural route, apartment, or suite number)
		Dumont, IA 50625-0349 (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	(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#
Humo	Dumont Telephone Company	31293
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known s.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	oile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Dumont	IA
Community	Allison	IA
	Parkersburg	IA
Add Rows as Necessary	Geneva	IA

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	Dumont Telephone Com	npany							31293
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c 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. Note categories, that person or entity	SERVICE: SU pace E should on of television ay cable) in sp (June 30 or D blocks in space (transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc : Where an inc	cover a and ra ace F, ecembro ce E ca service s in tha ndicate h categ 20/mth" for adv e form l ribers. dividua	all categories of dio broadcasts not here. All the er 31, as the ca all for the numbe e. In general, yo at category (the ed—not the num gory of service.). Summarize a ance payment. lists the categor Give the numbe I or organizatior	secondary by your sy a facts you se may be of subsc u can com number of set include bo ny standar ies of seco or of subsc n is receivin	stem to subscrift state must be t pl. ribers to the cat pute the numbe f persons or org s receiving serv th the amount o rd rate variations ondary transmis ribers and rate to ng service that f	bers. Give hose existi ole system, r of subscr anizations ice). f the charg s within a p sion servic for each lis alls under	information ng on the broken ibers in charged e and the particular rate e that cable ted category different	
	subscriber who pays extra for ca first set" and would be counted of Block 2: If your cable system 1 printed in block 1 (for example, the with the number of subscribers a sufficient.	ble service to a nce again und has rate catego iers of services	additior er "Ser ories fo that in	nal sets would b vice to additiona r secondary trai clude one or ma	e included al set(s)." nsmission ore second	l in the count un service that are dary transmissio	der "Servic different fr ns), list the	e to the om those em, together	
	BLO	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	COBCOTUB		IUTE	0,111			COBCORIBEIRO	TUTE
	Service to first set	Basic Pkg =	295	\$120.60/mth	Local E	Basic Pkg		54	\$43.35
	 Service to additional set(s) 	Non-DVR =	134	\$3.95/mth	Basic F	kg (Geneva))	5	\$118.6
	 FM radio (if separate rate) 					Basic Pkg (G	eneva)	-	\$41.40
	Motel, hotel	Basic Pkg =		\$240.00/mth		nal DVR		2	\$5.95/
	Commercial	Basic Pkg =	1	\$124.00/mth		ercial - Basic		1	\$170.0
	Converter				Comme	ercial - Basic	: Pkg	1	\$320.
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un 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 s brief (two- or three-word) descrip	e (not subscrib hose services t e two exceptio or facilities furn- it in which it is rate column. e charged by th your cable sys separate charg	er) info hat are ns: you ished t usually ne cabl stem fu e was	ormation with re e not offered in o do not need to to nonsubscribe / billed. If any ra le system for ea rnished or offer made or establi	spect to al combinatio give rate i rs. Rate in ates are ch ach of the a ed during t	n with any seco information cond formation shoul arged on a varia applicable servic the accounting p	ndary trans cerning (1) d include b able per-pr ces listed. ceriod that	smission services oth the ogram basis, were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential				
	• Pay cable	\$14.95		otel, hotel		PP		dZone HD	\$40.0
	Pay cable—add'l channel	\$14.95	-	ommercial		PP	Live US	B Adapter	\$1.0
	Fire protection			y cable		\$10			
	•Burglar protection			y cable-add'l ch	nannel	\$10.00			
	Installation: Residential	* 25.00		e protection					
	• First set	\$35.00		rglar protection					
	• Additional set(s)	PP		services:		¢05.00			
	• FM radio (if separate rate)			econnect		\$35.00			
	• Converter			sconnect					
				Itlet relocation		PP			
			• 1///	ove to new addr	ess	\$35.00			

NI	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Dumont Telephone Co	ompany		312
	PRIMARY TRANSMITTERS:			
G		ntify every television station (including		
G		n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting ti		
Primary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.6		
ansmitters: elevision	Substitute Basis Stations	s explained in the next paragraph. : With respect to any distant stations c	arried by your cable system on a sub	stitute program
		lles, regulations, or authorizations: e in space G—but do list it in space I (t	he Special Statement and Program L	oa)—if the
	station was carried only on	a substitute basis.		
	basis. For further informatio	also in space I, if the station was carrie n concerning substitute basis stations,	see page (v) of the general instruction	ons.
		's call sign. <i>Do not</i> report origination p I with a station according to its over-the	•	
	"WETA-2" as the same on t	he form.		
		el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over t	he air in its community
		case whether the station is a network ring the letter "N" (for network), "N-M"		
	(for independent multicast),	"E" (for noncommercial educational), o	or "E-M" (for noncommercial educatio	
		rms, see page (iv) of the general instrunt n of each station. For U.S. stations, list		s licensed by the
		dian stations, if any, give the name of t		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRG-TV	9	N	Cedar Rapids, IA
	KCRGDT		N-M	Cedar Rapids, IA
ws as Necessary	KCRGDT2		N-M	Cedar Rapids, IA
	KCRGDT3		N-M	Cedar Rapids, IA
	KCRGDT4		N-M	Cedar Rapids, IA
	KCRGDT5		N-M	Cedar Rapids, IA
	KFXA	28	Ν	Cedar Rapids, IA
	KFXADT		N-M	Cedar Rapids, IA
	KFXADT2		N-M	Cedar Rapids, IA
	KFXADT3		N-M	Cedar Rapids, IA
	KFXADT4		N-M	Cedar Rapids, IA
	KGAN	2	N	Cedar Rapids, IA
	KGANDT		N-M	Cedar Rapids, IA
	KGANDT2		N-M	Cedar Rapids, IA
	KGANDT2 KGANDT3		N-M	Cedar Rapids, IA
	KPXR-TV	48	N-W	Cedar Rapids, IA
	KPXR-TV KPXRDT	40	N-M	
	KPXRDT2			Cedar Rapids, IA
			N-M	Cedar Rapids, IA
	KPXRDT3		N-M	Cedar Rapids, IA
	KDIN	11	E	Des Moines, IA
	KDINDT		E-M	Des Moines, IA
	KDINDT2		E-M	Des Moines, IA
			F B A	Dee Meinee IA
	KDINDT3		E-M	Des Moines, IA
	KDINDT3 KDINDT4 KWKB	20	E-M E-M N	Des Moines, IA Des Moines, IA Iowa City, IA

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Dumont Telephone Co	ompany		31:
	PRIMARY TRANSMITTERS:			
G Primary ansmitters:	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as	entify every television station (including m 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 s explained in the next paragraph.	<i>t</i> (1) stations carried only on a part-tin he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati	me basis under ms [sections ions carried on a
Felevision	basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on		he Special Statement and Program L	.og)—if the
	basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t		, see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report	ons. N, etc. Identify each rt multistream
	of license. For example, W Column 3: Indicate in each educational station, by ente	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), o	station, an independent station, or a (for network multicast), "I" (for indepe	noncommercial ndent), "I-M"
	For the meaning of these te Column 4: Give the location	re (ion honcommercial educatoria), c erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station i	s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KWKBDT		N-M	Iowa City, IA
	KWKBDT2		N-M	Iowa City, IA
	KWWL	7	N	Waterloo, IA
	KWWLDT		N-M	Waterloo, IA
	KWWLDT2		N-M	Waterloo, IA
	KWWLDT3		N-M	Waterloo, IA
	KWWLDT4		N-M	Waterloo, IA
	KWWLDT5		N-M	Waterloo, IA
	кссі	8	Ν	Des Moines, IA
	KCCIDT		N-M	Des Moines, IA
	KCCIDT2		N-M	Des Moines, IA
	КССІДТЗ		N-M	Des Moines, IA
	ксш	23	Ν	Des Moines, IA
	KCWIDT		N-M	Des Moines, IA
	KCWIDT2		N-M	Des Moines, IA
	KCWIDT3		N-M	Des Moines, IA
	KDMI	56	Ν	Des Moines, IA
	KDSM	17	Ν	Des Moines, IA
	KDSMDT		N-M	Des Moines, IA
	KDSMDT2		N-M	Des Moines, IA
	KDSMDT3		N-M	Des Moines, IA
	INDOM DIS	r r		
	KDSMDT4		N-M	Des Moines, IA
		39	<u>N-M</u> N	Des Moines, IA Des Moines, IA
	KDSMDT4	39		

ounting Period:	<u> </u>			0)(075
Name	LEGAL NAME OF OWNER O			SYSTE
	Dumont Telephone (3′
	PRIMARY TRANSMITTERS:			
G		dentify every television station (including tra em during the accounting period, <i>except</i> (
•	FCC rules and regulations	in effect on June 24, 1981, permitting the	carriage of certain network prog	rams [sections
Primary ansmitters:		(e)(2) and (4), or 76.63 (referring to 76.61(as explained in the next paragraph.	e)(2) and (4))]; and (2) certain s	tations carried on a
Television		s: With respect to any distant stations carr	ied by your cable system on a s	ubstitute program
		rules, regulations, or authorizations: ere in space G—but do list it in space I (the	Special Statement and Program	aloa) if the
	station was carried only o		Special Statement and Frogram	
		l also in space I, if the station was carried I		
		ion concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination pro		
		ed with a station according to its over-the-a	air designation. For example, re	port multistream
	"WETA-2" as the same on Column 2: Give the chan	n the form. nel number the FCC assigned to the televi	sion station for broadcasting over	er the air in its community
	of license. For example, V	5		
		0,		
		ch case whether the station is a network sta	•	
	educational station, by ent	0,	r network multicast), "I" (for inde	pendent), "I-M"
	educational station, by end (for independent multicast For the meaning of these	ch case whether the station is a network statering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct	r network multicast), "I" (for inde "E-M" (for noncommercial educa ions in the paper SA1-2 form.	pendent), "I-M" ational multicast).
	educational station, by end (for independent multicast For the meaning of these Column 4: Give the locati	ch case whether the station is a network sta tering the letter "N" (for network), "N-M" (fo i), "E" (for noncommercial educational), or	r network multicast), "I" (for inde "E-M" (for noncommercial educa ions in the paper SA1-2 form. ne community to which the static	pendent), "I-M" ational multicast). n is licensed by the
	educational station, by end (for independent multicast For the meaning of these Column 4: Give the locati	ch case whether the station is a network sta- tering the letter "N" (for network), "N-M" (fo i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list th	r network multicast), "I" (for inde "E-M" (for noncommercial educa ions in the paper SA1-2 form. ne community to which the static	pendent), "I-M" ational multicast). n is licensed by the
	educational station, by end (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can	ch case whether the station is a network statering the letter "N" (for network), "N-M" (fo i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list the adian stations, if any, give the name of the	r network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. ne community to which the static community with which the static	pendent), "I-M" ational multicast). In is licensed by the on is identified.
	educational station, by end (for independent multicast For the meaning of these Column 4: Give the locati	ch case whether the station is a network sta- tering the letter "N" (for network), "N-M" (fo i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list th	r network multicast), "I" (for inde "E-M" (for noncommercial educa ions in the paper SA1-2 form. ne community to which the static	pendent), "I-M" ational multicast). n is licensed by the
	educational station, by end (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can	ch case whether the station is a network statering the letter "N" (for network), "N-M" (fo i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list the adian stations, if any, give the name of the	r network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. ne community to which the static community with which the static	pendent), "I-M" ational multicast). In is licensed by the on is identified.
	educational station, by end (for independent multicast For the meaning of these the Column 4: Give the locati FCC. For Mexican or Cant 1. CALL SIGN	ch case whether the station is a network statering the letter "N" (for network), "N-M" (fo i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list the adian stations, if any, give the name of the	r network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static community with which the static 3. TYPE OF STATION	pendent), "I-M" ational multicast). In is licensed by the on is identified. 4. LOCATION OF STATION
	educational station, by end (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN KFPXDT3	ch case whether the station is a network statering the letter "N" (for network), "N-M" (fo i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	r network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static community with which the static 3. TYPE OF STATION N-M	pendent), "I-M" ational multicast). In is licensed by the on is identified. 4. LOCATION OF STATION Des Moines, IA
	educational station, by end (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN KFPXDT3 WHO	ch case whether the station is a network statering the letter "N" (for network), "N-M" (fo i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	r network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static community with which the static 3. TYPE OF STATION N-M N	pendent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION Des Moines, IA Des Moines, IA
	educational station, by end (for independent multicast For the meaning of these to Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN KFPXDT3 WHO WHODT	ch case whether the station is a network statering the letter "N" (for network), "N-M" (fo i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	r network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static community with which the static 3. TYPE OF STATION N-M N	ependent), "I-M" ational multicast). In is licensed by the on is identified. 4. LOCATION OF STATION Des Moines, IA Des Moines, IA Des Moines, IA
	educational station, by end (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KFPXDT3 WHO WHODT WHODT2	ch case whether the station is a network statering the letter "N" (for network), "N-M" (fo i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	r network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the static community with which the static 3. TYPE OF STATION N-M N-M N-M	ependent), "I-M" ational multicast). In is licensed by the on is identified. 4. LOCATION OF STATION Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA
	educational station, by end (for independent multicast For the meaning of these for Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN KFPXDT3 WHO WHODT WHODT2 WHODT3	ch case whether the station is a network statering the letter "N" (for network), "N-M" (fo i), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	r network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static community with which the static 3. TYPE OF STATION N-M N-M N-M N-M	ependent), "I-M" ational multicast). In is licensed by the on is identified. 4. LOCATION OF STATION Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA
	educational station, by end (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KFPXDT3 WHO WHODT WHODT2 WHODT3 WHODT4	ch case whether the station is a network statering the letter "N" (for network), "N-M" (fo it), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 13	r network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the static community with which the static 3. TYPE OF STATION N-M N-M N-M N-M N-M	ependent), "I-M" ational multicast). In is licensed by the on is identified. 4. LOCATION OF STATION Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA
	educational station, by end (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN KFPXDT3 WHO WHODT WHODT2 WHODT3 WHODT4 WOI	ch case whether the station is a network statering the letter "N" (for network), "N-M" (fo it), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 13	r network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the static community with which the static 3. TYPE OF STATION N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	 appendent), "I-M" ational multicast). an is licensed by the on is identified. 4. LOCATION OF STATION Des Moines, IA
	educational station, by end (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KFPXDT3 WHO WHODT WHODT2 WHODT2 WHODT4 WOI WOIDT	ch case whether the station is a network statering the letter "N" (for network), "N-M" (fo it), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 13	r network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the static community with which the static 3. TYPE OF STATION N-M N-M N-M N-M N-M N-M N-M N-M N-M	 ational multicast). an is licensed by the bon is identified. 4. LOCATION OF STATION Des Moines, IA

EGAL NAME OF								SYSTEM II 312
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) in the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: Column 4: Colum 4: Column 4	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stat this by placing Sive the station	y the sys be recein t the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under 0 tem whenever it is received a ved at the headend, with the s opyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	eadend, and (2 enna, during c ige (v) of the g system as a se sed by the FC	2) it can œrtain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	AM or EM	S/D			AM or EM	s/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
(LMJ-104.9	FM		Hampton, IA					
	[

Accounting Perio	d: 2019/2						FOR	RM SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Dumont Telephone Co	ompany						31293
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I	In General: In space I, identi 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 th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	is, any nonnei	twork televi	sion prograr	
Program Log	broadcast by a distant sta	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	e the progra	m
	log in block 2.						1 0	
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if thei	r meaning is	3
	clear. If you need more spa			rows to the tables. ision program ("substitute	program") tha	t during the	e accounting	r
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substitute	d for the prog	ramming of	another sta	tion
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lo	ove Lucy" or	
	-		dcast live, ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	the case of Mexican or Can			e community to which the			e FCC or, in	
				tem carried the substitute			with the mo	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				ely
	stated as "6:00–6:30 p.m."		a program cam		15 p.m. to 0.2	0.00 p.m. s		
				was substituted for progra				
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period	; enter the let		e listed progr	ram
	Iwas substituted for program				r FCC rules a	nd regulation	nns in	
	was substituted for program effect on October 19, 1976.	nming that y		s permitted to delete unde	r FCC rules a	nd regulatio	ons in	
		nming that y				-		1
	effect on October 19, 1976.	nming that y	our system wa	s permitted to delete unde	WHE	N SUBSTI	TUTE URRED	7. REASON FOR
	effect on October 19, 1976.	nming that y	our system wa	s permitted to delete unde	WHE	N SUBSTI	TUTE	
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
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	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
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	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	rour system wa	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR

Accounting Period:	2019/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		5	SYSTEM ID#
	Dumont Telephone Company			31293
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the an 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 how 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.	secondary trans v to compute this	mission servi s amount, see \$ 23	се
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 1 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less 1 See page (vi) of the general instructions located in the paper SA1-2 form for more information	than \$527,600	\$263,800	
	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 y accounting period is \$52.00 Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
				<u> </u>
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m	ore than \$137,	100)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	237,036.74		
	3. Subtract line 2 from line 1	26,763.26		
	4. Enter the amount of gross receipts from space K	\$ 2	37,036.74	
	5. Enter the amount from line 3	\$	26,763.26	
	6. Subtract line 5 from line 4	\$ 2	10,273.48	
	7. Multiply line 6 by .005 (enter figure here)		\$	1,051.37
	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		\$	1,051.37
	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		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)	\$	1,051.37	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	1,071.37
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	-		ghts!

Accounting Period:	: 2019/2		FORM SA1-2E. PAGE 7
Name		DF OWNER OF CABLE SYSTEM: lephone Company	SYSTEM ID# 31293
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	: You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period. total number of channels on which the cable ried television broadcast stations total number of activated channels total number of activated channels total number of activated channels total number of activated stations total number of activated channels total number of activated stations total number of activated channels total number of activated stations total number of activated channels total number of activated stations total number of activated stations total number of activated channels total number of activated stations total number of activated stativated stations total number of activated stativated	60 297
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom act about this statement of account.)	
for Further Information	Name	Roger Kregel Telephone	(641) 857-3211
	Address	506 Pine St, PO Box 349 (Number, street, rural route, apartment, or suite number)	
		Dumont, IA 50625-0349 (City, town, state, zip)	
	Email	rogerkr@netins.net Fax (optional) (641) 857-330	00
0	CERTIFICATIO	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification		igned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) wner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;	or
		gent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sys in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
		officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owne in line 1 of space B.	er of the cable system
	are true, comp	ined the statement of account and hereby declare under penalty of law that all statements of fact contained herein plete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ection 1001(1986)]	
		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: Roger Kregel	
		Title: General Manager (Title of official position held in corporation or partnership)	

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 telephoi 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 filing, a determination that would be made by a court of lave

unting Period: 2019/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM 312
nont Telephone Company	512
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemen
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.	Concerning Gros Receipts Exclusio
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	_
×	_
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	- - -
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	-
	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - 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 \$ - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 - Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - - (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@loc.gov.	
x	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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.