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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

		WOLKDOOK	02/26/2020	ALLOCATION NUMBER	
Α	ACC		D BY THIS STATEMENT: (Y)	YYY/(Period))	
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
в		Instructions: Give the full legal name of the owner or of the subsidiary, not that of the parent		iary of another corporation, give the full corporat	e title
Owner		List any other name or names under wh	hich the owner conducts the business of the	e cable system.	
		-	he accounting period, only the owner on th y fee payment covering the entire accounti	e last day of the accounting period should subming period.	ta
		Check here if this is the system's first fi	ling. If not, enter the system's ID number a	ssigned by the Licensing Division.	36788
		LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTEM		
		Griswold Coop Telephone Co			
			OF CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER O	OF CABLE SYSTEM		
		PO Box 640			
		Alumber street surel route exertment or suit	te number)		
		(Number, street, rural route, apartment, or suit Griswold IA 51535	te number)		
		(Number, street, rural route, apartment, or suit Griswold IA 51535 (City, town, state, zip)	te number)		
С		Griswold IA 51535 (City, town, state, zip) RUCTIONS: In line 1, give any bu	siness or trade names used to ider	tify the business and operation of the sy e system, if different from the address gi	
C System		Griswold IA 51535 (City, town, state, zip) RUCTIONS: In line 1, give any bu s already appear in space B. In lir IDENTIFICATION OF CABLE SYSTEM	isiness or trade names used to ider ne 2, give the mailing address of the		
	name	Griswold IA 51535 (City. town, state, zip) RUCTIONS: In line 1, give any bu s already appear in space B. In lin	isiness or trade names used to ider ne 2, give the mailing address of the l: EM:		
	name: 1	Griswold IA 51535 (City, town, state, zip) RUCTIONS: In line 1, give any bu s already appear in space B. In lin IDENTIFICATION OF CABLE SYSTEM N/A MAILING ADDRESS OF CABLE SYSTEM N/A (Number, street, rural route, apartment, or suit	isiness or trade names used to ider ne 2, give the mailing address of the l: EM:		

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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Griswold Coop Telephone Co	36788
D	Instructions: List each separate community served by the cable system. A "commu "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.	communities within unincorporated areas and including single,
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
001700		
-	CITY OR TOWN	IA STATE
First Community	Griswold	
Community	Lyman	
	Elliott Lewis	
Rows as Necessary	Grant	AI IA
	Sidiit	

	LEGAL NAME OF OWNER OF CA	ARI F SYSTEM:					SY	STEM I
Name	Griswold Coop Telepho							3678
Е	SECONDARY TRANSMISSION In General: The information in sp			-	v transmission se	nvice of th	a cable	
—	system, that is, the retransmission							
Secondary	about other services (including p							
Transmission	last day of the accounting period	(June 30 or D	ecember 31, as the	case may be	e).		-	
Service: Sub-	Number of Subscribers: Both	•				•		
scribers and Rates	down by categories of secondary each category by counting the nu							
Rales	separately for the particular servi						charged	
	Rate: Give the standard rate cl						e and the	
	unit in which it is generally billed.				rd rate variations	within a p	articular rate	
	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							
	subscriber who pays extra for ca							
	first set" and would be counted o							
	Block 2: If your cable system h							
	printed in block 1 (for example, ti							
	sufficient.	nu rates, in the	e fight-hand block. A	two- or three-word description of the service is				
		BLOCK 1					(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CAT			NO. OF SUBSCRIBERS	RA
	Residential:	GODOCINID				VIOL	CODOCIVIDENCO	
	Service to first set		462 91.95	Econor	ny Package		39	27.
	 Service to additional set(s) 		405 4.99		Set Top Box		252	
	• FM radio (if separate rate)				ipment Fee		265	4.
	Motel, hotel							
	Commercial		8 91.95	Non-Ho	ospitality Eco	nomv	2	27.
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC							
			INSINISSIUNS. RAI	ES				
F	In General: Space F calls for rat	e (not subscrib	per) information with	respect to al				
F	In General: Space F calls for rat not covered in space E, that is, the space E and the space E	e (not subscrib hose services t	ber) information with that are not offered i	respect to al	on with any secon	dary trans	smission	
-	In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There are	e (not subscrib hose services t e two exceptio	per) information with that are not offered i ns: you do not need	respect to al n combination to give rate	on with any secon information conce	dary trans erning (1)	smission services	
F Services Other Than	In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of	e (not subscrib hose services t e two exceptio or facilities furn	per) information with that are not offered i ns: you do not need nished to nonsubscri	respect to al n combination to give rate pers. Rate ir	on with any secon information conce formation should	dary trans erning (1) include b	smission services oth the	
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ne	Griswold Coop Telep	CABLE SYSTEM:		SYSTEM II 3678
	PRIMARY TRANSMITTERS:			
ary litters: lision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph. With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th	(1) stations carried only on a part e carriage of certain network prog I (e)(2) and (4))]; and (2) certain st rried by your cable system on a su	-time basis under rams [sections ations carried on a ubstitute program
	basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast),	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the- the form. el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), or	see page (v) of the general instruct rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial education)	ctions. SPN, etc. Identify each port multistream r the air in its community a noncommercial pendent), "I-M"
	For the meaning of these te Column 4: Give the locatio	2. B'CAST CHANNEL NUMBER	ctions in the paper SA1-2 form. the community to which the statior	n is licensed by the
	KMTV	3	N	Omaha, NE
	KMTV 3.2	3.2	N-M	Omaha, NE
	L/MITV 2 2	22	N-M	
Necessary	KMTV 3.3	3.3		Omaha, NE
Necessary	WOWT	6	N	Omaha, NE
Necessary	WOWT WOWT 6.2	6 6.2	N N-M	Omaha, NE Omaha, NE
Necessary	WOWT WOWT 6.2 WOWT 6.3	6 6.2 6.3	N N-M N-M	Omaha, NE Omaha, NE Omaha, NE
Necessary	WOWT WOWT 6.2 WOWT 6.3 KETV	6 6.2 6.3 7	N N-M N-M N	Omaha, NE Omaha, NE Omaha, NE Omaha, NE
Necessary	WOWT WOWT 6.2 WOWT 6.3 KETV KETV 7.2	6 6.2 6.3 7 7.2	N N-M N-M N N-M	Omaha, NE Omaha, NE Omaha, NE Omaha, NE Omaha, NE
Necessary	WOWT WOWT 6.2 WOWT 6.3 KETV KETV 7.2 KCCI	6 6.2 6.3 7 7.2 8	N N-M N-M N N-M N	Omaha, NE Omaha, NE Omaha, NE Omaha, NE Omaha, NE Des Moines, IA
Necessary	WOWT WOWT 6.2 WOWT 6.3 KETV KETV 7.2 KCCI KDIN	6 6.2 6.3 7 7.2 8 11	N N-M N-M N N N E	Omaha, NE Omaha, NE Omaha, NE Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA
Necessary	WOWT WOWT 6.2 WOWT 6.3 KETV KETV 7.2 KCCI	6 6.2 6.3 7 7.2 8 11 11.2	N N-M N-M N N-M N	Omaha, NE Omaha, NE Omaha, NE Omaha, NE Omaha, NE Des Moines, IA
Necessary	WOWT WOWT 6.2 WOWT 6.3 KETV KETV 7.2 KCCI KDIN	6 6.2 6.3 7 7.2 8 11	N N-M N-M N N N E	Omaha, NE Omaha, NE Omaha, NE Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA
Necessary	WOWT WOWT 6.2 WOWT 6.3 KETV KETV 7.2 KCCI KDIN KDIN 2	6 6.2 6.3 7 7.2 8 11 11.2	N N-M N-M N N-M E E E-M	Omaha, NE Omaha, NE Omaha, NE Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA Red Oak, IA
Necessary	WOWT WOWT 6.2 WOWT 6.3 KETV KETV 7.2 KCCI KDIN KDIN 2 KDIN 3	6 6.2 6.3 7 7.2 8 11 11.2 11.3	N N-M N-M N N N N E E E-M E-M	Omaha, NE Omaha, NE Omaha, NE Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA Red Oak, IA Red Oak, IA
Necessary	WOWT WOWT 6.2 WOWT 6.3 KETV KETV 7.2 KCCI KDIN KDIN 2 KDIN 3 KDIN 4	6 6.2 6.3 7 7.2 8 11 11.2 11.3 11.4	N N-M N-M N N-M E E E-M E-M E-M	Omaha, NE Omaha, NE Omaha, NE Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA
Necessary	WOWT WOWT 6.2 WOWT 6.3 KETV KETV 7.2 KCCI KDIN KDIN 2 KDIN 3 KDIN 4 WHO	6 6.2 6.3 7 7.2 8 11 11.2 11.3 11.4 13	N N-M N-M N N-M E E E-M E-M E-M	Omaha, NE Omaha, NE Omaha, NE Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA Red Oak, IA Red Oak, IA Red Oak, IA Des Moines, IA
Necessary	WOWT WOWT 6.2 WOWT 6.3 KETV KETV 7.2 KCCI KDIN KDIN 2 KDIN 3 KDIN 4 WHO KXVO	6 6.2 6.3 7 7.2 8 11 11.2 11.3 11.4 13 15	N N-M N-M N N-M E E E-M E-M E-M E-M I	Omaha, NE Omaha, NE Omaha, NE Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA Des Moines, IA Omaha, NE
Necessary	WOWT WOWT 6.2 WOWT 6.3 KETV KETV 7.2 KCCI KDIN KDIN 2 KDIN 3 KDIN 4 WHO KXVO KXVO 15.2	6 6.2 6.3 7 7.2 8 11 11.2 11.3 11.4 13 15 15.2	N N-M N-M N N N N E E E-M E-M E-M E-M I I I	Omaha, NE Omaha, NE Omaha, NE Omaha, NE Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA Red Oak, IA Red Oak, IA Des Moines, IA Omaha, NE
Necessary	WOWT WOWT 6.2 WOWT 6.3 KETV KETV 7.2 KCCI KDIN KDIN 2 KDIN 3 KDIN 4 WHO KXVO KXVO 15.2 KXVO 15.3	6 6.2 6.3 7 7.2 8 11 11.2 11.3 11.4 13 15 15.2 15.3	N N-M N-M N N N E E E-M E-M E-M E-M I I I I I I I I I I I I I I I I I I I	Omaha, NE Omaha, NE Omaha, NE Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA Red Oak, IA Red Oak, IA Red Oak, IA Omaha, NE
Necessary	WOWT WOWT 6.2 WOWT 6.3 KETV KETV 7.2 KCCI KDIN KDIN 2 KDIN 3 KDIN 4 WHO KXVO KXVO 15.2 KXVO 15.3 KXVO 15.4	6 6.2 6.3 7 7.2 8 11 11.2 11.3 11.4 13 15 15.2 15.3 15.4	N N-M N-M N N N E E E-M E-M E-M E-M I I I I I I I I I I I I M	Omaha, NE Omaha, NE Omaha, NE Omaha, NE Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA Red Oak, IA Red Oak, IA Des Moines, IA Omaha, NE
Necessary	WOWT WOWT 6.2 WOWT 6.3 KETV KETV 7.2 KCCI KDIN KDIN 2 KDIN 3 KDIN 4 WHO KXVO KXVO 15.2 KXVO 15.3 KXVO 15.4 KDSM	6 6.2 6.3 7 7.2 8 11 11.2 11.3 11.4 13 15 15.2 15.2 15.3 15.4 17	N N-M N-M N N N N E E E-M E-M E-M I I I I I I I I I I I I I I I I I I I	Omaha, NE Omaha, NE Omaha, NE Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA Red Oak, IA Red Oak, IA Des Moines, IA Omaha, NE Omaha, NE

EGAL NAME OF Griswold Co								SYSTEM II 367
	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 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call state whether f the radio state this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved 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	It the system's he system's FM ante this point, see pa sed by the cable s ne 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 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	9/D	LOCATION OF STATION	
GALL SIGN		5/0	LOCATION OF STATION	CALL SIGN		S/D	LOCATION OF STATION	
			N/A					
		+						

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Griswold Coop Teleph	one Co						36788
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
I I	In General: In space I, identi	fv everv no	nnetwork televis	sion program, broadcast by	a distant stat	ion. that you	r cable svste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm				e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	ir cable system	carry, on a substitute bas	is, any nonne	twork televis	sion program	1
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	ust complete	e the prograr	n
	log in block 2.				·			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	r meaning is	
	clear. If you need more spa			rows to the tables. ision program ("substitute	program") tha	it during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, re							۱.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lo	ve Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sr	noula be	
	Column 7: Enter the letter			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	ind regulatio	ons in	
					11			1
		רו ודודסמו ו	TE PROGRAM	1		EN SUBSTI IAGE OCCI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
	N/A							
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Accounting Period:	2019/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Griswold Coop Telephone Co	36788
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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
	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 \$20 • 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	53,800
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	nis six-mon
	Line 1. Royalty fee for accounting period	
	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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	
	1. Base amount under statutory formula \$ 263,800.00	
	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 \$527,6	600)
	1. Enter the amount of gross receipts from space K \$ 287,067.00	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	232.67
	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	\$ 1,551.67
		, <u>, , , , , , , , , , , , , , , , , , </u>
	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)	1,551.67
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	\$ 1,571.67
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more tables and tables are tables at the paper SA1-2 form and the Excel instructions tab for more tables at the paper SA1-2 form and the Excel instructions tab for more tables at the paper SA1-2 form and the Excel instructions tab for more tables at the paper SA1-2 form and the Excel instructions tab for more tables at the paper SA1-2 form and the Excel instructions tables at the paper SA1-2 form at the p	

Name Grisw M Instru to its s Channels 1. Entersistic syste Channels 1. Entersistic Source 2. Entersistic On w and it Individual to INDIVI we can Be Contacted Name for Further Name Information Addre Email Email		SYSTEM ID# 36788 22 109
M Instrutto its s Channels 1. Entressiste Channels 1. Entressiste 1. Entressiste 2. Entressiste 2. Entressiste 2. Entressiste Individual to INDIVI we can Be Contacted Name for Further Name Information Addressiste Email Email	ructions: You must give (1) the number of channels on which the cable system carried television broadcast stations subscribers, and (2) the cable system's total number of activated channels during the accounting period. Inter the total number of channels on which the cable item carried television broadcast stations Inter the total number of activated channels which the cable system carried television broadcast stations Inter the total number of activated channels which the cable system carried television broadcast stations Inter the total number of activated channels which the cable system carried television broadcast stations In onbroadcast services VIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom an contact about this statement of account.) ne Pat Lewis Telephone	109
N INDIVI we can be Contacted for Further Information Address Email CERTIF	In nonbroadcast services VIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom an contact about this statement of account.) ne Pat Lewis Telephone	
we can Individual to Be Contacted for Further Information Addre Email	an contact about this statement of account.) ne Pat Lewis Telephone	740 770 0404
Information Addre Email		740 770 0404
Emai	607 Main St. PO Box 640	712-778-2121
CERTIF	(Number, street, rural route, apartment, or suite number) Griswold IA 51535 (City, town, state, zip)	
_		10
Certification • I, the	IFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) e undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B	; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	/stem as identified
are true	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. ve examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein rue, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. J.S.C., Section 1001(1986)]	er of the cable system
	X /s/ Pat Lewis	
	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: Pat Lewis	
	Title: President	
	(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 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 filing, a determination that would be made by a court of lay

nting Period: 2019/2	FORM SA1-2E. PAG
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
wold Coop Telephone Co	367
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 Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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
	Interest Assessing
x	
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	
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