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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
02/05/2020	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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 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
		Cascade Communications Company
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 250
		(Number, street, rural route, apartment, or suite number)
		Cascade, IA 52033 (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 salready 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.

	LEGAL MANE OF CHAPTER OF CARLE OVOTEN	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Cascade Communications Company	621
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorporal discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including single t you list will serve as a form of system identification hereafter kno ngs.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or n	nobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Cascade	IA
Community		
Rows as Necessary		

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cascade Communications Company

SYSTEM ID# 62173

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2						
0.475000\/.05050\/.05	NO. OF			NO. OF				
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Residential:								
Service to first set	343	86.45						
 Service to additional set(s) 								
 FM radio (if separate rate) 								
Motel, hotel								
Commercial	13	86.45						
Converter								
Residential								
Non-residential								
1	I	T		1	l'''''''			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		Premium Channels	14.9
 Pay cable—add'l channel 		Commercial	45.99	Premium Channels	19.9
 Fire protection 		• Pay cable		Reconnect Non-Pay	20.0
 Burglar protection 		Pay cable-add'l channel		Additional DVR	9.9
Installation: Residential		Fire protection		Additional Std STB	5.9
• First set	45.99	Burglar protection		CCtv+	12.0
 Additional set(s) 		Other services:		Hourly Labor Rate	55.0
 FM radio (if separate rate) 		Reconnect	15.00	NFL Redzone	49.0
 Converter 		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2019/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cascade Communications Company

SYSTEM ID# 62173

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KGAN	29	N	Cedar Rapids, IA
KGAN2 (GetTV)	29.2	I-M	Cedar Rapids, IA
KGAN (CometTV)	29.3	I-M	Cedar Rapids, IA
KWWL	7	N	Cedar Rapids, IA
KWWL2 (CW)	7.2	I-M	Cedar Rapids, IA
KWWL3 (MeTV)	7.3	I-M	Cedar Rapids, IA
KWWL4 (CourtTV)	7.4	I-M	Cedar Rapids, IA
KWWL5 (Justice NW)	7.5	I-M	Cedar Rapids, IA
KCRG	9	N	Cedar Rapids, IA
KCRG2 (MyNetworkT)	9.2	I-M	Cedar Rapids, IA
KCRG3 (AntennaTV)	9.3	I-M	Cedar Rapids, IA
KCRG4 (Heroes & Ico	9.4	I-M	Cedar Rapids, IA
KCRG5 (StartTV)	9.5	I-M	Cedar Rapids, IA
KCRG6 (Circle)	9.6	I-M	Cedar Rapids, IA
KWKB (Escape)	25	l	lowa City, IA
KFXA	27	N	Cedar Rapids, IA
KFXA2 (Charge)	27.2	I-M	Cedar Rapids, IA
KFXA3 (TBD)	27.3	I-M	Cedar Rapids, IA
KFXA4 (Stadium)	27.4	I-M	Cedar Rapids, IA
KDIN	11	E	Des Moines, IA
KDIN2 (KIDS)	11.2	Е	Des Moines, IA
KDIN3(World)	11.3	E	Des Moines, IA
KDIN4 (Create)	11.4	E	Des Moines, IA
KPXR	22	l	Cedar Rapids, IA
KFXB	14	l	Dubuque, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cascade Communications Company

62173

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
							
	T						
	 						
	 						
	 						
							
	_						
	t						
	 						
	 						
	 	 					
	L						
	 						
	 						
	 						
	 	 					
		 					
	T						
	 						
	 						
	 						
	 						
	 						
	t						
	 						
	 						
							
							
	L						

Accounting Perio	d: 2019/2						FOR	RM SA1-2E. PAGE 5.				
	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:					SYSTEM ID#				
Name	Cascade Communicati	ons Com	pany					62173				
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	y every nor ecounting pe	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> sta FCC rules, regu	lations, or a	uthorizations.	. For a further				
Carriage:					ne general mot	dollorio iii ti	ne paper or tr	2 101111.				
Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program											
Program Log	broadcast by a distant station?											
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	s "Yes," you m	ust complet	te the progra	m				
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.											
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning 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") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in											
	effect on October 19, 1976.				11			T				
	0.0	IDOTITUT		•		EN SUBST		7 DEACON FOR				
	31		E PROGRAM		5. MONTH	IAGE OCC	TIMES	7. REASON FOR DELETION				
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		FROM	— TO					
							_					
							_					
								"				
							_					
								"				
						-						
							_					
							_					
							_					
							_					
							_					
							_					

2019/2				A1-2E. PAGE						
LEGAL NAME OF OWNER OF CABLE SYSTEM: Cascade Communications Company			5	YSTEM ID 6217						
all amounts (gross receipts) paid to your cable system by subset (as identified in space E) during the accounting period. For a fur page (vii) of the general instructions located in the paper SA1-2 Gross receipts from subscribers for secondary transmission during the accounting period.	cribers for the system rther explanation of form. n service(s)	m's secondary trans how to compute th	smission services amount, see	7,340.08						
' '	g g		(variount or gr	occ recorpie)						
COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.										
BLOCK 1: GROSS RECEI	PTS OF \$137,100	OR LESS								
	less, the royalty fee t	hat you must pay for	this six-month							
			•	0.00						
Line 2. Interest charge. Enter the amount from line 4, space Q, pa	ge 8			0.00						
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING P	ERIOD Add lines 1 a	and 2	· · <u> </u>							
BLOCK 2: GROSS RECEIPTS OF \$260	3,800 OR LESS (bu	ut more than \$137	,100)							
Base amount under statutory formula	<u>\$</u>	263,800.00	_							
2. Enter amount of gross receipts from space K	<u>\$</u>	177,340.08	_							
3. Subtract line 2 from line 1	\$	86,459.92	_							
		•	177,340.08							
5. Enter the amount from line 3		<u>\$</u>	86,459.92							
6. Subtract line 5 from line 4		\$	90,880.16							
7. Multiply line 6 by .005 (enter figure here)			\$	454.40						
8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00						
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIC	D. Add lines 7 and 8		\$	454.40						
BLOCK 3: GROSS RECEIPTS OF MORI	E THAN \$263,800	(but less than \$52	7,600)							
Enter the amount of gross receipts from space K										
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 statut	ory formula)	\$	1,319.00							
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6										
FILING FEE AND TOTAL REM	TTANCE DUE									
, into the terms to the New York										
Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3)	3, above)	<u>\$</u>	454.40							
Filing Fee (See the instructions for more information on filing fee	calculations)	<u>\$</u>	20.00							
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lin	es 2 and 3		\$	474.40						
Important: Volus romittance must be in the form of an	lactronia navenant	avable to the Be-	etor of Commis	uhtel						
		-		jiitai						
	LIEGAL NAME OF OWNER OF CABLE SYSTEM: Cascade Communications Company GROSS RECEIPTS Instructions: The figure you give in this space determines the all amounts (gross receipts) paid to your cable system by subst (as identified in space E) during the accounting period. For a fur page (vii) of the general instructions located in the paper SA1-2 Gross receipts from subscribers for secondary transmission during the accounting period. MPORTANT: You must complete a statement in space P conc 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 more to Use block 3 if the amount of gross receipts in space K is more to Use block 3 if the amount of gross receipts in space K is more to Use block 3 if the amount of gross receipts in space K is more to Use block 3 if the amount of gross receipts in space K is more to Use block 3 if the amount of gross receipts in space K is more to Use block 3 if the amount of gross receipts in space K is more to Use block 3 if the amount of gross receipts from space K is more to Use block 3 if the amount of gross receipts of \$137,100 or 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 1. Base amount under statutory formula 2. Enter amount of gross receipts from space K 3. Subtract line 2 from line 1 4. Enter the amount 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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIO BLOCK 3: GROSS RECEIPTS OF MORE 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 Fee Payable for Accounting Period (from Block 1, 2, or 3 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PE	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cascade Communications Company GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the syste (as identified in space E) Juring the accounting period. For utrufter explanation of 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 receipt instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the toyalty fee you owe: Sometimes of 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 it was belock 3 if the amount of gross receipts in space K is more than \$137,100 but it was belock 3 if the amount of gross receipts in space K is more than \$137,100 but it was belock 3 if the amount of gross receipts in space K is more than \$137,100 but it was belock 3 if the amount of gross receipts in space K is more than \$137,100 but it was belock 3 if the amount of gross receipts of \$137,100 or less, the royalty fee to 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. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 is BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bit and the statutory formula and for the statutory formula and formula and formula and for the statutory formula and formula and formula and formula and formula and for	LEGIL NAME OF OWNER OF CABLE SYSTEM Cascade Communications Company GROSS RECEIPTS Instructions. The figure py paids in this space determines the form you like and the amount you pay, instructions. The figure py paids to your cables yetsem by guiscombers for the systems secondary training the instructions. The figure py paid to your cable system by outscorbers for the systems secondary training the instructions. The general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. MPORTANT: You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: To compute the royally fee you owe: **Complete block 1, block 2, or block 3.** Use block 31 the amount of gross receipts in space K is \$137,100 or less **Use block 1 the amount of gross receipts in space K is more than \$137.100 but less than 5227,800 see page (v) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 or LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royally fee that you must pay for accounting period is \$22.00 Line 1. Royally fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. BLOCK 1: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, 100 or less in the amount of gross receipts from space K. \$ 263,800.00 2. Enter amount of gross receipts from space K. \$ 177,340.08 3. Subtract line 2 from line 1. \$ 36,459.92 4. Enter the amount of gross receipts from space K. \$ 27. Multiply line 6 by .005 (enter figure here) 5 1. Enter the amount of gross receipts from space K. \$ 263,800.00 3. Subtract line 2 from line 4. 4. Multiply line 3 by .01 5. Royally due on the first \$263,800 of gross receipts (under statutory formula). 5 263,800.00 5 2. See page from line 4. 5 2. Royally fee Pay	ACCADE COMMEND OF CABLE SYSTEM CASCADE COMMUNICATIONS COMPANY GROSS RECEIPTS INSTRUCTIONS: The figure you give in this space determines the form you file and the amount you pay. Enter the total all amounts (gross receipts) and to your cable system by subscribers for the system's secondary transmission servic (as identified in space 5) during the accounting period. For a further explanation of how to compute this amount, see page (viii) of the general instructions located in the paper SA1-2 from. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. MMPORTANT: You must complete a statement in space P concerning gross receipts. The structions: To compute the repetit period. For space P concerning gross receipts in space K is \$137,100 or less. Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$283,800 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$283,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than or equal to \$283,800 Use block 3 if the amount of gross receipts in space K is more than \$137,100 or less. BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that you must pay for this six-month 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. 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 \$137,100) 1. Base amount under statutory formula. \$ 263,800.00 2. Enter the amount of gross receipts from space K. \$ 177,340.08 5. Enter the amount of gross receipts from space K. \$ 177,340.08 6. Subtract line 5 from line 4. 9. 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8. BLOCK 3: GROSS RECEIPTS OF						

2019/2														FORM SA	1-2E. PAGE 7
														\$	SYSTEM ID# 62173
to its subscribers, and (2) 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system.	he cable system's tot f channels on which t broadcast stations f activated channels m carried television by	tal number	ber of	of activate	ed channe	ls during	the acc	counting	g period	l.	ns				
			DRMA	ATION IS	NEEDE	(Identif	y an ind	lividual	to whon	n					
Name David	Gibson									Telepho	one 56	3-852-	3710		
(Number,	street, rural route, apartme de, IA 52033			umber)											
Email (Oly, ISM)		comm.co	om					Fax (optional)					
• I, the undersigned, hereby	certify that (Check one	e, but only	nly one	ne, of the b	ooxes.)										
in line 1 of sp X (Officer or parts in line 1 of sp I have examined the stater are true, complete, and corrections in line 1 of sp	ner) I am an officer (if a ace B. nent of account and he ect to the best of my kr	ner is not a corpora	ot a coration)	corporation n) or a part e under pe	n or partne tner (if a p enalty of la	ership; or artnershi w that all	p) of the	e legal e	ntity ider	ntified as o	owner o			ı	
	E	Enter sign	ı elect gnatur	ctronic sign ure using a	nature on t n "/s/ sign:	he line al ature" (e.				ment.					
							e Offic		2/05/202	20					
	LEGAL NAME OF OWNER OF Cascade Communication CHANNELS Instructions: You must give to its subscribers, and (2) to its subscribers, and nonbroadcast service. INDIVIDUAL TO BE CON we can contact about this subscribers, and (City, town to its subscribers) Name David Address 106 Ta (Number, to its subscribers) Casca (City, town to its subscribers) (City, town to its subscribers) (Casca (City, town to its subscribers) (Owner other that its subscribers) (Owner other that its subscribers) (Officer or partrior in line 1 of sp	CHANNELS Instructions: You must give (1) the number of to its subscribers, and (2) the cable system's to 1. Enter the total number of channels on which system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television is and nonbroadcast services	CHANNELS Instructions: You must give (1) the number of channer to its subscribers, and (2) the cable system's total num 1. Enter the total number of channels on which the cab system carried television broadcast stations	CHANNELS Instructions: You must give (1) the number of channels or to its subscribers, and (2) the cable system's total number of its subscribers, and (2) the cable system's total number of system carried television broadcast stations	CHANNELS Instructions: You must give (1) the number of channels on which the to its subscribers, and (2) the cable system's total number of activated. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS we can contact about this statement of account.) Name David Gibson Address 106 Taylor St SE, PO Box 250 (Number, street, rural route, apartment, or suite number) Cascade, IA 52033 (City, town, state, zip) Email dave@cascadecomm.com CERTIFICATION (This statement of account must be certified and sig in line 1 of space B and that the owner is not a corporation or partnership) I am the owner of the space B and that the owner is not a corporation in line 1 of space B and that the owner is not a corporation [18 U.S.C., Section 1001(1986)] Typed or printed name: David L. Title: General Manage (Title of official position held in corporation) Title: General Manage (Title of official position held in corporation)	CHANNELS Instructions: You must give (1) the number of channels on which the cable sy to its subscribers, and (2) the cable system's total number of activated channel. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED WE can contact about this statement of account.) Name David Gibson 106 Taylor St SE, PO Box 250 (Number, street, rural route, apartment, or suite number) Cascade, IA 52033 (City, town, state, zip) Email dave@cascadecomm.com CERTIFICATION (This statement of account must be certified and signed in account in the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the in line 1 of space B and that the owner is not a corporation or partner (if a principle, and correct to the best of my knowledge, information, and belie [18 U.S.C., Section 1001(1986)] X /s/ David L. Gibson Typed or printed name: David L. Gibson Title: General Manager/Com (Title of official position held in corporation or partnership) I are the corporation or partnership in corporation or partnership.	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cascade Communications Company CHANNELS Instructions: You must give (1) the number of channels on which the cable system cs to its subscribers, and (2) the cable system's total number of activated channels during 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identified we can contact about this statement of account.) Name David Gibson Address 106 Taylor St SE, PO Box 250 (Number, street, rural route, apartment, or suite number) Cascade, IA 52033 (City, town, state, zip) Email dave@cascadecomm.com CERTIFICATION (This statement of account must be certified and signed in accordance of the statement of account must be certified and signed in accordance in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B and that the owner is not a corporation or partnership, in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B. 1 I have examined the statement of account and hereby declare under penalty of law that all are true, complete, and correct to the best of my knowledge, information, and belief, and an I law U.S.C., Section 1001(1986)) X /s/ David L. Gibson Enter an electronic signature on the line at Enter signature using an "/s/ signature" (e. Typed or printed name: David L. Gibson Title: General Manager/Compliance (Title of official position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cascade Communications Company CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried te to its subscribers, and (2) the cable system's total number of activated channels during the activated television broadcast stations 1. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an inciver can contact about this statement of account.) Name David Gibson Address 106 Taylor St SE, PO Box 250 (Number, street, rural roule, apartment, or suite number) Cascade, IA 52033 (City, town, state, zip) Email dave@cascadecomm.com CERTIFICATION (This statement of account must be certified and signed in accordance with C I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the duly authorized age in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner ship; of the in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner ship; of law that all statement or space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statemer true, complete, and cornect to the best of my knowledge, information, and belief, and are made [18 U.S.C., Section 1001(1986)] Typed or printed name: David L. Gibson Title: General Manager/Compliance Officeries of officeries position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cascade Communications Company CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television to its subscribers, and (2) the cable system's total number of activated channels during the accountin 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.) Name David Gibson Address 106 Taylor St SE, PO Box 250 (Number, street, rural route, apartment, or suite number) Cascade, IA 52033 (Ciby, lown, state, Ep) Email dave@cascadecomm.com Fax (CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identification in line 1 of space B and that the owner is not a corporation or partnership; of the legal e in line 1 of space B and that the owner is not a corporation or partnership; of the legal e in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good [18 U.S.C., Section 1001(1986)] Typed or printed name: David L. Gibson Title: General Manager/Compliance Officer (Title of official position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cascade Communications Company CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broads to its subscribers, and (2) the cable system's total number of activated channels during the accounting period of the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whor we can contact about this statement of account.) Name David Gibson 106 Taylor St SE, PO Box 250 (Number, street, tural route, apartment, or suite number) Cascade, IA 52033 (City, bown, state, zip) Email dave@cascadecomm.com Fax (optional CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner in line 1 of space B and that the owner is not a corporation or partnership, or X (Officer or partnersh am an officer (if a corporation) or a partner on the line above to certify this states rare rue, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. Typed or printed name: David L. Gibson Enter an electronic signature on the line above to certify this states farter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: David L. Gibson Enter an electronic or partnership).	LEGAL NAME OF OWNER OF CABLE SYSTEM Cascade Communications Company CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast statio to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Name David Gibson Telepho Address 106 Taylor St SE, PO Box 250 (City, Izona, state, 2p) Email dave@cascadecomm.com Fax (optional) Certification (This statement of account must be certified and signed in accordance with Copyright Office regulation in line 1 of space B and that the owner is not a corporation or partnership) I am the owner of the cable system as identified in line 1 of space B in line 1 of space B and that the owner is not a corporation or partnership, or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as a in line 1 of space B and that the owner is not a corporation or partnership or the legal entity identified as a in line 1 of space B and that the owner is not a corporation or partnership or the legal entity identified as a line to 1 space B and that the owner is not a corporation or partnership or the legal entity identified as a line to 1 space B and that the owner is not a corporation or partnership or the legal entity identified as a line to 1 space B and that the owner is not a corporation or partnership or the legal entity identified as a line to 1 space B and that the owner is not a corporation or partnership or the legal entity identified as a line to 1 space B. * I have examined the statement of account and hereby declare u	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cascade Communications Company CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Name David Gibson Telephone 56 Address 106 Taylor St SE, PO Box 250 (Vumber, sizer, s	EGAL NAME OF OWNER OF CABLE SYSTEM Cascade Communications Company CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name David Gibson Tolephone 563-852. Address 106 Taylor St SE, PO Box 250 (Number, street, trad loads, spartners, or sale sumber) Cascade, IA \$2033 (Cit), town, steek, 20) Email dave@Cascadaccomm.com Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, 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 system as identified in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the beat of my knowledge, information, and belief, and are made in good faith. Typed or printed name: David L. Gibson Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ loshs Smith) Typed or printed name: David L. Gibson	LECAL NAME OF OWNER OF CABLE SYSTEM: Cascade Communications Company CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable systems to its subscribers, and (2) the cable systems on which the cable system carried television broadcast stations. 3. Lefter the total number of advoted channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nontroadcast services. 3. Individual to the cable system carried television broadcast stations and nontroadcast services. 3. Individual to the cable system carried television broadcast stations and nontroadcast services. 3. Individual to the cable system carried television broadcast stations and nontroadcast services. 3. Individual to the cable system carried television broadcast stations and nontroadcast services. 3. Individual to the cable system carried television broadcast stations and nontroadcast services. 3. Individual to whom we can contact about this statement of account. 4. Individual to whom we can contact about this statement of account must be certified and signed in accordance with Copyright Office regulations) 4. In the undersigned, hereby certify that (Check one, but only one, of the boxes.) 4. (Owner other than corporation or partnership) I am the duty authorized agent of the owner of the cable system as identified in line t of space B, or 4. (Agent of owner other than corporation or partnership) I am the duty authorized agent of the owner of the cable system as identified in line t of space B, or 4. (Agent of owner other than corporation or partnership) I am the duty authorized agent of the owner of the cable system in line t of space B, or 4. (Agent of owner other than corporation or partnership) I am the duty authorized agent of the owner of the cable system in line t of space B, or an adection is (agent and partnership) of the legal entity identified as o	ECAL NAME OF OWNER OF CABLE SYSTEM. Cascade Communications Company

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 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#
ascade Communications Company	62173
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."	Special Statement Concerning Gross Receipts Exclusion
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.	Receipte Exclusion
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 NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
	1111
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 Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	_
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	
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	
ID number First community served Accounting period	

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.