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@copyright.gov</u>
General instructions are located in the first tab of this workbook	1/9/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
			-

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(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 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
		Lost Nation Elwood Telephone Co
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 97, 304 Long Ave (Number, street, rural route, apartment, or suite number)
		Lost Nation IA 52254 (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: 62357
		MAILING ADDRESS OF CABLE SYSTEM:
	2	PO Box 97 (Number, street, rural route, apartment, or suite number)
		Lost Nation IA 52254 (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 suffciency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	Lost Nation Elwood Telephone Co	62357
D	Instructions: List each separate community served by the cable system. A "cd "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future fil	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or r identified city.	nobile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Lost Nation	IA
Community	Oxford Junction	IA
	Elwood	IA
Add Rows as Necessary		

E I Secondary Transmission Service: Sub- scribers and Rates	LEGAL NAME OF OWNER OF CA Lost Nation Elwood Tele SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmissio about other services (including pr last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate cf unit in which it is generally billed. category, but do not include disco Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity s subscriber who pays extra for cal first set" and would be counted o Block 2: If your cable system h printed in block 1 (for example, ti with the number of subscribers a sufficient.	SERVICE: SU bace E should in of television ay cable) in sp (June 30 or D blocks in spa transmission umber of billing ce at the rate harged for eace (Example: "\$2 bounts allowed in space E, th to their subsc Where an in should be coun ble service to ince again und has rate catego ers of services	cover all categories of and radio broadcasts ace F, not here. All the ecember 31, as the ca- ce E call for the numb service. In general, you is in that category (the ndicated—not the numb h category of service. 20/mth"). Summarize a for advance payment. e form lists the categor ribers. Give the numb dividual or organization thed as a subscriber in additional sets would er "Service to addition pries for secondary tra- te that include one or m	f secondary by your sy e facts you ase may be er of subsc ou can com a number of nber of sets Include bo any standar ries of secce er of subsc n is receivin a each appl be included aal set(s)."	stem to subscrib state must be the pribers to the cab pute the number f persons or orga s receiving servit th the amount of rd rate variations ondary transmiss ribers and rate for ng service that fa- icable category. I in the count unco	ers. Give info nose existing le system, br of subscribe anizations ch ce). the charge a within a part sion service t or each listed alls under diff Example: a n der "Service t	cable prmation on the ers in arged and the ticular rate hat cable d category ferent residential to the n those	TEM IC 6235
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Ň	with the number of subscribers a sufficient.			iore second	larv fransmissioi	ne) liet thom		
	sufficient.	nu rates, in the						
			- Ingine-nand block. A t		e-word description			
	BLC	DCK 1				BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CATE	EGORY OF SER	VICE	NO. OF SUBSCRIBERS	RAT
ī	Residential:							
	 Service to first set 		389 \$36.95					
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
I	Motel, hotel							
0	Commercial							
(Converter							
	 Residential 							
	 Non-residential 							
	SERVICES OTHER THAN SECO In General: Space F calls for rate			-	l vour cable syst	em's service	s that were	
	not covered in space E, that is, th							
	service for a single fee. There are							
	furnished at cost or (2) services of							
	amount of the charge and the un enter only the letters "PP" in the r		usually billed. If any r	ates are ch	arged on a varia	bie per-progi	ram basis,	
ransmissions:	Block 1: Give the standard rate		he cable system for e	ach of the a	applicable service	es listed.		
Rates	Block 2: List any services that							
	listed in block 1 and for which a s			ished. List	these other servi	ices in the fo	rm of a	
	brief (two- or three-word) descrip							
c	CATEGORY OF SERVICE	BLO RATE	CK 1 CATEGORY OF SEF		RATE	CATECOR	BLOCK 2 Y OF SERVICE	RAT
	Continuing Services:	RAIE	Installation: Non-re		RAIE	CATEGOR	T OF SERVICE	RAI
	• Pay cable		Motel, hotel	Juonin				
	• Pay cable—add'l channel		Commercial					
	Fire protection		Pay cable					
	•Burglar protection		• Pay cable-add'l c	hannel				
,	Installation: Residential		• Fire protection					
	• First set	20.00	Burglar protection	ı				
	Additional set(s)	50.00	Other services:					
	• FM radio (if separate rate)		Reconnect		20.00			
	Converter		Disconnect					
	· · · ·		Outlet relocation		50.00			
			Move to new add	ress				

	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTE
Name	Lost Nation Elwood			6
	PRIMARY TRANSMITTERS:	•		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eace educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the location	d also in space I, if the station was carried I tion concerning substitute basis stations, s ion's call sign. <i>Do not</i> report origination pro- ted with a station according to its over-the-a	(1) stations carried only on a part- e carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta rried by your cable system on a su e Special Statement and Program I both on a substitute basis and als see page (v) of the general instruc rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the statior	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community a noncommercial upendent), "I-M" ational multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KGAN	2	N	Cedar Rapids, IA
	WHBF	4	N	Rock Island, IA
Rows as Necessary	KFXA	28	N	Cedar Rapids, IA
	KWQC 6.1	6	N	Davenport, IA
	KWWL 7.1	7	N	Waterloo, IA
	WQAD	8	N	Moline, IL
	KCRG 9.1	9	N	Cedar Rapids, IA
	KLJB	18	N	Davenport, IA
		26	Ν	Cedar Rapids, IA
	KDIN 11.1	12	E	Johnston, IA
	KPXR	48	Ν	Cedar Rapids, IA
	KGANDT 2.1	2-1	N-M	Cedar Rapids, IA
	KGANDT 2.2	2-2	N-M	Cedar Rapids, IA
	KGANDT2.3	2-3	N-M	Cedar Rapids, IA
	KFXB 40	40	N	Dubuque, IA
	KPXR 48.1	48-1	N-M	Cedar Rapids, IA
	KPXR 48.2	48-2	N-M	Cedar Rapids, IA
	KPXR 48.3	48-3	N-M	Cedar Rapids, IA
	KWWL-CW	7-2	N-M	Waterloo, IA
	KWWLDT 7.3	7-3	N-M	Waterloo, IA
	KWWLDT 7.4	7-4	N-M	Waterloo, IA
	KCRGDT 9.2	9-2	N-M	Cedar Rapids, IA
	KCRGDT 9.3	9-3	N-M	Cedar Rapids, IA
	KCRGDT 9.4	9-4	N-M	Cedar Rapids, IA
		• +		oodul Rupido, IA
	KCRGDT 9.5	9-5	N-M	Cedar Rapids, IA

Name Lost Nation Elwood Telephone Co 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-line basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections To 5:90(1)2 and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)); 76.651(e)(2) and (4)); 76.651(e)(2) and (4)); 76.591(e)(2) and (4), 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 both on a substitute program Log)—if the station was carried only on a substitute basis and also on some other basis. For further information concerning substitute basis stations. For example, report multisteam "WETA-2" as the same on the form. Column 1: List each station's carried to but an substitute basis and the station according to its over-the-air designation. For example, report multisteam "WETA-2" as the same on the form. Column 2: Column 3: diverte the charten intumber the FCC assigned to the television station for broadcasting over the air in its communor of license. For example, wPC is channel 4 in Washington, 0.C. Column 3: diverte the charten intumber the FCC is station is interpared station, or a noncommercial educational station, port existing the intervork multicast). For the meaning of these terms, see page (v) of the general instructions in the paper SA1-2	SYSTEM
PRIMARY TRANSMITTERS: TELEVISION In General: In gace 2, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period. <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of ortain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (refering to 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Desire Differ CC rules, regulations, or authorizations: - Do rul list the station here in space G—but do list thi space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis and also on some other basis. For further information concerning substitute program basis, as explained in the next paragraph. Column 1: List each station's call sign. Do or teport origination program services such as HBO. ESPN, etc. Identify each multicast call sign. Do not report origination program services such as HBO. ESPN, etc. Identify each multicast is teach station. (Is channel at IW vashington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, or a noncommercial educational station. Sec PAI 2 form. Column 3: Indicate in each case whether the station is a network station, is in the community of which the station is identified. VETA-2' as 2 28-2 1-M Column 4: Give the location of each station. For U.S. stations in the paper SAI-2 form. Columan 4: Gridependent). 'M'' <th>62</th>	62
G carried by your cable system during the accounting period, except (1) stations carried only on a part-line basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76.59(c)(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 under specific FCC rules, regulations, or authorizations: • Do not list 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 be station here in space C—but do list it in space I (the Special Statement and Program Log)—if the station was carried 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 thream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entring the letter N" (for network multicast). "T (for independent), "HM (for independent multicast): E" (for noncommercial educational), or "E-M" (for noncommercial educational station, is identified. Viet Call 11.3 11-3 E-M Johnston, IA KDINDT 11.3 11-3 E-M Johnston, IA KDINDT 11.3 11-3 I-M <t< td=""><td></td></t<>	
G carried by your cable system during the accounting period, except (1) stations carried only on a part-line 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 (refering to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis under specific FCC rules, regulations, or authorizations 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 multiteream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network multicast). "T (for independent). "HM" (for independent multicast). E" (for noncommercial educational or E-M" (for noncommercial educational is lidentified. 1 CalL Sign 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOC KDINDT 11.3 11-3 E-M Johnston, IA	
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ansmitters: 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 by our cable system on a substitute basis. • List the station here, and also in space I, if the station was carried by oth on a substitute basis. • 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, an independent station, or a noncommercial educational, or "for independent multicast). For the meaning of these terms, see page (iv) of the general instructional multicast). For the meaning of these terms, see page (iv) of the general instructional multicast). For Mexican or Canadian stations, if any, give the name of the community to which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOC KDINDT 11.3 11-3 E-M Johnston, IA KDINDT 11.4 11-4	
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 6—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here in also in space 1, 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 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 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter 1% (for network multicast), "T (for independent), "LM" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). FCC. For Mexican or Canadian stations, for U.S. stations, list the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOC KDINDT 11.3 11-3 E-M Johnston, IA	
basis under specific FCC rules, regulations, or authorizations: • Do nort 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. • Do nort 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 communof license. For example, WRC is channington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational), or "E-M" (for independent multicast). "E" (for noncommercial educational), or "E-M" (for independent multicast). "E" (for noncommercial educational), or "E-M" (for independent multicast). "E" (for noncommercial educational), or "E-M" (for independent 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 with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE O	
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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. Colum 11: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Colum 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its communof ficense. For example, WRC is channel 4 in Washington, D.C. Colum 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 independent multicast), "E" (for noncommercial educational), or "E-M" (for independent multicast), "E" (for noncommercial educations) in the pager SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOC KDINDT 11.3 1. CALL SIGN 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOC KDINDT 11.4 1. CALL SIGN 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOC KDINDT 11.4 1. CALL SIGN 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOC KDINDT 11.4 1. CALL SIGN 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOC KDINDT 11.3 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOC KDINDT 11.4 4. TI-4 5. Column 4: Give the location of each station, if any, give the name of the community to which the station is identified. 4. CC KDINDT 11.4 4. TI-4 5. Column 4: Give the location of each station state the state sta	
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Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its communation 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 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOC KDINDT 11.3 11-3 E-M Johnston, IA KDINDT 11.4 11-4 E-M Johnston, IA KFXADT 28 28-1 I-M Cedar Rapids, KFXADT 28.2 28-2 I-M Cedar Rapids, KFXADT 28.3 28-3 I-M Cedar Rapids, KFXADT 28.3 28-3 I-M Davenport, IA KWQCDT 6.3 6-3 N-M Davenport, IA KWQCDT 6.5 6-5 N-M Davenport, IA	
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-LM" (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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOC KDINDT 11.3 11-3 E-M Johnston, IA KFXADT 28. 28-1 I-M Cedar Rapids, KFXADT 28.2 28-2 I-M Cedar Rapids, KFXADT 28.3 28-3 I-M Cedar Rapids, WHBFDT 4.1 4-1 N-M Reck Island, IA KWQCDT 6.3 6-3 N-M Davenport, IA WQADDT 8.1 8-1 N-M Moline, IL WQADDT 8.1 8-3 N-M Moline, IL WQADDT 8.3 8-3 N-M Moline, IL	
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.1. CALL SIGN2. B'CAST CHANNEL NUMBER SUBDID 11.33. TYPE OF STATION4. LOCKDINDT 11.311-3E-MJohnston, IAKFXADT 2828-1I-MCedar Rapids,KFXADT 28.228-2I-MCedar Rapids,KFXADT 28.328-3I-MCedar Rapids,KFXADT 28.328-3I-MCedar Rapids,KWQCDT 6.36-3N-MDavenport, IAKWQCDT 6.46-4N-MDavenport, IAKWQCDT 6.56-5N-MDavenport, IAWQADDT 8.18-1N-MMoline, ILWQADDT 8.28-2N-MMoline, ILWQADDT 8.38-3N-MMoline, ILKLJBDT 18.118-1N-MDavenport, IA	nity
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 to which the station is identified.1. CALL SIGN2. B'CAST CHANNEL NUMBER S. Stations, list the community to which the station is identified.1. CALL SIGN2. B'CAST CHANNEL NUMBER S. TYPE OF STATION4. LOCKDINDT 11.311-3E-MJohnston, IAKDINDT 11.411-4E-MJohnston, IAKFXADT 2828-1I-MCedar Rapids,KFXADT 28.228-2I-MCedar Rapids,KFXADT 28.328-3I-MCedar Rapids,KFXADT 28.328-3I-MDavenport, IAKWQCDT 6.36-3N-MDavenport, IAKWQCDT 6.46-4N-MDavenport, IAWQADDT 8.18-1N-MMoline, ILWQADDT 8.28-2N-MMoline, ILWQADDT 8.48-4N-MMoline, ILKLJBDT 18.118-1N-MDavenport, IA	
(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 theFCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.1. CALL SIGN2. B'CAST CHANNEL NUMBER3. TYPE OF STATION4. LOCKDINDT 11.311-3E-MJohnston, IAKDINDT 11.411-4E-MJohnston, IAKFXADT 2828-1I-MCedar Rapids,KFXADT 28.228-2I-MCedar Rapids,KFXADT 28.328-3WHBFDT 4.14-1N-MRock Island, IJKWQCDT 6.36-3KWQCDT 6.46-4KWQCDT 6.56-5N-MDavenport, IAKWQADDT 8.18-1WQADDT 8.28-2N-MMoline, ILWQADDT 8.38-3KFXADT 28.38-3KFXADT 28.38-3KFXADT 28.31.KFXADT 28.31. <td></td>	
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.1. CALL SIGN2. B'CAST CHANNEL NUMBER3. TYPE OF STATION4. LOCKDINDT 11.311-3E-MJohnston, IAKDINDT 11.411-4E-MJohnston, IAKFXADT 2828-1I-MCedar Rapids,KFXADT 28.228-2I-MCedar Rapids,KFXADT 28.328-3I-MCedar Rapids,WHBFDT 4.14-1N-MRock Island, IJKWQCDT 6.36-3N-MDavenport, IAKWQCDT 6.46-4N-MDavenport, IAKWQCDT 6.56-5N-MDavenport, IAWQADDT 8.18-1N-MMoline, ILWQADDT 8.28-3N-MMoline, ILWQADDT 8.48-4N-MMoline, ILWQADDT 8.118-1N-MMoline, ILKLJBDT 18.118-1N-MDavenport, IAKLJBDT 18.218-2N-MDavenport, IA	
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WQADDT 8.48-4N-MMoline, ILKLJBDT 18.118-1N-MDavenport, IAKLJBDT 18.218-2N-MDavenport, IA	
KLJBDT 18.118-1N-MDavenport, IAKLJBDT 18.218-2N-MDavenport, IA	
KLJBDT 18.2 18-2 N-M Davenport, IA	
KGCW 26.1 26-1 I-M Cedar Rapids,	
	IA

Accounting F							FORM	I SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID 6235
	Elwood ie							0235
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which 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 ge (v) of the <u>c</u> system as a so sed by the FC	2) it can ertain si jeneral i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		-				0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	·							

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Lost Nation Elwood Te	lephone	Co					62357
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	-	-			ion. that vou	r cable svste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBST	ITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televis	sion program	
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	the prograr	n
	log in block 2.			·	•			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	⁻ meaning is	
	clear. If you need more spa			ows to the tables. sion program ("substitute	program") tha	t during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, re							۱.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	ve Lucy" or	
			dcast live, ente	"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	ve "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sr	ioula pe	
	Column 7: Enter the lette			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	no regulatio	ns in	
					r 1			r
						N SUBSTI		
			E PROGRAM			AGE OCCL		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	— то	
						-	_	
						-		
						-	_	
						-	_	
						-	_	
							_	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
1421116	Lost Nation Elwood Telephone Co		62357
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	,941.84 ss receipts)
	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 \$2 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. 	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 you must pay for t accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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,	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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 26MN07KS		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name		OF OWNER OF CABLE SYSTEM: Elwood Telephone Co	SYSTEM ID# 62357
M Channels	to its subscrib 1. Enter the to	: 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. Dotal number of channels on which the cable ied television broadcast stations	43
	on which the	otal number of activated channels e cable system carried television broadcast stations adcast services	239
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Crystal Burmeister Telephone 5	63-678-2470
	Address	304 Long Ave., PO Box 97 (Number, street, rural route, apartment, or suite number)	
		Lost Nation, IA 52254	
		(City, town, state, zip)	
	Email	cris@Lnecomm.com Fax (optional) 563-678-2300	
•	CERTIFICATIO	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersig	gned, hereby certify that (Check one, but only one, of the boxes.)	
	(Ow	vner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; o	r
		ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste	em as identified
		in line 1 of space B and that the owner is not a corporation or partnership; or	
	X (Of	fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.	of the cable system
	are true, comp	ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein olete, and correct to the best of my knowledge, information, and belief, and are made in good faith. action 1001(1986)]	
		X /s/Jan Muhl	
		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: Jan Muhl	
		Title: General Manger/CEO (Title of official position held in corporation or partnership)	
		Date: 1/9/2020	

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 telephol 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 fing, a determination that would be made by a court of lav

unting Period: 2019/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
t Nation Elwood Telephone Co	623
 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 must be apprended. 	P Special Statemen Concerning Gros Receipts Exclusio
made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for these rough, perments submitted as a result of a late perment or undergourgent	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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