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					
02/26/20	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

### coplicsoa@copyright.gov

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

_	1							
Α	ACC	OUNTING 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								
		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						
В		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							
	La Motte Telephone Company							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		PO Box 8 (Number, street, rural route, apartment, or suite number)						
		La Motte, IA 52054						
		(City, town, state, zip)						
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these						
С	names	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:						
	'	63050						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	PO Box 8						
	2	(Number, street, rural route, apartment, or suite number)						
		La Motte IA 52054 (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 fling, a determination that would be made by a court of law.

Accounting Period:	2019/2	FORMOM OF PLOT II							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b  SYSTEM ID#							
Name	La Motte Telephone Company								
	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules:								
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
	CITY OR TOWN	STATE							
First	LA MOTTE	IOWA							
Community	ANDREW	IOWA							
	MAQUOKETA	IOWA							
Add Rows as Necessary	BELLEVUE	IOWA							
	ZWINGLE	IOWA							
	ST. DONATUS	IOWA							

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

La Motte Telephone Company

SYSTEM ID#

## E

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			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	135	98.95	BASIC	16	39.00	
<ul> <li>Service to additional set(s)</li> </ul>			BASIC PLUS`	23	84.95	
<ul> <li>FM radio (if separate rate)</li> </ul>			BASIC PLUS EXPANDED	93	98.95	
Motel, hotel			COMMERICAL	3	#####	
Commercial						
Converter						
<ul> <li>Residential</li> </ul>						
Non-residential						

# 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			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect			
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:

SYSTEM ID#

## La Motte Telephone Company

G

#### Primary Transmitters: Television

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	2,2.2,2.3	N	CEDAR RAPIDS IOWA
WHBF	4	N	ROCK ISLAND ILLINOIS
KGCW	26	l	DAVENPORT IOWA
WQAD	8,8.2,8.3,8.4	N	MOLINE ILLINOIS
KCRG	9,9.2,9.3,9.4,9.5	N	CEDAR RAPIDS IOWA
KLJB	18	l	DAVENPORT IOWA
KWKB	20	l	IOWA CITY IOWA
WQPT	13,24.2	E	JOHNSTON IOWA
KWWL	7,7.2,7.3,7.4	N	WATERLOO IOWA
KPXR	48.1,48.3	l	CEDAR RAPIDS IOWA
KWQC	6,6.4,6.5	N	DAVENPORT IOWA
WGN AMERICA	36	l	CHICAGO ILLINOIS
KFPX	39.1,39.2	<u>l</u>	NEWTON IOWA
IPTV	11,11.2,11.3, 11.4	E	JOHNSTON IOWA
KFXA	28	N	CEDAR RAPIDS IOWA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### La Motte Telephone Company

#### 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).

0411 010::	l	0/0		T 0411 01011	l	0.10	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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		1					

period, was broadcast by a under certain FCC rules, re	E: SPECIAL ET SPECIAL	AL STATEME  nnetwork televiceriod, under sp list be included in  RNING SUBS  ur cable system  e rest of this pa	ision program, broadcast by pecific present and former F in this log, see page (v) of t TITUTE CARRIAGE m carry, on a substitute ba	y a distant sta CC rules, reg he general ins	ulations, o structions i	rour cable sys or authorization in the paper S	ns. For a further A1-2 form.
SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programn  1. SPECIAL STATEMEN  • During the accounting pe broadcast by a distant stat Note: If your answer is "Not log in block 2.  2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spac Column 1: Give the title period, was broadcast by a under certain FCC rules, re-	E: SPECIA  tify every no accounting p ning that mu  T CONCEF riod, did you tion?  ", leave the E PROGRA titute progra ace, please	ennetwork televir period, under sp ist be included in RNING SUBS ur cable system e rest of this pa	ision program, broadcast by pecific present and former F in this log, see page (v) of t TITUTE CARRIAGE m carry, on a substitute ba	y a distant sta CC rules, reg he general ins	ulations, o structions i	or authorization in the paper S elevision prog	tem carried on a ns. For a further A1-2 form.
In General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN  • During the accounting pe broadcast by a distant state of the s	tify every no accounting paining that mu  T CONCERTION, did you tion?  ", leave the E PROGRA titute prograce, please	ennetwork televir period, under sp ist be included in RNING SUBS ur cable system e rest of this pa	ision program, broadcast by pecific present and former F in this log, see page (v) of t TITUTE CARRIAGE m carry, on a substitute ba	y a distant sta CC rules, reg he general ins	ulations, o structions i	or authorization in the paper S elevision prog	ns. For a further A1-2 form.
	distant sta	add additional onnetwork tele	rows to the tables. vision program ("substitute	e program") tl	ossible, if	their meaning	gram g is ing
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 during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.						or in nonth ately <i>iired</i>	
SUBSTITUTE PROGRAM							7. REASON FOR
1. TITLE OF PROGRAM	2. LIVE? Yes or No		4 STATION'S LOCATION	5. MONTH			DELETION
1	Column 3: Give the call Column 4: Give the brown the case of Mexican or Cal Column 5: Give the more first. Example: for May 7 gi Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	Column 3: Give the call sign of the Column 4: Give the broadcast stati the case of Mexican or Canadian stati Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when th to the nearest five minutes. Example: stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the to delete under FCC rules and regulat was substituted for programming that effect on October 19, 1976.	Column 3: Give the call sign of the station broadc Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7."  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Example: a program carried by a system from 6:0' stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for prog to delete under FCC rules and regulations in effect during the accounting period was substituted for programming that your system was permitted to delete underffect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	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 lit the case of Mexican or Canadian stations, if any, the community with which the station is id Column 5: Give the month and day when your system carried the substitute program. Usifirst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6 stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the lawas substituted for programming that your system was permitted to delete under FCC rules effect on October 19, 1976.  SUBSTITUTE PROGRAM  CARRI  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S  5. MONTH	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 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 numera first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. 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Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  La Motte Telephone Company	SY	STEM ID# 0						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transı (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, se	,500.00						
	IMPORTANT. For must complete a statement in space if concerning gross receipts.	(Amount of gro	ss receipts)						
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 9.  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.	\$263,80(							
	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 this six-month accounting period is \$52.00								
	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								
	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)							
	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	4.040.00							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)								
	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 #								
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more								

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  La Motte Telephone Company	SYSTEM ID# 0						
M Channels	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.							
	Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services							
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)							
for Further Information	Name JOANNE GREGORICH Telephone 563-773-2213							
	Address PO BOX 8 (Number, street, rural route, apartment, or suite number)  LA MOTTE IA 52054 (City, town, state, zip)							
	Email joanne@lamotte-telco.com Fax (optional)							
O Certification	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 and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system 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 best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]							
	X /s/JoAnne Gregorich  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: JoAnne Gregorich  Title: General Manager  (Title of official position held in corporation or partnership)							
	Date: 02/25/2020							

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 this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

counting Period: 2019/2		FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
Motte Telephone Company		0
lowing sentence:  "In determining the total number of subscribers and service of providing secondary transmissions of prin scribers and amounts collected from subscribers reconstruction on when to exclude these amounts, solocated in the paper SA1-2 form.  During the accounting period, did the cable system exclude made by satellite carriers to satellite dish owners?  NO	section 111(d)(1)(A), of the Copyright Act by adding the fol- It the gross amounts paid to the cable system for the basic mary broadcast transmitters, the system shall not include sub- ecciving secondary transmissions pursuant to section 119."  see the note on page (vii) of the general instructions  e any amounts of gross receipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s)	) below	
Name Mailing Address	Name Mailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payme For an explanation of interest assessment, see page (viii) o  Line 1 Enter the amount of late payment or underpaymen		Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the su	um here	
Line 3 Multiply line 2 by the number of days late and enter	· ·	
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	8, or block 3 line 6 (interest charge)	
* To view the interest rate chart click on www.copyright contact the Licensing Division at (202) 707-8150 or licensing Divi	nt.gov/licensing/interest-rate.pdf. For further assistance please censing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the i	interest assessment for one day late.	
, ,	at of account already submitted to the Copyright Office, please 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.