This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/28/20	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	АССС	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20192 Barcode Data Filing Period (optional - see instructions)	
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.	63361
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		La Harpe Video & Data Services Company BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		104 N. Center Street (Number, street, rural route, apartment, or suite number)	
		La Harpe, IL 61450 (City, town, state, zip)	
С		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
		•	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	La Harpe Video & Data Services Company	63361
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you l	
	as the "first community." Please use it as the first community on all future filings.	ist will serve as a form of system identification nereafter known
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area	identified city.	nome parks should be reported in parentileses below the
Served		
First	La Harpe	STATE IL
Community	Fountain Green	ин на
· · · · · · · · ,	Uninc. Carthage	
Rows as Necessary	Uninc. Blandinsville	IL
tows as necessary	Village of Terre Haute	
	การการการการการการการการการการการการการก	

	LEGAL NAME OF OWNER OF C							FORM SA1	
Name				.,				515	633
	La Harpe Video & Data	Services C	ompan	у					
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	•		•					
Secondary	system, that is, the retransmissi about other services (including p					•			
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Bot	•							
scribers and Rates	down by categories of secondar each category by counting the n								
Rates	separately for the particular serv		0	•••				scharged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· · ·	,		ny standa	ard rate variation	is within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of ser	ondary transmis	ssion servi	ce that cable	
	systems most commonly provide	1 /		0		,			
	that applies to your system. Not								
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted of					d in the count ur	nder "Servi	ice to the	
	Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t	-		-					
	with the number of subscribers a	and rates, in th	e right-h	and block. A tv	vo- or thre	e-word descript	ion of the	service is	
	sufficient.	OCK 1					BLOC	( )	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	Service to first set		368	33.97	Evnand	ded Basic		356	46.
	Service to additional set(s)		300	33.97	слран			530	40
	• FM radio (if separate rate)								•
	Motel, hotel								•
	Commercial								•
	Converter								•
	Residential								•
	Non-residential								
									•
	SERVICES OTHER THAN SEC		ANSMIS	SIONS: RATE	s				
F	In General: Space F calls for ra	•	,		•				
•	not covered in space E, that is, t service for a single fee. There a					,	,		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	billed. If any ra	ites are cl	harged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the Block 1: Give the standard ra		the eable	avetem for as	ob of the	appliaghte convi	ana liatad		
ransmissions: Rates	Block 1: Give the standard fa Block 2: List any services that	• •				• •		t were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	ption and inclu	de the ra	te for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERV	VICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Installa	tion: Non-resi	idential				
	• Pay cable		• Mot	el, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>		_	nmercial					
	Fire protection		-	cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set			glar protection					
			Other s	ervices:					
	Additional set(s)								
	• FM radio (if separate rate)			onnect					
			• Disc	connect					
	• FM radio (if separate rate)		• Diso • Out						

				FORM SA1-2E. PAGE				
lame	LEGAL NAME OF OWNER C			SYSTEM ID				
		ta Services Company		6336				
	PRIMARY TRANSMITTERS: TELEVISION							
G smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a <b>Substitute Basis Station</b> basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in eac educational station, by ent (for independent multicast For the meaning of these the <b>Column 4:</b> Give the location	also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part the carriage of certain network prog 1(e)(2) and (4))]; and (2) certain si arried by your cable system on a sine Special Statement and Program d both on a substitute basis and al see page (v) of the general instru- program services such as HBO, ES e-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde or "E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast). on is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WHBF	4	N	ROCK ISLAND, IL				
	WHBF-DT2	4.2	I-M	ROCK ISLAND, IL				
Rows as Nocossan								
s as Necessary	KWQC	6	Ν	DAVENPORT, IA				
s as Necessary	KWQC KWQC-DT2	6 6.2	I-M	DAVENPORT, IA DAVENPORT, IA				
rs as Necessary								
s as Necessary	KWQC-DT2 KHQA	6.2 7	I-M	DAVENPORT, IA HANNIBAL, MO				
rs as Necessary	KWQC-DT2 KHQA KHQA-DT2	6.2 7 7.2	I-M N	DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO				
is as Necessary	KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3	6.2 7 7.2 7.3	I-M N N-M I-M	DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO				
is as Necessary	KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD	6.2 7 7.2 7.3 8	I-M N N-M I-M N	DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL				
is as Necessary	KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2	6.2 7 7.2 7.3 8 8.2	I-M N N-M I-M N I-M	DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL				
is as Necessary	KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3	6.2 7 7.2 7.3 8 8 8.2 8.3	I-M N N-M I-M I-M I-M I-M	DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL				
is as Necessary	KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3 WQAD-DT4	6.2 7 7.2 7.3 8 8.2 8.3 8.4	I-M N N-M I-M I-M I-M I-M I-M	DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL MOLINE, IL				
is as Necessary	KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3 WQAD-DT4 WGEM	6.2 7 7.2 7.3 8 8.2 8.3 8.4 10	I-M N N-M I-M I-M I-M I-M N	DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL				
is as Necessary	KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3 WQAD-DT4 WGEM WGEM-DT2	6.2 7 7.2 7.3 8 8.2 8.3 8.4 10 10.2	I-M N N-M I-M I-M I-M I-M I-M N N N-M	DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL				
is as Necessary	KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3 WQAD-DT4 WGEM WGEM-DT2 WGEM-DT2	6.2 7 7.2 7.3 8 8.2 8.3 8.4 10 10.2 10.3	I-M N N-M I-M I-M I-M I-M I-M N N N-M N-M	DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL QUINCY, IL				
is as Necessary	KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3 WQAD-DT4 WGEM WGEM-DT2 WGEM-DT3 WGEM-DT3	6.2 7 7.2 7.3 8 8.2 8.3 8.4 10 10.2 10.3 10.4	I-M N N-M I-M N I-M I-M I-M N N-M N-M I-M	DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL QUINCY, IL QUINCY, IL				
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is as Necessary	KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3 WQAD-DT4 WGEM WGEM-DT4 WGEM-DT3 WGEM-DT4 KLJB KGCW	6.2 7 7.2 7.3 8 8.2 8.3 8.4 10 10.2 10.3 10.4 18 26	I-M N N-M I-M N I-M I-M I-M N N-M N-M N-M N-M N-M N-M N N N	DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL QUINCY, IL QUINCY, IL QUINCY, IL QUINCY, IL DAVENPORT, IA				
is as Necessary	KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3 WQAD-DT4 WGEM-DT4 WGEM-DT2 WGEM-DT2 WGEM-DT4 KLJB KGCW KGCW-DT2	6.2 7 7.2 7.3 8 8.2 8.3 8.4 10 10.2 10.3 10.4 18 26 26 26.2	I-M N N-M I-M N I-M I-M I-M I-M I-M N N-M N-M N-M N-M N N N N N N N N	DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL QUINCY, IL QUINCY, IL QUINCY, IL QUINCY, IL DAVENPORT, IA DAVENPORT, IA				
is as Necessary	KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3 WQAD-DT4 WGEM WGEM-DT2 WGEM-DT2 WGEM-DT3 WGEM-DT4 KLJB KGCW KGCW-DT2 KGCW-DT2	6.2 7 7.2 7.3 8 8 8.2 8.3 8.4 10 10.2 10.3 10.4 10.4 18 26 26.2 26.2 26.3	I-M N N-M I-M I-M I-M I-M I-M N N-M N-M I-M I-M I-M I-M	DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL QUINCY, IL QUINCY, IL QUINCY, IL QUINCY, IL DAVENPORT, IA DAVENPORT, IA DAVENPORT, IA				
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is as Necessary	KWQC-DT2 KHQA KHQA-DT2 KHQA-DT3 WQAD WQAD-DT2 WQAD-DT3 WQAD-DT4 WGEM WGEM-DT2 WGEM-DT2 WGEM-DT3 WGEM-DT4 KLJB KGCW KGCW-DT2 KGCW-DT2	6.2 7 7.2 7.3 8 8.3 8.3 8.4 10 10.2 10.3 10.4 18 26 26.2 26.3	I-M N N-M I-M I-M I-M I-M I-M N N-M N-M I-M I-M I-M I-M	DAVENPORT, IA HANNIBAL, MO HANNIBAL, MO HANNIBAL, MO MOLINE, IL MOLINE, IL MOLINE, IL MOLINE, IL QUINCY, IL QUINCY, IL QUINCY, IL QUINCY, IL QUINCY, IL DAVENPORT, IA DAVENPORT, IA DAVENPORT, IA				

All-band basis w Special Instruc eceivable if (1) on the basis of r For detailed info baper SA1-2 for Column 1: Id Column 2: St Column 3: If signal, indicate t Column 4: G	every radio s those signals tions Concer- it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio station this by placing ive the station	tation ca were get rning AI / the sys be receit t the Co sign of e he statio ion's sign g a check i's location	arried on a separate and discre- nerally receivable by your cab I-Band FM Carriage: Under C stem whenever it is received a ved at the headend, with the s opyright 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 LOCATION OF STATION	le system during Copyright Office re t the system's he system's FM ante his point, see pag ed by the cable s le station is licens	the accounting egulations, an adend, and (2 mna, during ce ge (v) of the ge ystem as a se sed by the FC0	g period FM sigi ) it can l ertain st eneral ir parate a	I. nal is generally be expected, ated intervals. nstructions in the. and discrete	H Primary Transmitters Radio
eceivable if (1) in the basis of r for detailed info aper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> St <b>Column 3:</b> If ignal, indicate t <b>Column 4:</b> G Itexican or Cana	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive the stations	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio s, if any,	tem whenever it is received a ved at the headend, with the s opyright 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 page ed by the cable s e station is licens station is identifie	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FC( ed).	) it can l ertain st eneral ir parate a C or, in t	be expected, ated intervals. hstructions in the. and discrete the case of	Transmitters
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	9/D		
						3/17		

Accounting Perio	od: 2019/2						FORM	VI SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	La Harpe Video & Data	a Services	s Company					63361
					<u>.</u>			
	SUBSTITUTE CARRIAG	-	-					
I	In General: In space I, ident							
Substitute	substitute basis during the a explanation of the programm							
Substitute Carriage:					ne general in			
Special	1. SPECIAL STATEMEN	-						
Statement and	<ul> <li>During the accounting per</li> </ul>		ur cable syster	m carry, on a substitute ba	isis, any noni	network tele	lsion prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pa	age blank. If your answer is	s "Yes," you i	must comple	te the proc	gram
	log in block 2.	,	•	0 ,		•		•
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if th	eir meaning	a is
	clear. If you need more spa					,		5
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			elball. List specific progra		example, 11	LOVE LUCY	01
			dcast live, ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broado	asting the substitute prog	ram.			
				the community to which th			e FCC or,	in
	the case of Mexican or Car			stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		when your sy		e program. O		, wiui uie ii	nonun
			e substitute pr	ogram was carried by you	r cable syste	m. List the ti	mes accura	ately
	to the nearest five minutes.							
	stated as "6:00-6:30 p.m."	"D":(1)						
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your oyotoin n			o ana rogala		
								1
						N SUBSTIT		
	S		E PROGRAN	1		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	6. TI FROM –		DELETION
		Tes of No	CALL SIGN	4. STATION S LOCATION	AND DAT	FROM -	- 10	
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Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: La Harpe Video & Data Services Company	S	*STEM ID# 63361
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 transm (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.	ssion service	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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	his 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		
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2019/2			FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: & Data Services Company		SYSTEM ID# 63361
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	, and (2) the cable system's total in number of channels on which the	dcast stations	22 246
N Individual to Be Contacted		BE CONTACTED IF FURTHER I bout this statement of account.)	NFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Mark Irish	Telephone	217-659-7721
	Address	P.O. Box 462 (Number, street, rural route, apartment, La Harpe, IL 61450 (City, town, state, zip) mark@laharpetelep		27
O	I, the undersigned     (Owne     (Agenting     (Agenting     (Afficing     (Affic	ed, hereby certify that (Check one, <i>b</i> r other than corporation or partner of owner other than corporation ne 1 of space B and that the owner er or partner) I am an officer (if a c ne 1 of space B. the statement of account and here and correct to the best of my kno n 1001(1986)] Typed or printed nar Title:	ership) I am the owner of the cable system as identified in line 1 of space         or partnership) I am the duly authorized agent of the owner of the cable         r is not a corporation or partnership; or         orporation) or a partner (if a partnership) of the legal entity identified as or         by declare under penalty of law that all statements of fact contained herei         wledge, information, and belief, and are made in good faith.         X       /s/ Mark Irish         er an electronic signature on the line above to certify this statement.         er signature using an "/s/ signature" (e.g., /s/ John Smith)	system as identified wner of the cable system
		Date:	January 17, 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.

unting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Harpe Video & Data Services Company	6336
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
Name     Name       Mailing Address     Mailing Address	
<b>INTEREST ASSESSMENT</b> 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 Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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