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							
1/2/2020	\$ ALLOCATION NUMBER							

Return completed workbook by email to:

### coplicsoa@loc.gov

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

Δ	۸۵۵۵	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
^	ACCC	TOWNING PERIOD COVERED BY THIS STATEMENT. (TTTT/(Period/)
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20192 Barcode Data Filing Period (optional - see instructions)
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
		LPC LONG DISTANCE, INC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 185 (Number, street, rural route, apartment, or suite number)
		LA PORTE CITY, IA 50651 (City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
		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.

Accounting Period:	2019/2	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  LPC LONG DISTANCE, INC.	FORM SA1-2E. PAGE 1b.  SYSTEM ID#  63444
Area	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated codiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 hidentified city.	mmunities within unincorporated areas and including single, it will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First	LA PORTE CITY	IA
Community		
4 dd D		
Add Rows as Necessary		

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

LPC LONG DISTANCE, INC.

63444

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2						
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE			
Residential:								
<ul> <li>Service to first set</li> </ul>	18	39.95	PREMIER PACKAGE	280	65.00			
<ul> <li>Service to additional set(s)</li> </ul>								
<ul> <li>FM radio (if separate rate)</li> </ul>								
Motel, hotel								
Commercial								
Converter								
Residential								
Non-residential								
	I	T		T				

# 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	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		CINEMAX	16.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		НВО	18.00
<ul> <li>Fire protection</li> </ul>		Pay cable		SHOWTIME	17.00
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel		STARZ	15.00
Installation: Residential		Fire protection			
First set	124.95	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	29.00		
<ul> <li>Converter</li> </ul>		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# 63444

4. LOCATION OF STATION

**CEDAR RAPIDS, IA** 

### LPC LONG DISTANCE, INC.

1. CALL SIGN

**KCRG** 

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.

2. B'CAST CHANNEL NUMBER

9

**KFXA** 27 CEDAR RAPIDS, IA **KGAN** 51 N **CEDAR RAPIDS, IA KPXR** 47 **CEDAR RAPIDS. IA** KRIN 35 WATERLOO, IA **KWKB** 25 **IOWA CITY, IA KWWF** 22 WATERLOO, IA **KWWL** 7 WATERLOO, IA Ν

3. TYPE OF STATION

N

Add Rows as Necessary

Accounting	Period:	2019/2
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FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

LPC LONG DISTANCE, INC.

63444

### PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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od: 2019/2						FO	RM SA1-2E. PAGE 5.				
		ГЕМ:					SYSTEM ID# 63444				
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried of substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program											
log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect 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											
S  1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	RIAGE OCC	TIMES	7. REASON FOR DELETION				
	LEGAL NAME OF OWNER OF LPC LONG DISTANCE,  SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi  1. SPECIAL STATEMENT  • During the accounting peri broadcast by a distant state  Note: If your answer is "No" log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a funder certain FCC rules, recommended to the call substituted for the call substituted for the call substituted for May 7 given Column 5: Give the monofirst. Example: for May 7 given Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m."  Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	LEGAL NAME OF OWNER OF CABLE SYS' LPC LONG DISTANCE, INC.  SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every nor substitute basis during the accounting pe explanation of the programming that mus  1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progra clear. If you need more space, please a Column 1: Give the title of every no period, was broadcast by a distant stati under certain FCC rules, regulations, o Do not use general categories like "mo "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broad Column 3: Give the call sign of the s Column 4: Give the broadcast static the case of Mexican or Canadian static Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the to delete under FCC rules and regulatic was substituted for programming that y effect on October 19, 1976.	LEGAL NAME OF OWNER OF CABLE SYSTEM:  LPC LONG DISTANCE, INC.  SUBSTITUTE CARRIAGE: SPECIAL STATEMEI In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under spe explanation of the programming that must be included in  1. SPECIAL STATEMENT CONCERNING SUBST  • During the accounting period, did your cable system broadcast by a distant station?  Note: If your answer is "No", leave the rest of this pag log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional r Column 1: Give the title of every nonnetwork televi period, was broadcast by a distant station and that yo under certain FCC rules, regulations, or authorizations. Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadca Column 4: Give the broadcast station's location (the the case of Mexican or Canadian stations, if any, the or Column 5: Give the month and day when your sys first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute pro to the nearest five minutes. Example: a program carrie stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system wa effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	LEGAL NAME OF OWNER OF CABLE SYSTEM:  LPC LONG DISTANCE, INC.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LINGeneral: In space I, identify every nonnetwork television program, broadcast I substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute base broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer i log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitunder certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by you to the nearest five minutes. 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 prograted as "6:00–6:30 p.m."  Column 6: State the times when the substitute program was permitted to delete underfect on October 19, 1976.	LEGAL NAME OF OWNER OF CABLE SYSTEM:  LPC LONG DISTANCE, INC.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant stabstitute basis during the accounting period, under specific present and former FCC rules, reguexplanation of the programming that must be included in this log, see page (v) of the general ins  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  * During the accounting period, did your cable system carry, on a substitute basis, any nonn broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you make in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever poor clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the prounder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction on the use general categories like "movies" or "basketball." List specific program titles, for example: To the program was broadcast live, enter "Yes." Otherwise enter "No."  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 lice the case of Mexican or Canadian stations, if any, the community with which the station is ide Column 5: Give the month and day when your system 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 dur	LEGAL NAME OF OWNER OF CABLE SYSTEM:  LPC LONG DISTANCE, INC.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that yo substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in total station of the programming that must be included in this log, see page (v) of the general instructions in total station of the programming that must be included in this log, see page (v) of the general instructions in total station of the programming that the program of the program of a substitute basis, any nonnetwork televitoradcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must comple log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I L NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 4: Give the call sign of the station broadcasting the substitute program. Use numerals, 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 tit to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. stated as "6:00—6:3	LEGAL NAME OF OWNER OF CABLE SYSTEM:  LPC LONG DISTANCE, INC.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable syst substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progra broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prograting in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another st under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatic 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 3: 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 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is loentified).  Column 6: State the times when the subs				

ccounting Period:	LEGAL NAME OF OWNER	R OF CABLE SYST	·FM·						SYSTEM II
Name	LPC LONG DIST		LIVI.						6344
<b>K</b> Gross Receipts	GROSS RECEIPT Instructions: The fi all amounts (gross r (as identified in spar page (vii) of the gen Gross receipts	igure you give receipts) paid to ce E) during the reral instruction	o your cable e accounting is located in	system by period. Fo the paper S	subscribers for r a further expl SA1-2 form.	the systen anation of	n's secondary tr	ansmission servi	ce
	during the acco							-	7,889.75 ross receipts)
L Copyright Royalty Fee	COPYRIGHT ROYA Instructions: To com • Complete block 1, b • Use block 1 if the ar • Use block 2 if the ar • Use block 3 if the ar See page (vi) of the ger	pute the royalty block 2, or block mount of gross mount of gross mount of gross	ck 3. receipts in s receipts in s receipts in s	pace K is \$ pace K is n pace K is n	nore than \$137 nore than \$263	,100 but le ,800 but le	ss than \$527,60		
			BLOCK 1: 0	GROSS RI	ECEIPTS OF	\$137,100	OR LESS		
	Instructions: As a cal accounting period is		gross receipt	s of \$137,10	00 or less, the r	oyalty fee th	nat you must pay	for this six-month	
	Line 1. Royalty fee fo	or accounting pe	eriod						
	Line 2. Interest charg	je. Enter the ar	nount from lin	e 4, space	Q, page 8			·	0.00
	Line 3. TOTAL ROY	ALTY FEE PAY	ABLE FOR	ACCOUNTI	NG PERIOD A	dd lines 1 a	nd 2		
		BLOCK 2: G	ROSS REC	EIPTS OF	\$263,800 OR	LESS (bu	t more than \$1	37,100)	
	1. Base amount unde	er statutory form	nula			<u>\$</u>	263,800.0	00	
	2. Enter amount of g	ross receipts fro	om space K			<u>\$</u>	167,889.7	<u>′5</u>	
	3. Subtract line 2 fror	m line 1				\$	95,910.2	25_	
	4. Enter the amount of	of gross receipt	s from space	Κ			\$	167,889.75	
	5. Enter the amount t	from line 3					\$	95,910.25	
	6. Subtract line 5 fror								
	7. Multiply line 6 by .0	005 (enter figure	e here)					. \$	359.90
	8. Interest charge. E	inter the amoun	t from line 4,	space Q, pa	ıge 8			· · · <u> </u>	0.00
	9. TOTAL ROYALTY	/ FEE PAYABL	E FOR ACC	DUNTING F	PERIOD. Add lin	es 7 and 8		\$	359.90
		BLOCK 3: GR	OSS RECE	IPTS OF I	MORE THAN	\$263,800 (	but less than \$	527,600)	
	Enter the amount of	of gross receipt	s from space	Κ		<u></u>			
	Base amount under	er statutory form	ıula			\$	263,800.0	00	
	3. Subtract line 2 fror	m line 1							
	4. Multiply line 3 by .	01					· · · · ·		
	5. Royalty due on the	e first \$263,800	of gross recei	ipts (under	statutory formul	a)	\$	1,319.00	
	6. Interest charge. E	inter the amoun	t from line 4,	space Q, pa	ıge 8			0.00	
	7. TOTAL ROYALTY	FEE PAYABL	E FOR ACC	DUNTING P	PERIOD. Add lin	es 4, 5, and	d 6	· · · <u> </u>	
		FILII	NG FEE ANI	D TOTAL I	REMITTANCE	DUE			
Filing Fee and Fotal Remittance	Royalty Fee Payal	ole for Accounti	ng Period (fro	m Block 1,	2, or 3, above)		<u>\$</u>	359.90	
Due	2. Filing Fee (See the	e instructions fo	r more inform	ation on filir	ng fee calculation	ons)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT	DUE FOR ACC	COUNTING P	ERIOD. Ad	ld lines 2 and 3	3		\$	379.90
	Important: Y						-	egister of Copyri	ghts!
		see page i of	tne general	instruction	s in the paper	SA1-2 forn	n for more infor	nation.	

Accounting Period:	2019/2																FORM	I SA1-2E.	PAGE 7	7
Name	LPC LONG DISTA	NER OF CABLE SYSTEM: ANCE, INC.																SYST	EM ID:	
M Channels	to its subscribers, a  1. Enter the total not system carried tel  2. Enter the total not on which the cable	must give (1) the number of and (2) the cable system's to umber of channels on which levision broadcast stations.  umber of activated channels le system carried television let services	otal numb  the cable  s broadcas	ole	r of act	ivated	channe	ls durii	ng the a	accou	inting po	eriod.	et station				8			
N Individual to Be Contacted		E CONTACTED IF FURTHI but this statement of accoun		ORM	MATIO	N IS N	EEDEI	(Iden	tify an i	individ	dual to v	whom								
for Further Information	Name	MARGARET CORLET	ΓT									-	Telepho	ne <b>56</b>	3-245-	4481				
		PO BOX 1008  Number, street, rural route, apartn	ment, or sui	uite n	number	)														
		ELKADER, IA 52043 City, town, state, zip)																		
	Email	MCORLETT@L	PCTEL.	CO	ОМ					F	ax (opti	ional)								
0	CERTIFICATION (TI	his statement of account mu	ust be cer	ertifie	fied and	d signe	d in ac	ordan	ce with	Сору	right O	ffice re	gulation	s)						
Certification	• I, the undersigned,	hereby certify that (Check on	ne, <i>but onl</i>	nly or	one, of	the box	xes.)													
	(Owner o	other than corporation or pa	artnership	iip) l	I am th	e owne	r of the	cable s	system a	as ide	entified in	n line 1	of space	e B; or						
		f owner other than corporate 1 of space B and that the ov								gent o	of the ow	ner of	the cable	e syste	m as iden	ntified				
		<b>or partner)</b> I am an officer (if e 1 of space B.	f a corpora	ratior	on) or a	partne	er (if a p	artners	hip) of t	the leç	gal entity	y identi	fied as o	wner o	f the cabl	e syster	m			
		ne statement of account and h and correct to the best of my l 1001(1986)]											ned here	in						
			X			hris F														
			Enter an Enter sign			_						stateme	ent.							
		Typed or printed	I name:	C	CHR	S HC	PP													
		Title: (Title of of	CHIEF																	
		Date:									1/2/	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 telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

counting Period: 2019/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
PC LONG DISTANCE, INC.	63444
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
NO NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address  Name Mailing Address	
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.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u> </u>
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	·
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	·
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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