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 workbool 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	1/3/2020	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
Accounting Period		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20192 Barcode Data Filing Period (optional - see instructions)	
		la deva d'ana	
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.	63594
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 1008 (Number, street, rural route, apartment, or suite number)	
		ELKADER, IA 52043	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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)	
L			

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	ALPINE CABLE TELEVISION LC	63594
D Area Served	Instructions: List each separate community served by the cable system. A "communi "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 lis 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 h identified city.	ty" is the same as a "community unit" as defined in FCC rules: mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
First	CITY OR TOWN ELGIN	IA STATE
Community		
-		
Add Rows as Necessary		
	ากการการการการการการการการการการการการกา	
	ากการการการการการการการการการการการการกา	

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								515	6359
		SION LC							0000
Е	SECONDARY TRANSMISSION		-	-	-				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period						nose existii	ig on the	
Service: Sub-	Number of Subscribers: Both						ole system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the ne							charged	
	separately for the particular serv Rate: Give the standard rate c							e and the	
	unit in which it is generally billed								
	category, but do not include disc				.,		•		
	Block 1: In the left-hand block	in space E, the	e form lis	ts the categori					
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	ind rates, in the	e right-ha	ind block. A two	o- or three	e-word descripti	ion of the se	ervice is	
		DCK 1					BLOCK	2	
		NO. OF		DATE	047			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		7	42.45	ESSEN	TIALS PACK		26	60.0
	Service to additional set(s)		· · · ·			ER PACKAG		17	70.0
	• FM radio (if separate rate)								10.0
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES	5				
E	In General: Space F calls for rat					your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the		,	·····, ····, ····,				· g,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				neu. Lisi	inese other serv		IOTTI OF A	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERV		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	NATE		tion: Non-resi		NATE	CATEGO	DRT OF SERVICE	NATE
	Pay cable			el, hotel	Gential		CINEM	7X	16.0
	• Pay cable—add'l channel			mercial			HBO		18.0
	• Fire protection		• Pay				SHOWT	IME	17.0
	•		-	cable-add'l cha	annol		STARZ		15.0
	•Burglar protection Installation: Residential			protection			UTANZ		13.0
	• First set	124.95		•					
		124.95	-	lar protection					
	Additional set(s) EM radio (if separate rate)			ervices:		20.00			
	 FM radio (if separate rate) Converter 			onnect		29.00			
	- Converter			onnect					
				at vala t' · · ·					
				et relocation e to new addre					

				FORM SA1-2E. PAGE 3
me	LEGAL NAME OF OWNER OF			SYSTEM ID#
	ALPINE CABLE TELE			63594
C nary nitters: <i>i</i> sion	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- to not list the station here station was carried only or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. a: With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the	at (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for independent attions in the paper SA1-2 form. t the community to which the station	levision stations) ime basis under ims [sections ions carried on a postitute program _og)—if the _og)—if the _og)if the _og)i
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRG	9	N	CEDAR RAPIDS, IA
	KFXA	27	I	CEDAR RAPIDS, IA
		51	N	
Necessarv	KGAN	J	N	CEDAR RAPIDS. IA
lecessary	KPXR	47	N I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
lecessary			-	CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA
lecessary	KPXR	47		CEDAR RAPIDS, IA
cessary	KPXR	47	l	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
ecessary	KPXR KRIN KWKB	47 35 25	l E	CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA
Necessary	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
	KWKB	25	I	IOWA CITY, IA
	KWWF	22	I	WATERLOO, IA
Necessary	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
	KWKB	25	I	IOWA CITY, IA
	KWWF	22	I	WATERLOO, IA
Necessary	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
	KWKB	25	I	IOWA CITY, IA
	KWWF	22	I	WATERLOO, IA
s Necessary	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
	KWKB	25	I	IOWA CITY, IA
	KWWF	22	I	WATERLOO, IA
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	KWKB	25	I	IOWA CITY, IA
	KWWF	22	I	WATERLOO, IA
s Necessary	KPXR	47	I	CEDAR RAPIDS, IA
	KRIN	35	E	WATERLOO, IA
	KWKB	25	I	IOWA CITY, IA
	KWWF	22	I	WATERLOO, IA
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	KRIN	35	E	WATERLOO, IA
	KWKB	25	I	IOWA CITY, IA
	KWWF	22	I	WATERLOO, IA

ALPINE CAE	OWNER OF C							SYSTEM ID 6359
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
concernation of the series of	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recei at the Co sign of e the static ion's sign g a checl n's locati	I-Band FM Carriage: Under of the whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	0/D		CALL SIGN	AM or FM	0/D	LOCATION OF STATION	
		S/D	LOCATION OF STATION	CALL SIGN	AIVI OF FIM	S/D	LUCATION OF STATION	
CTN	FM		Garnavillo, IA					

Accounting Perio							FOF	RM SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	ALPINE CABLE TELE	VISION LO	C					63594
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, ident	ify every nor	nnetwork televis	sion program, broadcast by	a distant stat	ion, that you	ur cable syste	em carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	CC rules, regul	ations, or au	uthorizations	. For a further
Substitute	explanation of the programm				e general instr	uctions in th	ne paper SA1	1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 	-	ir cable system	carry, on a substitute bas	is, any nonne	twork televi	sion program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if the	ir meaning is	S
				ision program ("substitute	program") tha	t, during th	e accounting	q
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substitute	d for the prog	ramming of	f another sta	ation
	under certain FCC rules, re Do not use general categor	gulations, o	r authorization	s. See page (v) of the gene thall " List specific program	eral instruction	ns for furthe	er informatio	n.
	"NBA Basketball: 76ers vs.		vies of baske	iball. List specific program		ampie, i Lo	We Lucy Of	
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nood by the	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mor	nth and day		tem carried the substitute			with the mo	nth
	first. Example: for May 7 giv					1		. h
	to the nearest five minutes.			gram was carried by your				eiy
	stated as "6:00–6:30 p.m."	Example: a	a program oann		10 p.m. to 0.2	0.00 p.ini. 0		
	Column 7: Enter the lett	er "R" if the	listed program	was substituted for progra	amming that v	our system	was require	ed
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period	l; enter the let	ter "P" if the		
		and regulation nming that y	ons in effect du	ring the accounting period	l; enter the let	ter "P" if the		
	to delete under FCC rules a was substituted for program	and regulation nming that y	ons in effect du	ring the accounting period	l; enter the let r FCC rules a	ter "P" if the nd regulation	ons in	
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation	ons in effect du	ring the accounting period s permitted to delete unde	l; enter the let er FCC rules a	ter "P" if the	ITUTE	
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	ons in effect du /our system wa //E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if the nd regulation	ITUTE	ram
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation ming that y	ons in effect du our system wa	ring the accounting period s permitted to delete unde	l; enter the let er FCC rules a WHE CARRI	ter "P" if the nd regulation	ITUTE	7. REASON FOR
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	ons in effect du /our system wa //E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if the nd regulation	ITUTE	7. REASON FOR
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	to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	ons in effect du /our system wa //E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if the nd regulation	ITUTE	7. REASON FOR
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	to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	ons in effect du /our system wa //E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if the nd regulation	ITUTE	7. REASON FOR
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	ons in effect du /our system wa //E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if the nd regulation	ITUTE	7. REASON FOR
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	to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	ons in effect du /our system wa //E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if the nd regulation	ITUTE	7. REASON FOR
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	ons in effect du /our system wa //E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if the nd regulation	ITUTE	7. REASON FOR
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	ons in effect du /our system wa //E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if the nd regulation	ITUTE	7. REASON FOR
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	ons in effect du /our system wa //E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if the nd regulation	ITUTE	7. REASON FOR
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	to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	ons in effect du /our system wa //E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if the nd regulation	ITUTE	7. REASON FOR
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	to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	ons in effect du /our system wa //E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if the nd regulation	ITUTE	7. REASON FOR
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	ons in effect du /our system wa //E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if the nd regulation	ITUTE	7. REASON FOR
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	ons in effect du /our system wa //E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if the nd regulation	ITUTE	7. REASON FOR

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC	SI	STEM ID# 63594
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 transs (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 s amount, see	,126.44
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 • 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 accounting period is \$52.00	this six-month	
	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. 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)		0.00
	 8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL RUTALITT FEE PATABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	7,600)	
	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	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
	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		F OWNER OF CABLE SYSTEM: BLE TELEVISION LC	SYSTEM ID# 63594
M Channels	to its subscrib1. Enter the to system carri2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.	8
	and nonbroa	adcast services	
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	MARGARET CORLETT Telephone (563) 245-4481
	Address	PO BOX 1008 (Number, street, rural route, apartment, or suite number)	
		ELKADER, IA 52043 (City, town, state, zip)	
	Email	MCORLETT@ALPINE-COMMUNICATIONS.COM Fax (optional)	
		DN (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersi	gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) vner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; o	or
	(Ag	ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst in line 1 of space B and that the owner is not a corporation or partnership; or	tem as identified
	<u>X</u> (Of	fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.	of the cable system
	are true, comp	ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)]	
		X /s/ Chris Hopp	
		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: CHRIS HOPP	
		Title: CHIEF OPERATING OFFICER (Title of official position held in corporation or partnership)	
		Date: 1/3/2020	

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 t 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 lay

ounting Period: 2019/2		FORM SA1-2E. PAC
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
PINE CABLE TELEVISION LC		63
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright A lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable sy service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursu For more information on when to exclude these amounts, see the note on page (vii) of the general located in the paper SA1-2 form.	rstem for the basic n shall not include sub- ant to section 119." I instructions	P Special Statemer Concerning Gros Receipts Exclusio
During the accounting period, did the cable system exclude any amounts of gross receipts for sec made by satellite carriers to satellite dish owners?	ondary transmissions	
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a late payment	ent or underpayment.	•
For an explanation of interest assessment see page (viii) of the general instructions located in the		Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the	e paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment	e paper SA1-2 form.	Q Interest Assessm
	e paper SA1-2 form.	Q Interest Assessm
	e paper SA1-2 form.	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	e paper SA1-2 form.	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	a paper SA1-2 form.	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	a paper SA1-2 form.	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	xdays	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	a paper SA1-2 form. x x x x x x x x x x 0.00274 -	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	xdays xdays x 0.00274 (interest charge)	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here 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	xdays xdays x 0.00274 (interest charge)	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	xdays xdays x 0.00274 (interest charge)	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	x days x days x 0.00274 (interest charge) ther assistance please	Q Interest Assessm
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