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	Beturn completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	2/18/2020	\$ 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))	
		2019-2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63659
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Farmers Telephone Company	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 404 4th Street	
		(Number, street, rural route, apartment, or suite number) Batavia, IA 52533-9415 (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 suffciency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Farmers Telephone Company	63659
D Area	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili Note: Entities and properties such as hotels, apartments, condominiums, or m	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Served	identified city.	
	CITY OR TOWN	STATE
First	Batavia	lowa
Community		
Add Rows as Necessary		
	การแน่นหมายและและและและและและและและและและและและและแ	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM II
Name	Farmers Telephone Con								636
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate ch unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note	SERVICE: SU pace E should on of television ay cable) in spi (June 30 or De blocks in space transmission umber of billing ice at the rate in harged for each (Example: "\$2 ounts allowed f in space E, the to their subscr	cover a and rac ace F, r ecembe ce E cal service. s in tha ndicate n catego 0/mth") for adva form li ibers. (Il categories of hio broadcasts I not here. All the r 31, as the ca I for the numbe In general, you t category (the d—not the num ory of service. I . Summarize a ince payment. sts the categor Give the numbe	secondary by your sy- facts you se may be r of subsc u can com number of ber of sets nclude bo ny standar ies of seco r of subsc	stem to subscrib state must be th). ribers to the cab pute the numbe persons or org. s receiving servi th the amount or d rate variations ondary transmise ribers and rate f	pers. Give i hose existi ole system, r of subscr anizations ice). f the charg s within a p sion servic for each lis	information ng on the broken ibers in charged e and the particular rate e that cable ted category	
	categories, that person or entity s subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system h printed in block 1 (for example, ti with the number of subscribers a sufficient.	should be coun ble service to a nce again unde nas rate catego ers of services	ited as a addition er "Serv pries for that inc	a subscriber in al sets would b ice to additiona secondary tran clude one or mo	each appl e included Il set(s)." Ismission ore second	icable category. in the count un service that are lary transmissio	Example: der "Servic different fr ns), list the	a residential æ to the om those æm, together	
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		88	87.95					
	Service to additional set(s)		98	7.50					
	 FM radio (if separate rate) Motel, hotel 								
	Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib nose services t e two exception or facilities furn it in which it is rate column. e charged by th your cable sys separate charg	er) infor hat are ns: you ished to usually ne cable tem fur e was n	mation with re- not offered in of do not need to p nonsubscribe billed. If any ra e system for ea nished or offere- nade or establis	spect to al ombinatio give rate i rs. Rate in tes are ch ch of the a ed during t	n with any seco nformation cond formation should arged on a varia pplicable servic he accounting p	ndary trans cerning (1) d include b able per-pro- ces listed. period that	smission services oth the ogram basis, were not	
		BLOO		0.00/		.		BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:			ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RAT
	Pay cable			tel, hotel	ueitidi				
	• Pay cable—add'l channel			nmercial		99.95			
	Fire protection		• Pay	/ cable					
	 Burglar protection 		• Pay	/ cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	99.95		glar protection					
	• Additional set(s)	-		services:					
	• FM radio (if separate rate)			connect		30.00			
	Converter			connect					
				lot role cottor		75 00			
				let relocation	255	75.00			

	LEGAL MANE OF OMMED OF			SYSTEM ID
me	LEGAL NAME OF OWNER OF Farmers Telephone C			63659
	PRIMARY TRANSMITTERS:			
G nary nitters: vision	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.63 is explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations: a in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progr. 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repr evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial eendent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCCI ME-TV	2	N	DES MOINES, IA
	KTVO ABC	3 & 600	N	KIRKSVILLE, MO
			-	
s as Necessary	IKDMI	4		DES MOINES, IA
:essary	KDMI KYOU ESCAPE	4	l N	DES MOINES, IA OTTUMWA, IA
essary	KYOU ESCAPE	5	N	OTTUMWA, IA
essary	KYOU ESCAPE KCCI CBS	5 8 & 332	N N	OTTUMWA, IA DES MOINES, IA
cessary	KYOU ESCAPE KCCI CBS KCCI CBS	5 8 & 332 8.3 & 210	N	OTTUMWA, IA DES MOINES, IA DES MOINES, IA
cessary	KYOU ESCAPE KCCI CBS KCCI CBS KFPX ION	5 8 & 332 8.3 & 210 10 & 353	N N	OTTUMWA, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA
cessary	KYOU ESCAPE KCCI CBS KCCI CBS KFPX ION KFPX2	5 8 & 332 8.3 & 210 10 & 353 354	N N N I I	OTTUMWA, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA
ecessary	KYOU ESCAPE KCCI CBS KCCI CBS KFPX ION KFPX2 KDIN IPTV	5 8 & 332 8.3 & 210 10 & 353 354 11 & 338	N N	OTTUMWA, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA
ecessary	KYOU ESCAPE KCCI CBS KCCI CBS KFPX ION KFPX2 KDIN IPTV WHO NBC	5 8 & 332 8.3 & 210 10 & 353 354 11 & 338 13 & 342	N N N I I E N	OTTUMWA, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA
ecessary	KYOU ESCAPE KCCI CBS KCCI CBS KFPX ION KFPX2 KDIN IPTV WHO NBC KTVO CBS	5 8 & 332 8.3 & 210 10 & 353 354 11 & 338 13 & 342 14 & 335	N N N 1 1 E N N N	OTTUMWA, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA KIRKSVILLE, MO
ecessary	KYOU ESCAPE KCCI CBS KCCI CBS KFPX ION KFPX2 KDIN IPTV WHO NBC KTVO CBS KYOU FOX	5 8 & 332 8.3 & 210 10 & 353 354 11 & 338 13 & 342 14 & 335 15 & 334	N N N 1 1 E N N N N	OTTUMWA, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA KIRKSVILLE, MO OTTUMWA, IA
lecessary	KYOU ESCAPE KCCI CBS KCCI CBS KFPX ION KFPX2 KDIN IPTV WHO NBC KTVO CBS KYOU FOX KYOU NBC	5 8 & 332 8.3 & 210 10 & 353 354 11 & 338 13 & 342 14 & 335 15 & 334 16 & 355	N N N 1 1 1 E N N N N N	OTTUMWA, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA KIRKSVILLE, MO OTTUMWA, IA
lecessary	KYOU ESCAPE KCCI CBS KCCI CBS KFPX ION KFPX2 KDIN IPTV WHO NBC KTVO CBS KYOU FOX KYOU NBC KYOU CIRCLE	5 8 & 332 8.3 & 210 10 & 353 354 11 & 338 13 & 342 14 & 335 15 & 334 16 & 355 17	N N N 1 1 E N N N N N N N	OTTUMWA, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA
ecessary	KYOU ESCAPE KCCI CBS KCCI CBS KFPX ION KFPX2 KDIN IPTV WHO NBC KTVO CBS KYOU FOX KYOU NBC KYOU CIRCLE KYOU GRIT	5 8 & 332 8.3 & 210 10 & 353 354 11 & 338 13 & 342 14 & 335 15 & 334 16 & 355 17 100	N N N I I E N N N N N N N N N N N	OTTUMWA, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA
lecessary	KYOU ESCAPE KCCI CBS KCCI CBS KFPX ION KFPX2 KDIN IPTV WHO NBC KTVO CBS KYOU FOX KYOU NBC KYOU CIRCLE	5 8 & 332 8.3 & 210 10 & 353 354 11 & 338 13 & 342 14 & 335 15 & 334 16 & 355 17 100 337	N N N 1 1 E N N N N N N N N N N E	OTTUMWA, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA OTTUMWA, IA OTTUMWA, IA
ecessary	KYOU ESCAPE KCCI CBS KCCI CBS KFPX ION KFPX2 KDIN IPTV WHO NBC KTVO CBS KYOU FOX KYOU FOX KYOU ORCLE KYOU GRIT KDIN IPTV KIDS KDIN IPTV WORLD	5 8 & 332 8.3 & 210 10 & 353 354 11 & 338 13 & 342 14 & 335 15 & 334 16 & 355 17 100	N N N I I E N N N N N N N N N N N N N N	OTTUMWA, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA OTTUMWA, IA DES MOINES, IA
lecessary	KYOU ESCAPE KCCI CBS KCCI CBS KFPX ION KFPX2 KDIN IPTV WHO NBC KTVO CBS KYOU FOX KYOU FOX KYOU ORIT KDIN IPTV KIDS KDIN IPTV WORLD KDIN IPTV CREATE	5 8 & 332 8.3 & 210 10 & 353 354 11 & 338 13 & 342 14 & 335 15 & 334 16 & 355 17 100 337 340 339	N N N 1 1 E N N N N N N N N N N N E E E E	OTTUMWA, IA DES MOINES, IA KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA OTTUMWA, IA OTTUMWA, IA DES MOINES, IA DES MOINES, IA
Necessary	KYOU ESCAPE KCCI CBS KCCI CBS KFPX ION KFPX2 KDIN IPTV WHO NBC KTVO CBS KYOU FOX KYOU FOX KYOU ORCLE KYOU GRIT KDIN IPTV KIDS KDIN IPTV WORLD	5 8 & 332 8.3 & 210 10 & 353 354 11 & 338 13 & 342 14 & 335 15 & 334 16 & 355 17 100 337 340	N N N I I E N N N N N N N N N N N N N N	OTTUMWA, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA OTTUMWA, IA DES MOINES, IA
; Necessary	KYOU ESCAPE KCCI CBS KCCI CBS KFPX ION KFPX2 KDIN IPTV WHO NBC KTVO CBS KYOU FOX KYOU FOX KYOU ORIT KOIN IPTV KIDS KDIN IPTV WORLD KDIN IPTV CREATE WHO WEATHER	5 8 & 332 8.3 & 210 10 & 353 354 11 & 338 13 & 342 14 & 335 15 & 334 16 & 355 17 100 337 340 339 343	N N N 1 1 1 E N N N N N N N N N N N N N	OTTUMWA, IA DES MOINES, IA OTTUMWA, IA OTTUMWA, IA OTTUMWA, IA DES MOINES, IA

EGAL NAME OI								SYSTEM I 636
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
ecceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C	it is carried b monitoring, to prmation about rm. dentify the call tate whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of the static tion's sig g a checl n's locati	I-Band FM Carriage: Under of the whenever it is received a ved at the headend, with the opyright 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	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain si jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,6				578		
		+						
					I			

	od: 2019-2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Farmers Telephone Co	ompany						63659
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LOO	3			
I	In General: In space I, ident substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or au	thorizations.	For a further
Substitute	explanation of the programm				e general instru	uctions in the	e paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 	-	r cable system	carry, on a substitute basi	s, any nonnet	work televis	sion progran	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if thei	r meaning is	6
	clear. If you need more spa			rows to the tables. ision program ("substitute p	program") tha	t during the		1
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for furthe	r informatio	n.
	Do not use general categor		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Lo	ve Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ente	r "Yes." Otherwise enter "N	0 "			
				isting the substitute program				
				ne community to which the			FCC or, in	
	the case of Mexican or Can	adian static	ons, if any, the	community with which the s tem carried the substitute p	station is iden	tified).	with the mov	oth
	first. Example: for May 7 give		when you sys		nogram. Use	numerais, v		iui
			e substitute pro	gram was carried by your o	able system.	List the tim	es accurate	ly
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. sł	nould be	
	stated as "6:00–6:30 p.m."	or "R" if tho	listed program	was substituted for progra	mming that w	ourevetom	was require	d
	to delete under FCC rules a							
	was substituted for program	nming that y						
	effect on October 19, 1976.							
							T. 1 T. F	
				1				7 REASON FOR
		2. LIVE?	E PROGRAM	1		AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	CARRI	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
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		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
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		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		

Accounting Period:	2019-2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
	Farmers Telephone Company		63659
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 transmi (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 mount, see	, 559.37 is receipts)
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	63,800	
	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		
	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	<u> </u>	
	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	
540	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 # 26NKCKUH		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2019-2		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: phone Company	SYSTEM ID# 63659
M Channels	to its subscrib 1. Enter the to	You must give (1) the number of channels on which the cable syste rs, and (2) the cable system's total number of activated channels d al number of channels on which the cable d television broadcast stations	uring the accounting period.
	on which the	al number of activated channels cable system carried television broadcast stations cast services	20
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Id about this statement of account.)	entify an individual to whom
for Further Information	Name	Joe Snyder	Telephone 641-662-2373
	Address	404 4th Street (Number, street, rural route, apartment, or suite number) Batavia, Iowa 52533 (City, town, state, zip)	
	Email	jsnyder@cmtel.com	Fax (optional) 641-664-9780
O Certification	I, the undersig (Ow (Ag X (Of I have examinare true, comp	I (This statement of account must be certified and signed in accord need, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cab nt of owner other than corporation or partnership) I am the duly au I line 1 of space B and that the owner is not a corporation or partnersh cer or partner) I am an officer (if a corporation) or a partner (if a partner I line 1 of space B. I d the statement of account and hereby declare under penalty of law th te, and correct to the best of my knowledge, information, and belief, ar ion 1001(1986)]	e system as identified in line 1 of space B; or horized agent of the owner of the cable system as identified p; or ership) of the legal entity identified as owner of the cable system at all statements of fact contained herein
		X Joe Snyder Anter an electronic signature on the librar signature using an "/s/ signature Typed or printed name: Joe Snyder Title: General Manager Title of official position held in corporation or partner	" (e.g., /s/ John Smith)
		Date:	2/17/2020

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 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 filing, a determination that would be made by a court of lay

Inting Period: 2019-2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ners Telephone Company	636
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
	Q
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	Q Interest Assessme
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