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	02/10/2020	\$ 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))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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	_
		Mid Century Telephone Cooperative	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Mid Century Communications	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 380 (Number, street, rural route, apartment, or suite number)	
		Fairview IL 61432	
		(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 unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Mid Century Telephone Cooperative	637
	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 li as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single st will serve as a form of system identification hereafter kno
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Gilson	L
Community	Yates City	IL
	Fairview	IL
d Rows as Necessary	Victoria	L
	Ellisville	IL
	Table Grove	IL
	Bishop Hill	IL
	Williamsfield	IL
	Summum	IL
	Lafayette	IL
	Maquon	IL
	Marietta	IL
	Smithfield	IL
	Altona	
		n

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM					FORM SA1	TEM ID
Name	Mid Century Telephone		P				010	6372
		ocoperativ	•					
Е	SECONDARY TRANSMISSION			-				
-	In General: The information in s system, that is, the retransmission							
Secondary	about other services (including p							
Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Both							
scribers and Rates	down by categories of secondary each category by counting the n		0 /	,				
Rates	separately for the particular serv						larged	
	Rate: Give the standard rate c							
	unit in which it is generally billed				d rate variations	s within a par	rticular rate	
	category, but do not include disc Block 1: In the left-hand block				ondary transmis	sion service	that cable	
	systems most commonly provide			•				
	that applies to your system. Note	e: Where an in	dividual or organizat	ion is receivii	ng service that f	alls under di	fferent	
	categories, that person or entity							
	subscriber who pays extra for ca first set" and would be counted o				In the count une	der "Service	to the	
	Block 2: If your cable system				service that are	different fror	n those	
	printed in block 1 (for example, t	iers of services	s that include one or	more second	lary transmissio	ns), list them	n, together	
	with the number of subscribers a	ind rates, in the	e right-hand block. A	two- or three	e-word description	on of the ser	vice is	
	sufficient.	DCK 1				BLOCK 2	2	
		NO. OF	-			DLOOK 2	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:							
	Service to first set		378 43.9	5				
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel Commercial							
	Converter							
	Residential		232 45.9					
	Non-residential		252 45.5					
	• Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RAT	ES				
E	In General: Space F calls for rat				l your cable syst	em's service	es that were	
F	not covered in space E, that is, t							
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	rate column.			-			
Transmissions:	Block 1: Give the standard rat						ara nat	
Rates	Block 2: List any services that listed in block 1 and for which a							
	brief (two- or three-word) descrip							
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF SI	RVICE	RATE	CATEGOR	RY OF SERVICE	RATE
	Continuing Services:		Installation: Non-r	esidential				
	• Pay cable	18.00	 Motel, hotel 			Expande	d Cable	61.0
	• Pay cable—add'l channel		Commercial			Expande	d Digital	61.0
	Fire protection		 Pay cable 					
	•Burglar protection		• Pay cable-add'l	channel				
	Installation: Residential		Fire protection					
	First set		Burglar protecti	on				
	 Additional set(s) 		Other services:					
	· Auditional set(s)		1			1		1
	• FM radio (if separate rate)		 Reconnect 					
	· · ·		Reconnect Disconnect					
	• FM radio (if separate rate)			n				

Name	LEGAL NAME OF OWNER C			SYSTEM I 6372
	Mid Century Telepho			0377
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, is Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> of • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eace educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	I also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta rried by your cable system on a su e Special Statement and Program I both on a substitute basis and als see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep- vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WMBD	2	N	PEORIA, IL
	WHBF	4	Ν	ROCK ISLAND, IL
Rows as Necessary	WHBF WEEK	4	N N	
Rows as Necessary				ROCK ISLAND, IL
Rows as Necessary	WEEK	5	N	ROCK ISLAND, IL PEORIA, IL
Rows as Necessary	WEEK KWQC	5 6	N N	ROCK ISLAND, IL PEORIA, IL DAVENPORT, IL
Rows as Necessary	WEEK KWQC KLJB	5 6 7	N N N	ROCK ISLAND, IL PEORIA, IL DAVENPORT, IL DAVENPORT, IL MOLINE, IL
Rows as Necessary	WEEK KWQC KLJB WQAD WQAD-DT4	5 6 7 8 10	N N N N N-M	ROCK ISLAND, IL PEORIA, IL DAVENPORT, IL DAVENPORT, IL MOLINE, IL MOLINE, IL
Rows as Necessary	WEEK KWQC KLJB WQAD WQAD-DT4 KQIN	5 6 7 8 10 11	N N N N-M E	ROCK ISLAND, IL PEORIA, IL DAVENPORT, IL DAVENPORT, IL MOLINE, IL DAVENPORT, IL
Rows as Necessary	WEEK KWQC KLJB WQAD WQAD-DT4	5 6 7 8 10	N N N N N-M	ROCK ISLAND, IL PEORIA, IL DAVENPORT, IL DAVENPORT, IL MOLINE, IL MOLINE, IL
Rows as Necessary	WEEK KWQC KLJB WQAD WQAD-DT4 KQIN WQPT	5 6 7 8 10 11 12	N N N N-M E	ROCK ISLAND, IL PEORIA, IL DAVENPORT, IL DAVENPORT, IL MOLINE, IL DAVENPORT, IL MOLINE, IL BURLINGTON, IA
Rows as Necessary	WEEK KWQC KLJB WQAD WQAD-DT4 KQIN WQPT KGCW	5 6 7 8 10 11 12 13	N N N N-M E	ROCK ISLAND, IL PEORIA, IL DAVENPORT, IL DAVENPORT, IL MOLINE, IL DAVENPORT, IL MOLINE, IL DAVENPORT, IL BURLINGTON, IA PEORIA, IL
Rows as Necessary	WEEK KWQC KLJB WQAD WQAD-DT4 KQIN WQPT KGCW WAOE	5 6 7 8 10 11 12 13 14	N N N N-M E	ROCK ISLAND, IL PEORIA, IL DAVENPORT, IL DAVENPORT, IL MOLINE, IL DAVENPORT, IL MOLINE, IL BURLINGTON, IA
Rows as Necessary	WEEK KWQC KLJB WQAD WQAD-DT4 KQIN WQPT KGCW WAOE WYZZ	5 6 7 8 10 11 12 13 13 14 15	N N N N-M E E E 1 1 1 1	ROCK ISLAND, IL PEORIA, IL DAVENPORT, IL DAVENPORT, IL MOLINE, IL MOLINE, IL DAVENPORT, IL BURLINGTON, IA PEORIA, IL BLOOMINGTON, IL
Rows as Necessary	WEEK KWQC KLJB WQAD WQAD-DT4 KQIN WQPT KGCW WAOE WYZZ WQAD-DT2	5 6 7 8 10 11 11 12 13 13 14 15 16	N N N N-M E E I I I I I N-M N-M	ROCK ISLAND, IL PEORIA, IL DAVENPORT, IL DAVENPORT, IL MOLINE, IL MOLINE, IL DAVENPORT, IL BURLINGTON, IA PEORIA, IL BLOOMINGTON, IL MOLINE, IL PEORIA, IL
Rows as Necessary	WEEK KWQC KLJB WQAD WQAD-DT4 KQIN WQPT KGCW WAOE WYZZ WQAD-DT2 WEEK-DT2 WTVP	5 6 7 8 10 11 12 13 13 14 15 16 19 21	N N N N N-M E E I I I I N-M N-M E	ROCK ISLAND, IL PEORIA, IL DAVENPORT, IL DAVENPORT, IL MOLINE, IL MOLINE, IL DAVENPORT, IL MOLINE, IL BURLINGTON, IA PEORIA, IL BLOOMINGTON, IL MOLINE, IL PEORIA, IL PEORIA, IL
Rows as Necessary	WEEK KWQC KLJB WQAD WQAD-DT4 KQIN WQPT KGCW WAOE WYZZ WQAD-DT2 WEEK-DT2	5 6 7 8 10 11 12 13 13 14 15 16 19	N N N N-M E E I I I I I N-M N-M	ROCK ISLAND, IL PEORIA, IL DAVENPORT, IL DAVENPORT, IL MOLINE, IL MOLINE, IL DAVENPORT, IL MOLINE, IL BURLINGTON, IA PEORIA, IL BLOOMINGTON, IL MOLINE, IL PEORIA, IL PEORIA, IL PEORIA, IL PEORIA, IL
Rows as Necessary	WEEK KWQC KLJB WQAD WQAD-DT4 KQIN WQPT KGCW WAOE WYZZ WQAD-DT2 WEEK-DT2 WEEK-DT2 WTVP KWQC-DT2 WQAD-DT3	5 6 7 8 10 11 11 12 13 13 14 15 16 19 21 22 23	N N N N-M E E I I I I I N-M N-M E N-M N-M	ROCK ISLAND, IL PEORIA, IL DAVENPORT, IL DAVENPORT, IL MOLINE, IL MOLINE, IL DAVENPORT, IL MOLINE, IL BURLINGTON, IA PEORIA, IL BLOOMINGTON, IL MOLINE, IL PEORIA, IL PEORIA, IL PEORIA, IL PEORIA, IL MOLINE, IL MOLINE, IL MOLINE, IL
Rows as Necessary	WEEK KWQC KLJB WQAD WQAD-DT4 KQIN WQPT KGCW WAOE WYZZ WQAD-DT2 WEEK-DT2 WEEK-DT2 WTVP KWQC-DT2 WQAD-DT3 KLJB-DT2	5 6 7 8 10 11 12 13 13 14 15 16 19 21 22	N N N N N-M E E I I I I I N-M N-M N-M	ROCK ISLAND, IL PEORIA, IL DAVENPORT, IL DAVENPORT, IL MOLINE, IL MOLINE, IL DAVENPORT, IL MOLINE, IL BURLINGTON, IA PEORIA, IL BLOOMINGTON, IL MOLINE, IL PEORIA, IL PEORIA, IL DAVENPORT, IL MOLINE, IL DAVENPORT, IL
Rows as Necessary	WEEK KWQC KLJB WQAD WQAD-DT4 KQIN WQPT KGCW WAOE WYZZ WQAD-DT2 WEEK-DT2 WEEK-DT2 WTVP KWQC-DT2 WQAD-DT3	5 6 7 8 10 11 11 12 13 13 14 15 16 16 19 21 21 22 23 23 24	N N N N N-M E E I I I I I N-M N-M N-M N-M N-M	ROCK ISLAND, IL PEORIA, IL DAVENPORT, IL DAVENPORT, IL MOLINE, IL MOLINE, IL DAVENPORT, IL MOLINE, IL BURLINGTON, IA PEORIA, IL BLOOMINGTON, IL MOLINE, IL PEORIA, IL PEORIA, IL DAVENPORT, IL MOLINE, IL DAVENPORT, IL MOLINE, IL
Rows as Necessary	WEEK KWQC KLJB WQAD WQAD-DT4 KQIN WQPT KGCW WAOE WYZZ WQAD-DT2 WEEK-DT2 WEEK-DT2 WTVP KWQC-DT2 WQAD-DT3 KLJB-DT2 WYZZ-DT2	5 6 7 8 10 11 12 13 14 15 16 19 21 22 23 24 25	N N N N N-M E E 1 1 1 1 1 1 1 1 E E N-M N-M N-M N-M N-M	ROCK ISLAND, IL PEORIA, IL DAVENPORT, IL DAVENPORT, IL MOLINE, IL MOLINE, IL DAVENPORT, IL MOLINE, IL BURLINGTON, IA PEORIA, IL BLOOMINGTON, IL MOLINE, IL PEORIA, IL PEORIA, IL DAVENPORT, IL MOLINE, IL DAVENPORT, IL
Rows as Necessary	WEEK KWQC KLJB WQAD WQAD-DT4 KQIN WQPT KGCW WAOE WYZZ WQAD-DT2 WEEK-DT2 WTVP KWQC-DT2 WQAD-DT3 KLJB-DT2 WYZZ-DT2 WMBD-DT2	5 6 7 8 10 11 12 13 14 15 16 19 21 22 23 24 25 26	N N N N N-M E E I I I I N-M N-M E N-M N-M N-M N-M N-M N-M	ROCK ISLAND, IL PEORIA, IL DAVENPORT, IL DAVENPORT, IL MOLINE, IL MOLINE, IL DAVENPORT, IL MOLINE, IL BURLINGTON, IA PEORIA, IL BLOOMINGTON, IL PEORIA, IL PEORIA, IL DAVENPORT, IL DAVENPORT, IL BLOOMINGTON, IL PEORIA, IL

Accounting P							FORM	I SA1-2E. PAGE 4.
								SYSTEM ID#
Mid Century	relephone	e coop	erative					63725
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing	y the sys be recei it the Cc I sign of e the static ion's sign g a check	I-Band FM Carriage: Under (tem 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 k mark in the "S/D" column. on (the community to which th	at the system's he system's FM ante this point, see pa sed by the cable s	adend, and (2 enna, during ca ge (v) of the g) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
			the community with which the			0 01, 111		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	L							

	d: 2019/2						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Mid Century Telephon	e Coopera	ative					63725
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LOO	G			
	In General: In space I, ident							
	substitute basis during the a							
Substitute Carriage:	explanation of the programm				e general instri	uctions in th	e paper SA1	-2 form.
Special	1. SPECIAL STATEMEN	-				work tolovi	nion program	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Statement and	 During the accounting per broadcast by a distant sta 	-	ir cable system	carry, on a substitute basi	s, any nonnei			
Program Log	,					L	YES	X 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		MS					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible. if thei	r meaning is	5
	clear. If you need more spa	ce, please a	add additional i	ows to the tables.			-	
	Column 1: Give the title period, was broadcast by a			ision program ("substitute p				
	under certain FCC rules, re							
	Do not use general categor	ies like "mo						
	"NBA Basketball: 76ers vs.		lcast live ente	r "Yes." Otherwise enter "N	lo "			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
				e community to which the			FCC or, in	
	the case of Mexican or Can Column 5: Give the mor			tem carried the substitute p			with the mo	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	noula be	
	Column 7: Enter the lett			was substituted for progra				
	to delete under FCC rules a was substituted for program							ram
	effect on October 19, 1976.		our system wa		r CC fuies a	nu regulatio		
								T
	s	UBSTITUT	E PROGRAM	I		N SUBSTI		
					CARRI	AGE OCC	UKKED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. 1	IMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		6. 1		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. 1	IMES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. 1	IMES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. 1	IMES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. 1	IMES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. 1	IMES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. 1	IMES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. 1	IMES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. 1	IMES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. 1	IMES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. 1	IMES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. 1	IMES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. 1	IMES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. 1	IMES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. 1	IMES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. 1	IMES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. 1	IMES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. 1	IMES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. 1	IMES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. 1	IMES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. 1	IMES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. 1	IMES	

Accounting Period:	2019/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
	Mid Century Telephone Cooperative			63725
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system' (as identified in space E) during the accounting period. For a further explanation of he 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.	s secondary trans ow to compute thi	mission servic s amount, see	7,811.15
	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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	s than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee tha accounting period is \$52.00			
	Line 1. Royalty fee for accounting period	•••••	•	
	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			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but		100)	
	1. Base amount under statutory formula			
	2. Enter amount of gross receipts from space K			
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K		97,811.15	
	5. Enter the amount from line 3	\$	65,988.85	
	6. Subtract line 5 from line 4	\$ 1	31,822.30	
	7. Multiply line 6 by .005 (enter figure here)		\$	659.11
	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 .		\$	659.11
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	ut 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)			
	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)	\$	659.11	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	679.11
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form	-		ghts!

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mid Century Telephone Cooperative	SYSTEM ID# 63725
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels	29
	on which the cable system carried television broadcast stations and nonbroadcast services	149
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Christina Grigsby Telephone (30	99) 778-8611
	Address 285 Mid Century Lane PO Box 380 (Number, street, rural route, apartment, or suite number) Fairview IL 61432 (City, town, state, zip)	
	Email christin@midcentury.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ James Broemmer 	
	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: James Broemmer Title: CEO (Title of official position held in corporation or partnership) Date: 02/10/2020	

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 fing, a determination that would be made by a court of lave

unting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Century Telephone Cooperative	6372
 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 su scribers 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 	Ib- Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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 For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	nt. Q
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