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.

STATEMENT OF ACCOUNT

SA1-2E Short Form

by email to:

Return completed workbook

for Seconda Cable Syste		ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru-	ctions	are located	08/25/20	\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
		WOLKDOOK			
Α	ACCO	DUNTING PERIOD COVERED E	3Y THIS STATEMENT: (YY	'YY/(Period))	
		2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting			Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of the of the subsidiary, not that of the parent co		diary of another corporation, give the full corp	porate title
Owner		List any other name or names under which	the owner conducts the business of th	ne cable system.	
		If there were different owners during the a single statement of account and royalty fee		he last day of the accounting period should su ing period.	ubmit a
		Check here if this is the system's first filing	;. If not, enter the system's ID number a	assigned by the Licensing Division.	30618
		1			
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		Sac County Mutual Telephone Comp	-		
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		Arthur CATV			
		MAILING ADDRESS OF OWNER OF 0	3		
		(Number, street, rural route, apartment, or suite nu	umber)		
		Odebolt, IA 51458 (City, town, state, zip)			
С				tify the business and operation of the e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:	:		
	2	(Number, street, rural route, apartment, or suite nu	umber)		
		(City, town, state, zip code)			
Privacy Act Notice	e: Section	111 of title 17 of the United States Code aut	thorizes the Copyright Offce to collect th	e personally identifying information (PII) reques	sted on this

FOR COPYRIGHT OFFICE USE ONLY

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 fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	Sac County Mutual Telephone Company	3061
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	ommunity" is the same as a "community unit" as defined in FCC rules rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	
Serveu		
	CITY OR TOWN	STATE
First Community	Arthur	lowa
Community		
ld Rows as Necessary		
a nows as necessary		

	1							FORM SA	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	Sac County Mutual Tele	ephone Con	npany						3061
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRIBE	RS AND RA	TES				
E	In General: The information in s								
Secondary	system, that is, the retransmissi about other services (including provided to the services of								
Transmission	last day of the accounting period	, , ,	,		,		liiose exist	ing on the	
Service: Sub-	Number of Subscribers: Bot						ble system	, broken	
scribers and	down by categories of secondar	y transmission	service. In	general, you	can con	npute the numbe	er of subsc	ribers in	
Rates	each category by counting the n	•		0,0			•	charged	
	separately for the particular servent Rate: Give the standard rate of							te and the	
	unit in which it is generally billed	-						•	
	category, but do not include disc	· ·	,		,				
	Block 1: In the left-hand block	· ,		0		,			
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			•		-			
	subscriber who pays extra for ca								
	first set" and would be counted of	once again und	er "Service	e to additiona	l set(s)."				
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, the with the number of subscribers and the subscribers and the subscribers are subscribers and the subscribers are subscribers and the subscribers are subscr								
	sufficient.	and rates, in the	e right-han	a diock. A tw	o- or thre	e-wora descript	ion of the s	service is	
		OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		48	67.45	service	to first set		99	72.4
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC					ll vern eeble er	tom'o com	ince that wave	
F	In General: Space F calls for ran not covered in space E, that is,	•	,		•	• •			
-	service for a single fee. There a					,	,		
Services	furnished at cost or (2) services	or facilities fur	nished to n	onsubscriber	s. Rate ii	nformation shou	ld include l	ooth the	
Other Than	amount of the charge and the un		usually bil	led. If any rat	es are cl	narged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		ha cabla s	vstem for ea	h of the	annlicable servi	cas listad		
Rates								were not	
Rates	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) descri							BLOCK 2	
	brief (two- or three-word) descri	BLO	CK 1					DLOOKZ	
	CATEGORY OF SERVICE	BLO RATE	CATEGO	RY OF SERV		RATE	CATEGO	DRY OF SERVICE	RAT
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEGO	on: Non-resi		RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable	RATE 12.95	CATEGOI Installatio • Motel,	on: Non-resid hotel			CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEGOI Installatic • Motel, • Comm	on: Non-resid hotel nercial		RATE 30.00	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE 12.95	CATEGOI Installatic • Motel, • Comm • Pay ca	on: Non-resid hotel hercial able	dential		CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	RATE 12.95	CATEGOI Installatio • Motel, • Comm • Pay ca • Pay ca	on: Non-resid hotel hercial able able-add'l cha	dential		CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	RATE 12.95 15.95	CATEGOI Installatic • Motel, • Comm • Pay ca • Pay ca • Fire pr	on: Non-resid hotel hercial able able-add'l cha rotection	dential		CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE 12.95	CATEGOI Installatic • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla	hotel hotel aercial able able-add'l cha rotection ar protection	dential		CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 12.95 15.95	CATEGOI Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser	hotel hotel aercial able able-add'l cha rotection ir protection vices:	dential	30.00	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 12.95 15.95	CATEGOI Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser • Recon	n: Non-resid hotel aercial able able-add'I cha rotection ir protection vices: inect	dential		CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 12.95 15.95	CATEGOI Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser • Recon • Discor	n: Non-resid hotel hercial able able-add'I cha rotection rotection vices: nnect	dential	30.00	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 12.95 15.95	CATEGOI Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser • Recon • Discor • Outlet	n: Non-resid hotel aercial able able-add'I cha rotection ir protection vices: inect	annel	30.00	CATEGO		RAT

counting Period: 2	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Sac County Mutual Te	· · ·		30618
G Primary	carried by your cable system FCC rules and regulations in	TELEVISION ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part-tir he carriage of certain network program	ne basis under ms [sections
Transmitters: Television	substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here	s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (t	arried by your cable system on a sub	stitute program
	basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th he form.	, see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor	ons. N, etc. Identify each t multistream
	of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te	I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), "rms, see page (iv) of the general instru- set cash stations. For U.S. actions. Its	station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form.	noncommercial ndent), "I-M" nal multicast).
		n of each station. For U.S. stations, lis lian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	5	
	ΚΤΙν	4	N	
	KPTH	5	N	
Rows as Necessary	KCAU	9	N	SIOUX CITY
	KMEG	23	N	
	IPTV	24	N	SIOUX CITY

EGAL NAME OF								SYSTEM I 306
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC) it can ertain st eneral ii eparate a	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	
		5,0		C. LE CION	01 1 101	5,0		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Sac County Mutual Te	lephone	Company					30618
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
l Subatituta	In General: In space I, ident substitute basis during the a explanation of the programm	iccounting p	eriod, under sp	ecific present and former F	CC rules, reg	julations, or	authorizatio	ns. For a further
Substitute Carriage:					ne general in			
Special	 1. SPECIAL STATEMEN • During the accounting per 	-			eie anv non	notwork tol	evision prog	ram
Statement and		-	ui cable syster	in carry, on a substitute ba	515, arry 11011			
Program Log	broadcast by a distant sta	lion ?				L	YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you ı	must comp	lete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Lise abbreviation	s wherever n	ossible ift	heir meanin	n ie
	clear. If you need more spa				s wherever p			y 15
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			eter opeenie progre		oxampio, i	Love Lucy	
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		concod by	the ECC or	in
	the case of Mexican or Car						the FCC 01,	
	Column 5: Give the more	nth and day		stem carried the substitute			ls, with the r	nonth
	first. Example: for May 7 gi						e.	
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:02				ately
	stated as "6:00–6:30 p.m."		a program oan					
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s and regul		
						N SUBST		
	S					AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	-	— ТО	
							_	
							—	
							_	
							_	
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							_	
							-	
1								
							_	

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Name	Sac County Mutual Telephone Company		30618
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service amount, se	,389.50
	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 \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,80(
	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 th accounting period is \$52.00	nis 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 \$137,10	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
		200)	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	500)	
	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
	EFT Trace # or TRANSACTION ID # 20200825		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2020/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER C Sac County Mutual Te		1		SYSTEM ID# 30618
M Channels	 to its subscribers, and (2) 1. Enter the total number system carried televisio 2. Enter the total number on which the cable system) the cable system's to of channels on which n broadcast stations of activated channels em carried television	3		5 61
N Individual to Be Contacted	we can contact about this	s statement of accoun	ER INFORMATION IS NEEDED (Identify an inc t.)		
for Further Information		sa Pierce		Telephone	712-668-2200
	(Number	S Maple St r, street, rural route, apartr oolt, IA 51458 wn, state, zip)	nent, or suite number)		
	Email	scmtco@netins	.net	Fax (optional) 712-668-210	0
O Certification	 I, the undersigned, hereb (Owner other t (Agent of owner in line 1 of s X (Officer or particular in line 1 of s I have examined the state 	by certify that (Check o than corporation or p er other than corpora space B and that the o rtner) I am an officer (space B. ement of account and prrect to the best of my	ust be certified and signed in accordance with C one, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system a ation or partnership) I am the duly authorized ag wner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the hereby declare under penalty of law that all states knowledge, information, and belief, and are made	is identified in line 1 of space ent of the owner of the cable he legal entity identified as ov ments of fact contained herei	system as identified vner of the cable system
			X /s/RONALD SORENSEN Enter an electronic signature on the line above to o Enter signature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed Title: (Title of of	name: RONALD SORENSEN Manager ficial position held in corporation or partnership)		
		Date:		08/25/2020	

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unting Period: 2020/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
County Mutual Telephone Company	3061
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 YES. Enter the total here and list the satellite carrier(s) below. \$	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
A	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
x	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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