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	09/04/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2020/1 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.	38306
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Minburn Cablevision, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 416 Chestnut Street, P.O. Box 206	
		(Number, street, rural route, apartment, or suite number) Minburn, IA 50167 (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 is 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:	
		38306 MAILING ADDRESS OF CABLE SYSTEM:	
	2	416 Chestnut Street, P.O. Box 206 (Number, street, rural route, apartment, or suite number)	
		(Vulniber, state), for a route, apartment, or suite nulliber) Minburn, Iowa 50167 (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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Minburn Cablevision, Inc.	38306
D	Instructions: List each separate community served by the cable system. A "commun" "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 known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	nome parks should be reported in parentheses below the
		07475
First	CITY OR TOWN Minburn	STATE IA
Community	Woodward	IA
	Perry	IA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1		
Name	Minburn Cablevision, In							010	3830	
		0.								
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 ne									
natoo	separately for the particular serv							onargou		
	Rate: Give the standard rate c									
	unit in which it is generally billed				iny standar	d rate variations	s within a p	articular rate		
	category, but do not include disc Block 1: In the left-hand block				ries of seco	ondarv transmiss	sion servic	e that cable		
	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 o					In the count und	der Servic	e to the		
	Block 2: If your cable system I					service that are	different fr	om those		
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A tv	vo- or three	e-word description	on of the s	ervice is		
		DCK 1					BLOCK	2		
		NO. OF		DATE	CAT			NO. OF		
F	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	Service to first set									
	Service to additional set(s)				Choice			141	\$99.	
	• FM radio (if separate rate)				Lifeline	Basic		20	\$48.	
	Motel, hotel					mercial Bulk 1			####	
	Commercial					ercial Bulk 2		1	####	
	Converter					ercial Bulk 3		1	####	
	Residential					ercial Basic		13	48.	
	Non-residential				Comm&	Hos/Choice		2	99.	
			ľ							
	SERVICES OTHER THAN SEC				-					
F	In General: Space F calls for rat	•	,		•					
•	not covered in space E, that is, the service for a single fee. There are									
Services	furnished at cost or (2) services	•			•		• • • •			
Other Than	amount of the charge and the un		usually	billed. If any ra	ates are ch	arged on a varia	able per-pro	ogram basis,		
Secondary	enter only the letters "PP" in the		ho ooblo	avetem for or	ab of the c	nnliachla convia	on lintod			
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not		
Nates	isted in block T and for which a	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.								
Rates		ption and includ	le the ra		sned. List					
Nules	brief (two- or three-word) descrip	otion and includ			ISNED. LIST			BLOCK 2		
Rates	brief (two- or three-word) descrip		CK 1 CATEG	te for each. ORY OF SER	VICE	RATE		BLOCK 2 DRY OF SERVICE	RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO	CK 1 CATEG Installa	te for each. ORY OF SER ttion: Non-res	VICE		CATEGO	DRY OF SERVICE		
Rules	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CK 1 CATEG Installa • Mot	te for each. GORY OF SER ation: Non-res	VICE		CATEGO	DRY OF SERVICE	\$11.	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CK 1 CATEG Installa • Mot • Cor	te for each. GORY OF SER ation: Non-res rel, hotel nmercial	VICE		CATEGO	DRY OF SERVICE	RAT \$11. \$8.	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CK 1 CATEG Installa • Mot • Cor • Pay	te for each. CORY OF SER ation: Non-res tel, hotel nmercial v cable	VICE		CATEGO	DRY OF SERVICE	\$11.	
i ditë s	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay	te for each. ORY OF SER <b>ation: Non-res</b> tel, hotel nmercial r cable r cable-add'l ch	VICE		CATEGO	DRY OF SERVICE	\$11.	
i i i i i i i i i i i i i i i i i i i	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	te for each. GORY OF SER ation: Non-res rel, hotel nmercial r cable r cable-add'l cl protection	VICE sidential		CATEGO	DRY OF SERVICE	\$11.	
, and a	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	te for each. GORY OF SER <b>ition: Non-res</b> rel, hotel mmercial r cable r cable r cable-add'l cl protection glar protection	VICE sidential		CATEGO	DRY OF SERVICE	\$11.	
i tatë s	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	te for each. GORY OF SER tition: Non-res tel, hotel mmercial cable cable-add'l cl protection glar protection services:	VICE sidential		CATEGO	DRY OF SERVICE	\$11.	
	brief (two- or three-word) descrip 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)	BLOO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	te for each. CORY OF SER ition: Non-res itel, hotel nmercial cable cable-add'l cl protection glar protection services: connect	VICE sidential		CATEGO	DRY OF SERVICE	\$11.	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	te for each. GORY OF SER tition: Non-res tel, hotel mmercial cable cable-add'l cl protection glar protection services:	VICE sidential		CATEGO	DRY OF SERVICE	\$11.	

Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Minburn Cablevision,	Inc.		38
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system FCC rules and regulations i	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th	t (1) stations carried only on a part-t ne carriage of certain network progra	time basis under ams [sections
Primary nsmitters: elevision	substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca dea regulations or authorizations		
	• Do not list the station here station was carried only on	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		
	basis. For further information <b>Column 1:</b> List each station	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	see page (v) of the general instruct program services such as HBO, ESF	ions. PN, etc. Identify each
	<b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each	el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. a case whether the station is a network	station, an independent station, or a	a noncommercial
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio	ering the letter "N" (for network), "N-M" ( "E" (for noncommercial educational), of erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of t	or "E-M" (for noncommercial educati actions in the paper SA1-2 form. the community to which the station	onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WOI	5	N	Ames/Des Moines
		5 327	N-M	Ames/Des Moines
	WOI 5.1			
	WOI 5.2	328	N-M	Ames/Des Moines
	WOI 5.3	329	N-M	Ames/Des Moines Des Moines
ows as Necessary	KCCI	8	N	
· · · · · · · · · · · · · · · · ·				
2 22	KCCI 8.1	332	N-M	Des Moines
	KCCI 8.2	333	N-M	Des Moines Des Moines
	KCCI 8.2 KCCI 8.3			Des Moines
	KCCI 8.2 KCCI 8.3 IPTV	333 10 11	N-M N-M I	Des Moines Des Moines Des Moines Des Moines
	KCCI 8.2 KCCI 8.3 IPTV IPTV 11.1	333 10 11 338	N-M	Des Moines Des Moines Des Moines
	KCCI 8.2 KCCI 8.3 IPTV	333 10 11	N-M N-M I	Des Moines Des Moines Des Moines Des Moines
	KCCI 8.2 KCCI 8.3 IPTV IPTV 11.1	333 10 11 338	N-M N-M I I-M	Des Moines Des Moines Des Moines Des Moines Des Moines
	KCCI 8.2 KCCI 8.3 IPTV IPTV 11.1 IPTV 11.2	333 10 11 338 339	N-M N-M I I-M I-M	Des Moines
	KCCI 8.2 KCCI 8.3 IPTV IPTV 11.1 IPTV 11.2 IPTV 11.3	333 10 11 338 339 340	N-M N-M I I-M I-M I-M	Des Moines
	KCCI 8.2 KCCI 8.3 IPTV IPTV 11.1 IPTV 11.2 IPTV 11.3 IPTV 11.4	333 10 11 338 339 340 341	N-M N-M I I-M I-M I-M I-M	Des Moines
	KCCI 8.2 KCCI 8.3 IPTV IPTV 11.1 IPTV 11.2 IPTV 11.3 IPTV 11.4 WHO	333 10 11 338 339 340 341 13	N-M N-M I I-M I-M I-M I-M N	Des Moines
	KCCI 8.2 KCCI 8.3 IPTV IPTV 11.1 IPTV 11.2 IPTV 11.3 IPTV 11.4 WHO WHO 13.1	333 10 11 338 339 340 341 13 432	N-M N-M I I-M I-M I-M I-M N N N-M	Des Moines
	KCCI 8.2 KCCI 8.3 IPTV IPTV 11.1 IPTV 11.2 IPTV 11.3 IPTV 11.4 WHO WHO 13.1 WHO 13.2	333 10 11 338 339 340 341 13 432 343	N-M N-M 1 1M 1M 1M 1M N N N N N N N-M	Des Moines
	KCCI 8.2 KCCI 8.3 IPTV IPTV 11.1 IPTV 11.2 IPTV 11.3 IPTV 11.4 WHO WHO 13.1 WHO 13.2 WHO 13.3	333 10 11 338 339 340 341 13 432 343 15	N-M N-M I I-M I-M I-M N N N N N N-M N-M N-M	Des Moines
	KCCI 8.2 KCCI 8.3 IPTV IPTV 11.1 IPTV 11.2 IPTV 11.3 IPTV 11.4 WHO WHO 13.1 WHO 13.2 WHO 13.3 WHO 13.4	333 10 11 338 339 340 341 13 432 343 15 344	N-M N-M I I-M I-M I-M N N N-M N-M N-M N-M N-M N-M	Des Moines
	KCCI 8.2 KCCI 8.3 IPTV IPTV 11.1 IPTV 11.2 IPTV 11.3 IPTV 11.4 WHO WHO 13.1 WHO 13.2 WHO 13.3 WHO 13.4 KCWI	333 10 11 338 339 340 341 13 432 343 15 344 16	N-M N-M I I-M I-M I-M N N N N N N N N N N N N N N N N N N N	Des Moines
	KCCI 8.2 KCCI 8.3 IPTV IPTV 11.1 IPTV 11.2 IPTV 11.3 IPTV 11.4 WHO WHO 13.1 WHO 13.2 WHO 13.3 WHO 13.4 KCWI KCWI 23.1	333 10 11 338 339 340 341 13 432 343 15 344 16 347	N-M N-M I I I-M I-M I-M N N N N N N-M N-M N-M N-M N-M N-M N-M	Des Moines
	KCCI 8.2 KCCI 8.3 IPTV IPTV 11.1 IPTV 11.2 IPTV 11.3 IPTV 11.4 WHO WHO 13.1 WHO 13.2 WHO 13.3 WHO 13.4 KCWI 23.1 KCWI 23.2	333 10 11 338 339 340 341 13 432 343 15 344 16 347 66	N-M N-M I I-M I-M I-M N N N N N N N N N N N N N N N N N N N	Des Moines
	KCCI 8.2 KCCI 8.3 IPTV IPTV 11.1 IPTV 11.2 IPTV 11.3 IPTV 11.4 WHO WHO 13.1 WHO 13.2 WHO 13.3 WHO 13.4 KCWI KCWI 23.1 KCWI 23.2 KCWI 23.3	333 10 11 338 339 340 341 13 432 343 15 344 16 344 16 347 66 345	N-M N-M I I-M I-M I-M N N N-M N-M N-M N-M N-M N-M	Des Moines         Des Moines

Name     Minburn C       G     PRIMARY TR       In General: carried by yor       Formary       Transmitters:       Television       Substitute P       Column 1: L       Column 3: I       educational 3:       (for independ       FCC. For Me	arried by your cable syste CC rules and regulations 5.59(d)(2) and (4), 76.61 ubstitute program basis, ubstitute Basis Station asis under specific FCC Do not list the station here ation was carried only o List the station here, and asis. For further informat olumn 1: List each static ulticast stream associate VETA-2" as the same on olumn 2: Give the chann flicense. For example, M olumn 3: Indicate in eac ducational station, by en for independent multicast of the meaning of these olumn 4: Give the locati CC. For Mexican or Can 1. CALL SIGN DSM 17.3 FPX FPX 39.1	OF CABLE SYSTEM:		eveter
G Primary ransmitters: Television Primary ransmitters: Television Primary ransmitters: Television PRIMARY TR In General: carried by ycl FCC rules an substitute pr Substitute pr substitu	RIMARY TRANSMITTERS: General: In space G, ic arried by your cable syste CC rules and regulations 5.59(d)(2) and (4), 76.61 ubstitute program basis, ubstitute Basis Station asis under specific FCC DO not list the station here, and asis. For further informat olumn 1: List each static ulticast stream associate VETA-2" as the same on olumn 2: Give the cham license. For example, V olumn 3: Indicate in eac ducational station, by en or independent multicast or the meaning of these for the meaning of the for the for the meaning of the for the meaning of the for the meaning of the for the for the meaning of the for the for the meaning of the for the for the for the for the for t			SYSTEI
G Primary Transmitters: Television Television In General: carried by you FCC rules an 76.59(d)(2) a substitute pri- Substitute pri-	General: In space G, ic arried by your cable syste CC rules and regulations 5.59(d)(2) and (4), 76.61 ubstitute program basis, ubstitute Basis Station asis under specific FCC I Do not list the station here ation was carried only o List the station here, and asis. For further informat olumn 1: List each static ulticast stream associate VETA-2" as the same on olumn 2: Give the chann license. For example, V olumn 3: Indicate in each ducational station, by en- or independent multicast or the meaning of these olumn 4: Give the locati CC. For Mexican or Can 1. CALL SIGN DSM 17.3 FPX FPX 39.1	n, Inc.		38
G carried by you FCC rules an 76.59(d)(2) a substitute pro- Substitute pro- Su	arried by your cable syste CC rules and regulations 5.59(d)(2) and (4), 76.61 ubstitute program basis, ubstitute Basis Station asis under specific FCC Do not list the station here ation was carried only o List the station here, and asis. For further informat olumn 1: List each static ulticast stream associate VETA-2" as the same on olumn 2: Give the chann flicense. For example, M olumn 3: Indicate in eac ducational station, by en for independent multicast of the meaning of these olumn 4: Give the locati CC. For Mexican or Can 1. CALL SIGN DSM 17.3 FPX FPX 39.1	TELEVISION		
KDSM 17. KFPX	DSM 17.3 FPX FPX 39.1	I also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part he carriage of certain network prog 1(e)(2) and (4))]; and (2) certain si arried by your cable system on a s he Special Statement and Program d both on a substitute basis and al see page (v) of the general instru- orogram services such as HBO, ES e-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde or "E-M" (for noncommercial educa- tictions in the paper SA1-2 form. the community to which the statio	t-time basis under grams [sections stations carried on a substitute program in Log)—if the lso on some other loctons. SPN, etc. Identify each oport multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
KDSM 17. KFPX	DSM 17.3 FPX FPX 39.1			
КГРХ	FPX FPX 39.1	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	FPX 39.1	351	N-M	Des Moines
KEDY 30		96	Ν	Des Moines
KI F A 33.	FPX 39.2	353	N-M	Des Moines
KFPX 39.2		354	N-M	Des Moines
KRPX 39.	RPX 39.3	355	N-M	Des Moines

.egal name of <b>Vinburn Cal</b>			/STEM:					SYSTEM I 383
	•							
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) in the basis of for detailed info aper SA1-2 for <b>Column 1:</b> Io <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	it is carried by monitoring, to prmation about m. dentify the call tate whether the radio stat this by placing	y the sys be recein at the Co l sign of a the static ion's sig g a check	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	It the system's he system's FM ante this point, see pa this point, see pa sed by the cable s	eadend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			on (the community to which the the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						

Accounting Perio	od: 2020/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Minburn Cablevision,	nc.						38306
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi				-	ion that your ca	able syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the pa	aper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork telev <u>isior</u>	<u>program</u>	<u>1</u>
Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram Log	Note: If your answer is "No'	' loovo tho	rest of this nad	e blank. If your answer is '	"Vee " vou mi	ist complete th	_	
		, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete th	e program	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible. if their m	eanina is	
	clear. If you need more spa					,	5	
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							1.
	"NBA Basketball: 76ers vs.	Bulls."						
				"Yes." Otherwise enter "N				
	Column 3: Give the call :	sign of the s	station broadca	sting the substitute progra e community to which the	m. station is lice	nead by the EC	C or in	
	the case of Mexican or Can						JC 01, III	
	Column 5: Give the mon	th and day		tem carried the substitute			n the mon	ith
	first. Example: for May 7 giv				-			
				gram was carried by your				У
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. snou	lid be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system wa	s require	d
	to delete under FCC rules a							am
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations	in	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	TE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCUR	RED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —	ES TO	DELETION
		100 01 110	ONEE OIGH				10	
						_		
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1								

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Minburn Cablevision, Inc.	SI	STEM ID# 38306
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (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	, <b>060.67</b>
Copyright Royalty Fee	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 \$527,600 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	\$	0.01
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.01
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	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		
	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)	52.01	
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	\$	67.01
	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:	2020/1			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF Minburn Cabl	WNER OF CABLE SYSTEM: vision, Inc.		SYSTEM ID# 38306
<b>M</b> Channels	to its subscribe	• • • •	n which the cable system carried television broadcast stations of activated channels during the accounting period.	30
	on which the	number of activated channels able system carried television broadcast sta ast services		280
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORM, bout this statement of account.)	ATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Debra Lucht	Telephone	515-677-2264
	Address	416 Chestnut Street, P.O. Box (Number, street, rural route, apartment, or suite nu		
		Minburn, IA 50167 (City, town, state, zip)		
	Email	debl@minburncomm.com	Fax (optional)	
	CERTIFICATION	This statement of account must be certifie	d and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigr	d, hereby certify that (Check one, but only on	e, of the boxes.)	
	(Own	r other than corporation or partnership)   a	am the owner of the cable system as identified in line 1 of space I	3; or
		of owner other than corporation or partner ine 1 of space B and that the owner is not a c	ership) I am the duly authorized agent of the owner of the cable s corporation or partnership; or	system as identified
		<b>er or partner)</b> I am an officer (if a corporation ine 1 of space B.	i) or a partner (if a partnership) of the legal entity identified as own	ner of the cable system
		e, and correct to the best of my knowledge, in	e under penalty of law that all statements of fact contained herein formation, and belief, and are made in good faith.	
		X /s	s/ Debra Lucht	-
			tronic signature on the line above to certify this statement. rre using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name:	ebra Lucht	
		Title: GM/CEO	eld in corporation or partnership)	
		Date:	9/4/2020	
Privacy Act Notico			pouright Office to collect the personally identifying information (PII)	

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 lave.

unting Period: 202	OF CABLE SYSTEM:					SYSTEM
ourn Cablevisio						383
The Satellite Hom lowing sentence: "In determi service of p	TEMENT CONCERNING GROSS REC e Viewer Act of 1988 amended Title 17, section ning the total number of subscribers and the g providing secondary transmissions of primary b d amounts collected from subscribers receiving	n 111(d)(1)(A), of th ross amounts paid proadcast transmitte	to the cable sy ers, the system	ystem for the basic n shall not include si		P Special Statemer Concerning Gros
For more informat located in the pape	on on when to exclude these amounts, see the er SA1-2 form.	e note on page (vii)	of the genera	l instructions		Receipts Exclusio
During the accoun made by satellite of	ting period, did the cable system exclude any a carriers to satellite dish owners?	amounts of gross re	eceipts for sec	condary transmissior	าร	
X NO						
YES. Enter th	e total here and list the satellite carrier(s) below	<b>W</b>	<b>\$</b>			
Name Mailing Address		Name Mailing Address				
INTEREST AS						
	e this worksheet for those royalty payments su of interest assessment, see page (viii) of the					Q
For an explanation	of interest assessment, see page (viii) of the	general instructions	s located in the			Q Interest Assessm
For an explanation		general instructions	s located in the	e paper SA1-2 form.	52.00	Q Interest Assessm
For an explanation	of interest assessment, see page (viii) of the amount of late payment or underpayment	general instructions	s located in the		52.00	<b>Q</b> Interest Assessm
For an explanation	of interest assessment, see page (viii) of the	general instructions	s located in the	e paper SA1-2 form. x <u>1%</u>	52.00 0.52	Q Interest Assessm
For an explanation	of interest assessment, see page (viii) of the amount of late payment or underpayment	general instructions	s located in the	e paper SA1-2 form. x <u>1%</u>	52.00 0.52 days	<b>Q</b> Interest Assessm
For an explanation Line 1 Enter the a Line 2 Multiply lin	of interest assessment, see page (viii) of the	general instructions	s located in the	x 1%	52.00 0.52	<b>Q</b> Interest Assessm
For an explanation Line 1 Enter the Line 2 Multiply lin Line 3 Multiply lin	of interest assessment, see page (viii) of the amount of late payment or underpayment e 1 by the interest rate* and enter the sum her e 2 by the number of days late and enter the s	general instructions	s located in the	e paper SA1-2 form. x <u>1%</u>	52.00 0.52 days	<b>Q</b> Interest Assessm
For an explanation Line 1 Enter the a Line 2 Multiply lin Line 3 Multiply lin Line 4 Multiply lin	e 3 by 0.00274** and enter here	general instructions	s located in the \$	x 1%	52.00 0.52 days 2.08	<b>Q</b> Interest Assessm
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For an explanation Line 1 Enter the s Line 2 Multiply lin Line 3 Multiply lin Line 4 Multiply lin in space L * To view the in contact the L ** This is the d NOTE: If you are f list below the owner	an of interest assessment, see page (viii) of the amount of late payment or underpayment are 1 by the interest rate* and enter the sum her e 2 by the number of days late and enter the sum e 3 by 0.00274** and enter here (page 6) block 1, line 2, or block 2 line 8, or b interest rate chart click on <i>www.copyright.gov/li</i> icensing Division at (202) 707-8150 or licensir ecimal equivalent of 1/365, which is the interest iling this worksheet covering a statement of action er, address, first community served, ID number	general instructions re sum here icensing/interest-ra ng@loc.gov. st assessment for c ccount already subr	s located in the 	x 1% x 1% x 0.00274 (interest charge) ther assistance plea	52.00 0.52 days 2.08 0.01 se	Q Interest Assessm

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