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

Return completed workbook

STATEM	ENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	by email to:	
	ary Transmissions by	DATE RECEIVED	AMOUNT		
General instr	ems (Short Form) uctions are located o of this workbook	8/26/20	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.go</u> For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150	
Α	1				
~	ACCOUNTING PERIOD COVERED	P BY THIS STATEMENT: (Y Period 1 = January 1 - June 30 Barcode Data Filing Period (option	Period 2 = July 1 - December 31		
Accounting Period		_			
В	Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parent		sidiary of another corporation, give the full co	rporate title	
Owner	List any other name or names under wh If there were different owners during th single statement of account and royalty	e accounting period, only the owner or	the last day of the accounting period should	submit a	
	Check here if this is the system's first fili	ing. If not, enter the system's ID numbe	r assigned by the Licensing Division.	60636	
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM	Λ		
	Baldwin Nashville Telephone Co				
	BUSINESS NAME(S) OF OWNER C	DF CABLE SYSTEM (IF DIFFEREN	Т)		
	MAILING ADDRESS OF OWNER O PO Box 50				
	(Number, street, rural route, apartment, or suite Baldwin, Iowa 52207 (City, town, state, zip)	e number)			
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In line		,	5	
System	1 IDENTIFICATION OF CABLE SYSTEM:			· ·	
l .	MAILING ADDRESS OF CABLE SYSTE	EM:			
	2 (Number, street, rural route, apartment, or suite	e number)			

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.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
ivallie	Baldwin Nashville Telephone Co	6063
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	nunity" is the same as a "community unit" as defined in FCC rules d communities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future filings	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	ile home parks should be reported in parentheses below the
Control		
	CITY OR TOWN	STATE
First Community		
	Baldwin	lowa
dd Rows as Necessary	Monmouth	lowa

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM					SYS	TEM IC
Name	Baldwin Nashville Telep							6063
_	SECONDARY TRANSMISSION			TES				
E	In General: The information in s				y transmission :	service of	the cable	
	system, that is, the retransmission	on of television	and radio broadcasts	by your sy	stem to subscri	bers. Give	information	
Secondary	about other services (including p					hose exist	ting on the	
Transmission	last day of the accounting period	·			,			
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•						
Rates	each category by counting the n	,	0 , ,		•			
Rates	separately for the particular serv						senarged	
	Rate: Give the standard rate of	harged for eac	h category of service.	nclude bo	th the amount o	of the charg		
	unit in which it is generally billed			ny standar	d rate variation	s within a	particular rate	
	category, but do not include disc							
	Block 1: In the left-hand block							
	systems most commonly provide that applies to your system. Not						0,	
	categories, that person or entity		-		-			
	subscriber who pays extra for ca					•		
	first set" and would be counted of							
	Block 2: If your cable system	-	•					
	printed in block 1 (for example, t				,		, 0	
	with the number of subscribers a sufficient.	and rates, in the	e right-hand block. A ti	vo- or three	e-wora descript	ion of the s	service is	
		OCK 1				BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		CATE	GORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	130	71.95	0/11E			CODOCINIDENCO	TUT
	Service to first set							
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RATE	s				
-	In General: Space F calls for ra				l your cable sys	tem's serv	vices that were	
F	not covered in space E, that is, t							
	service for a single fee. There are		,	0		0.	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur							
Secondary	enter only the letters "PP" in the		usually billed. If ally to	ites are cri	aigeu on a van	able hei-h	logialli basis,	
ransmissions:	Block 1: Give the standard rat		he cable system for ea	ch of the a	applicable servi	ces listed.		
		t your cable sys	stem furnished or offer	ed during t	he accounting			
Rates	Block 2: List any services that						a form of a	
Rates	listed in block 1 and for which a	separate charg	e was made or establi	shed. List		vices in the	e ionn or a	
Rates		separate charg	e was made or establi	shed. List		vices in the	e ionn of a	
Rates	listed in block 1 and for which a brief (two- or three-word) descrip	separate charg otion and includ BLO(e was made or establi de the rate for each. CK 1		these other ser		BLOCK 2	
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charg otion and includ BLO(e was made or establi le the rate for each. CK 1 CATEGORY OF SER	/ICE				RATE
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charg otion and includ BLO0 RATE	e was made or establi de the rate for each. CK 1 CATEGORY OF SER Installation: Non-res	/ICE	these other ser		BLOCK 2	RATI
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charg otion and includ BLO(e was made or establi de the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel	/ICE	these other ser		BLOCK 2	RATI
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charg otion and includ BLO0 RATE	e was made or establi de the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial	/ICE	these other ser		BLOCK 2	RATE
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charg otion and includ BLO0 RATE	e was made or establi de the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable	/ICE	these other ser		BLOCK 2	RATE
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	separate charg otion and includ BLO0 RATE	e was made or establi de the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l ch	/ICE	these other ser		BLOCK 2	RATE
Rates	listed in block 1 and for which 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	separate chargo otion and includ BLOO RATE 20.00	e was made or establi de the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l ch • Fire protection	/ICE	these other ser		BLOCK 2	RATI
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	separate charg otion and includ BLO0 RATE	e was made or establi de the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l ch • Fire protection • Burglar protection	/ICE	these other ser		BLOCK 2	RATI
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate chargo otion and includ BLOO RATE 20.00	e was made or establi de the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l ch • Fire protection • Burglar protection Other services:	/ICE	these other ser		BLOCK 2	RAT
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	separate chargo otion and includ BLOO RATE 20.00	e was made or establi de the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l ch • Fire protection • Burglar protection	/ICE idential	these other ser		BLOCK 2	RATI
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate chargo otion and includ BLOO RATE 20.00	e was made or establi de the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l ch • Fire protection • Burglar protection Other services:	/ICE idential	these other ser		BLOCK 2	RATI
Rates	listed in block 1 and for which 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 • Additional set(s) • FM radio (if separate rate)	separate chargo otion and includ BLOO RATE 20.00	e was made or establi de the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l ch • Fire protection • Burglar protection Other services: • Reconnect	/ICE idential	these other ser		BLOCK 2	RATI

	LEGAL NAME OF OWNER OF	CABLE SYSTEM		SYSTEM					
Name	Baldwin Nashville Tel			60					
	PRIMARY TRANSMITTERS:								
G	In General: In space G, ide carried by your cable system	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	t (1) stations carried only on a part	t-time basis under					
rimary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.6							
smitters: evision		s explained in the next paragraph. : With respect to any distant stations ca	arried by your cable system on a si	ubstitute program					
	basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the								
	 station was carried <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other 								
		on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p							
	multicast stream associated	d with a station according to its over-the	-	-					
	"WETA-2" as the same on t Column 2: Give the channel	the form. el number the FCC assigned to the tele	evision station for broadcasting ove	er the air in its community					
	of license. For example, W	RC is channel 4 in Washington, D.C.							
		a case whether the station is a network ering the letter "N" (for network), "N-M" (•						
	(for independent multicast),	"E" (for noncommercial educational), c	or "E-M" (for noncommercial educa	. ,.					
	•	erms, see page (iv) of the general instrunt n of each station. For U.S. stations, list		n is licensed by the					
	Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	whbf	4	Ν	Rock Island, IL					
	whbf3	4.3	N-M	Rock Island, IL					
vs as Necessary	kwqc	6	N	Davenport, Iowa					
ows as Necessary									
	kwqc3	6.3	N-M	Davenport, Iowa					
	kwqc3 kwqc4	6.3 6.4	N-M N-M	Davenport, Iowa Davenport, Iowa					
	kwqc4	6.4	N-M	Davenport, Iowa					
	kwqc4 kwqc5	6.4 6.5	N-M N-M	Davenport, Iowa Davenport, Iowa					
	kwqc4 kwqc5 wqad	6.4 6.5 8	N-M N-M N	Davenport, Iowa Davenport, Iowa Moline, IL					
	kwqc4 kwqc5 wqad wqad2	6.4 6.5 8 8.2	N-M N-M N N-M	Davenport, Iowa Davenport, Iowa Moline, IL Moline, IL					
	kwqc4 kwqc5 wqad wqad2 wqad3	6.4 6.5 8 8.2 8.3	N-M N-M N N-M N-M	Davenport, Iowa Davenport, Iowa Moline, IL Moline, IL Moline, IL					
	kwqc4 kwqc5 wqad wqad2 wqad3 kcrg	6.4 6.5 8 8.2 8.3 9	N-M N-M N N-M N-M N	Davenport, Iowa Davenport, Iowa Moline, IL Moline, IL Moline, IL Cedar Rapids, Iowa					
	kwqc4 kwqc5 wqad wqad2 wqad3 kcrg kcrg2	6.4 6.5 8 8.2 8.3 9 9.2	N-M N-M N N-M N-M N-M N-M	Davenport, Iowa Davenport, Iowa Moline, IL Moline, IL Cedar Rapids, Iowa Cedar Rapids, Iowa					
	kwqc4 kwqc5 wqad wqad2 wqad3 kcrg kcrg2 kiin	6.4 6.5 8 8.2 8.3 9 9.2 12	N-M N-M N-M N-M N-M N N-M E	Davenport, Iowa Davenport, Iowa Moline, IL Moline, IL Cedar Rapids, Iowa Cedar Rapids, Iowa Iowa City, Iowa					
	kwqc4 kwqc5 wqad wqad2 wqad3 kcrg kcrg2 kiin kiin3	6.4 6.5 8 8.2 8.3 9 9.2 12 12.3	N-M N-M N N-M N-M N N N-M E E E-M	Davenport, Iowa Davenport, Iowa Moline, IL Moline, IL Cedar Rapids, Iowa Cedar Rapids, Iowa Iowa City, Iowa					
	kwqc4 kwqc5 wqad wqad2 wqad3 kcrg kcrg2 kiin kiin3 kiin4	6.4 6.5 8 8.2 8.3 9 9.2 12 12.3 12.4	N-M N-M N N-M N-M N N N-M E E E-M E-M	Davenport, Iowa Davenport, Iowa Moline, IL Moline, IL Cedar Rapids, Iowa Cedar Rapids, Iowa Iowa City, Iowa Iowa City, Iowa					
	kwqc4 kwqc5 wqad wqad2 wqad3 kcrg kcrg2 kiin kiin3 kiin4 kijb	6.4 6.5 8 8.2 8.3 9 9.2 12 12.3 12.4 18	N-M N-M N N-M N-M N N N-M E E E-M E-M N	Davenport, Iowa Davenport, Iowa Moline, IL Moline, IL Cedar Rapids, Iowa Iowa City, Iowa Iowa City, Iowa Iowa City, Iowa Davenport, Iowa Davenport, Iowa					
	kwqc4 kwqc5 wqad wqad2 wqad3 kcrg kcrg2 kiin kiin3 kiin4 kijb	6.4 6.5 8 8.2 8.3 9 9.2 12 12.3 12.4 18 18.2	N-M N-M N N-M N-M N N-M E E E-M E-M E-M N N-M	Davenport, Iowa Davenport, Iowa Moline, IL Moline, IL Moline, IL Cedar Rapids, Iowa Cedar Rapids, Iowa Iowa City, Iowa Iowa City, Iowa Iowa City, Iowa Davenport, Iowa Davenport, Iowa					
	kwqc4 kwqc5 wqad wqad2 wqad3 kcrg kcrg2 kiin kiin3 kiin4 kljb kljb2 kgcw	6.4 6.5 8 8.2 8.3 9 9.2 12 12.3 12.4 18.2 26	N-M N-M N-M N-M N-M N N N-M E E E-M E-M E-M N N-M N	Davenport, Iowa Davenport, Iowa Moline, IL Moline, IL Moline, IL Cedar Rapids, Iowa Cedar Rapids, Iowa Iowa City, Iowa Iowa City, Iowa Davenport, Iowa Davenport, Iowa Burlington, Iowa Burlington, Iowa					
	kwqc4 kwqc5 wqad wqad2 wqad3 kcrg kcrg2 kiin kiin3 kiin4 kljb kljb2 kgcw	6.4 6.5 8 8.2 8.3 9 9.2 12 12.3 12.4 18 18.2 26 26 26.2	N-M N-M N-M N-M N-M N N N-M E E E-M E-M E-M N N-M N	Davenport, Iowa Davenport, Iowa Moline, IL Moline, IL Cedar Rapids, Iowa Cedar Rapids, Iowa Iowa City, Iowa Iowa City, Iowa Iowa City, Iowa Davenport, Iowa Davenport, Iowa Burlington, Iowa					
	kwqc4 kwqc5 wqad wqad2 wqad3 kcrg kcrg2 kiin kiin3 kiin4 kljb kljb2 kgcw	6.4 6.5 8 8.2 8.3 9 9.2 12 12.3 12.4 18 18.2 26 26 26.2	N-M N-M N-M N-M N-M N N N-M E E E-M E-M E-M N N-M N	Davenport, Iowa Davenport, Iowa Moline, IL Moline, IL Moline, IL Cedar Rapids, Iowa Cedar Rapids, Iowa Iowa City, Iowa Iowa City, Iowa Iowa City, Iowa Davenport, Iowa Davenport, Iowa Burlington, Iowa Burlington, Iowa					
	kwqc4 kwqc5 wqad wqad2 wqad3 kcrg kcrg2 kiin kiin3 kiin4 kljb kljb2 kgcw	6.4 6.5 8 8.2 8.3 9 9.2 12 12.3 12.4 18 18.2 26 26 26.2	N-M N-M N-M N-M N-M N N N-M E E E-M E-M E-M N N-M N	Davenport, Iowa Davenport, Iowa Moline, IL Moline, IL Moline, IL Cedar Rapids, Iowa Cedar Rapids, Iowa Iowa City, Iowa Iowa City, Iowa Iowa City, Iowa Davenport, Iowa Davenport, Iowa Burlington, Iowa Burlington, Iowa					

EGAL NAME OF								SYSTEM 606
	every radio s	station ca	rried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recein at the Co sign of e the station ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t 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	t the system's he system's FM ante his point, see par ed by the cable s le station is licens	adend, and (2 enna, during ca ge (v) of the g system as a se sed by the FC0) it can ertain st eneral ii parate 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	
0/122 01011	7 01 1 111	0.0		0.122 0.011	7 0. 1	0,2		
							·	
							·	

Accounting Perio							FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Baldwin Nashville Tele	ephone C	0					60636
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		G			
I I	In General: In space I, ident	-	-			tion that you	r cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	-			sis, anv noni	network telev	ision proa	ram
Statement and		-			,,			
Program Log	broadcast by a distant sta	lion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							·
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		concod by th	o ECC or	in
	the case of Mexican or Car							
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	5:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	n was substituted for prog	ramming that	t vour systen	n was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program							5
	effect on October 19, 1976							
					14/115			
	e		E PROGRAM			N SUBSTIT AGE OCCU		7. REASON FOR
			3. STATION'S			AGE OCCO 6. TII		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
							-	
						_		
							-	
						_		
						_	-	
						_		
						_		
							-	
						_	-	
1			г		l			7

Accounting Period:	2020/1 FORM SA1-2E. I	PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTE	
Hame	Baldwin Nashville Telephone Co 6	60636
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space b) during the accounting period. For a further explanation of how to compute this amount, se 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. \$ 56,121.	
	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 \$263,80(• 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.	
	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 this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period \$ 52.	.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	.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 \$137,100)	
	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)	
		.00
		.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	
	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	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.	.00
	EFT Trace # or TRANSACTION ID # 26pnkcg0	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: shville Telephone Co	SYSTEM ID# 60636
M Channels	to its subscrib 1. Enter the to system carrie 2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.	19 62
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Brian Rickels Telephone 5	563-673-2001
	Address	5075 Hwy 64, PO Box 50 (Number, street, rural route, apartment, or suite number) Baldwin, Iowa 52207 (City, town, state, zip)	
	Email	bntc@netins.net Fax (optional) 563-673-2241	
O Certification	(Ow (Ag X (Of • I have examinare true, comp	igned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) uner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B tent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein plete, and correct to the best of my knowledge, information, and belief, and are made in good faith. sction 1001(1986)]	ystem as identified
		X /s/ Brian Rickels 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: Brian Rickels Title: CEO	
		(Title of official position held in corporation or partnership) Date: 8/18/2020	

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 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 Office'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.

ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
dwin Nashville Telephone Co	6063
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 Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
Name Name Mailing Address Mailing Address	
	mm
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.	Q
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