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

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
	\$					
8-14-20	ALLOCATION NUMBER					

SA3E Long Form

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

ACCOUNTING PERIOD COVERED BY THIS STATEMENT:									
Accounting 2020/01									
Period Period									
Owner rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system.	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. 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.								
LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
Northwest Iowa Telephone Co									
·									
	61026202001								
	61026 2020/01								
PO Box 38									
Sergeant Bluff, IA 51054									
	rata an a radio a a the a a a								
INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the saddress of the system, if different from the address of the system.									
System IDENTIFICATION OF CABLE SYSTEM:	·								
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
MAILING ADDRESS OF CABLE SYSTEM:									
2 (Number, street, rural route, apartment, or suite number)									
(Number, street, rura route, apartment, or suite number)									
(City, town, state, zip code)									
Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and	relist on page 1b								
Area with all communities.									
Served CITY OR TOWN STATE									
First Salix IA									
Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G.									
CITY OR TOWN (SAMPLE) STATE CH LINE UP	SUB GRP#								
Sample Alda MD A	1								
Alliance MD B	2								
Gering MD B	3								

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.

FORM SA3E. PAGE 1b. **SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: 61026 Northwest Iowa Telephone Co Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. **CH LINE UP** CITY OR TOWN **STATE** SUB GRP# **Salix** IA AA **First** IA 1 Sloan AA Community **Anthon** IA AA 1 Correctionville AA 1 IA **Danbury** IA AA 1 1 Whiting AA IA See instructions for Holstein IA AA 1 additional information on alphabetization. **Ida Grove** AA 1 IA 1 Soldier IA AA Ute IA AA 1 AA 1 **Mapleton** IA Add rows as necessary. Onawa AA 1 IA 1 **Blencoe** AA IA Moorhead IA AA 1 **Sergeant Bluff** AA 1 IA 2 **Jefferson** SD **AB Dakota Dunes** SD **AB** 2 2 **North Sioux City** SD **AB AB** 2 Storm Lake IA **South Sioux City** NE **AB** 2 Missouri Valley AC 3 IA AC 3 Logan IA Woodbine AC 4 IA Magnolia AC 4 IA **Orange City** IA AD

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Northwest Iowa Telephone Co

SYSTEM ID#

61026

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1			BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	
Residential: • Service to first set	5,993	\$	83.95	Broadcast Starter	6,385	\$	24.95	
Service to additional set(s)	1,344	\$	15.00	Basic Plus	6,148	\$	53.00	
 FM radio (if separate rate) 				Bulk	562	\$	54.23	
Motel, hotel		'	180-3000					
Commercial	206							
Converter								
 Residential 	Boxes 1964	\$	9.95					
Non-residential	DVR 1845	\$	15.95					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

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) description and include the rate for each.

BLOCK 1							BLOCK 2	
CATEGORY OF SERVICE	ATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE						CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential					
• Pay cable			Motel, hotel	\$	29.95			
 Pay cable—add'l channel 			Commercial					
 Fire protection 			• Pay cable					
Burglar protection			 Pay cable-add'l channel 					
Installation: Residential			Fire protection					
• First set	\$	29.95	Burglar protection					
 Additional set(s) 			Other services:					
 FM radio (if separate rate) 			Reconnect	\$	29.95			
Converter			Disconnect					
			Outlet relocation					
			Move to new address					

LEGAL NAIVIE OF ()	WNER OF CABLE SY	STEM:			SYSTEM ID#	4
Northwest lo					61026	Name
PRIMARY TRANSMIT	•					
In General: In space carried by your cable FCC rules and regu 76.59(d)(2) and (4), substitute program is Substitute Basis basis under specifc. • Do not list the station her basis. For further in the paper SA3 Column 1: List the each multicast stream as "WE WETA-simulcast). Column 2: Give its community of lice on which your cable Column 3: Indicated and a station, (for independent multicast stream as "WE Column 4: If the planation of local se Column 5: If you cable system carried the distant stream in the carried the distant stream carried the distant stream carried the distant stream in the carried the	e G, identify every e system during to lations in effect on 76.61(e)(2) and (coasis, as explained as Stations: With FCC rules, regulation here in space and also in space and associated with TA-2". Simulcast the channel numberse. For example a system carried thate in each case and by entering the least to a space and also outside arvice area, see part have entered "Y defend the distant station and a part-time."	y television state accounting on June 24, 19 (4), or 76.63 (4) and in the next respect to an ations, or auth G—but do listitute basis. ace I, if the state ace I, if the state accounting substitute sign. Do not he a station account a streams must be the FCC he station. Whether the station whether the state "N" (for noncommercial page (v) of the tes" in column on during the me basis became accounting the me accounting the me basis became accounting the me account	g period, except (81, permitting the referring to 76.6) paragraph. It is a paragraph. It	(1) stations carried he carriage of cers (1(e)(2) and (4))]; as carried by your he Special Statemed both on a substant, see page (v) an program service ver-the-air designation of the television statement (for network multipor "E-M" (for nonceptions located in distant"), enter "Yetions located in the mplete column 5, od. Indicate by eractivated channel	stating the basis on which your otering "LAC" if your cable system	Primary Transmitters: Television
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of a written agreement the cable system and tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican or Note: If you are utilised. 1. CALL SIGN KTIV.2 KTIV.2 KPTH KCAU KMEG KSIN KMEG 14.3 KMEG 14.2 KTIV DT3 KPTH 44.2 KPTH 44.3 KSIN.2	2. B'CAST CHANNEL NUMBER 41.2 41.2 49 9 39 28 39.3 39.2 41.3 49.2 49.3 28.2	mitter or an a o enter "E". If one of enter "E". If one of enter "E". If one of enter is enter in the constant of enter i	une 30, 2009, be association representation representation representation of the general or U.S. stations, we the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No)	etween a cable system of the primary channel on any constructions located list the community with space G for each the community with the community with space G for each the community with the community with space G for each the community with the community wit	sioux City, Ia	additional information
of a written agreement the cable system and tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican or Note: If you are utilised. 1. CALL SIGN KTIV.2 KTIV.2 KPTH KCAU KMEG KSIN KMEG 14.3 KMEG 14.2 KTIV DT3 KPTH 44.2 KPTH 44.3 KSIN.2	2. B'CAST CHANNEL NUMBER 41.2 41.2 49 9 39 28 39.3 39.2 41.3 49.2 49.3 28.2	mitter or an a o enter "E". If one of enter "E". If one of enter "E". If one of enter is enter in the constant of enter i	une 30, 2009, be association representation representation representation of the general or U.S. stations, we the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No)	etween a cable system of the primary channel on any constructions located list the community with space G for each the community with the community with space G for each the community with the community with space G for each the community with the community wit	sioux City, Ia	additional information

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61026 Northwest Iowa Telephone Co PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not 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 only 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 basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **CARRIAGE CHANNEL** (Yes or No) SIGN OF **NUMBER STATION** (If Distant) KTIV.2 41.2 I-M Sioux City, la KTIV 41 Ν Sioux City, la **KPTH** 49 N Sioux City, la **KCAU** 9 Ν Sioux City, la **KMEG** 39 Ν Sioux City, la **KSIN** 28 Ε Sioux City, la **KUSD** 34 Ε Vermillion, SD **KMEG 14.3** 39.3 I-M Sioux City, la 39.2 I-M **KMEG 14.2** Sioux City, la KTIV DT3 41.3 I-M Sioux City, la **KPTH 44.2** 49.2 I-M Sioux City, la Ε **KPTH 44.3** 49.3 Sioux City, la KSIN.2 28.2 Sioux City, Ia Ε Sioux City, la KSIN.3 28.3 Ε

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61026 Northwest Iowa Telephone Co PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not 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 only 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 basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **CARRIAGE CHANNEL** (Yes or No) SIGN OF **NUMBER STATION** (If Distant) **KXVO** 38 Omaha, NE ı **WOWT 22** Ν Omaha, NE **KPTM** 43 N Omaha, NE **KETV** 20 Ν Omaha, NE **KMTV** 45 Ν Omaha, NE 17 Ε **KYNE** Omaha, NE KPTM.3 43.3 I-M Omaha, NE KXVO.2 38.2 I-M Omaha, NE KXTM.2 43.2 I-M Omaha, NE KXVO.3 38.3 I-M Omaha, NE

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61026 Northwest Iowa Telephone Co PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not 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 only 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 basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **CARRIAGE CHANNEL** (Yes or No) SIGN OF **NUMBER STATION** (If Distant) KTIV.2 41.2 I-M Sioux City, la KTIV.2 41.2 I-M Sioux City, la **KPTH** 49 N Sioux City, la **KCAU** 9 Ν Sioux City, la **KMEG** 39 Ν Sioux City, la **KSIN** 28 Ε Sioux City, la **KELO** 11 Ν Sioux Falls, SD **KMEG 14.3** 39.3 I-M Sioux City, la 39.2 I-M **KMEG 14.2** Sioux City, la KTIV dt3 41.3 I-M Sioux City, la **KPTH 44.2** 49.2 I-M Sioux City, la Ε **KPTH 44.3** 49.3 Sioux City, la KSIN.2 28.2 Sioux City, Ia Ε Sioux City, la KSIN.3 28.3 Ε

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61026 Northwest Iowa Telephone Co PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not 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 only 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 basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AE 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

ACCOUNTING PERIOD: 2020/01 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61026 Northwest Iowa Telephone Co PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. **Column 2:** State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). **CALL SIGN** AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION **KZSR** FM Dakota Dunes, SD

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2020/01

Northwest Iowa Teleph		EM:				S	YSTEM ID# 61026	Name				
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMFI	NT AND PROGRAM LOG									
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.												
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE												
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?												
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE			ge blank. If your answer is	"Yes," you m	ust complete th	he prograi	m					
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please of every no distant state gulations, of tion. Do not be used to be	attach addition nnetwork televion and that your authorization of use general data Basketball: deast live, enterstation broadcaton's location (thous, if any, the when your system of a program carried listed program ons in effect design and the constant of	rision program (substitute pour cable system substitute pour cable system substitute is. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "Pasting the substitute programe community to which the community with which the tem carried the substitute or gram was carried by your fied by a system from 6:01:	program) that ed for the program the program instruction. No." am. station is lice station is ide program. Use cable system 15 p.m. to 6:2 amming that yell can be referented in the left enter the left for the station is ide program.	, during the acgramming of an ons located in ons located in the consent of the co	counting nother state the paper program CCC or, in the more accurate buld be as require isted pro	tion hth					
s	UBSTITUT	E PROGRAM	1		N SUBSTITU		7. REASON					
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME		FOR DELETION					

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ACCOUNTING PERIOD: 2020/01 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61026 Northwest Iowa Telephone Co **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM** TO **FROM** TO DATE DATE

	SA3E. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Noi	thwest Iowa Telephone Co	61026	Name							
Inst all a (as i page	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. 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. (Amount of gross receipts)									
		(Amount of gross receipts)								
InstruConConIf you feetIf you accommoded	 COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. 									
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ${\sf k}$ 3 below.	e entered on line i of								
	ort 6 of the DSE schedule was completed, the amount from line 7 of block C should be ellow.	entered on line 2 in block								
	ort 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	uld be entered on line								
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.									
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$ 3,353,127.89								
	This is your minimum fee.	\$ 35,677.28								
	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and 	nn 4, you must check								
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ -								
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00								
	Line 3. Add lines 1 and 2 and enter here	\$ -								
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3,	\$ 35,677.28								
	whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	0.00	Cable systems submitting additional							
	zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)									
	Line 4. FILING FEE	\$ 725.00	the Licensing additional fees. Division for the appropriate							
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here									
	EFT Trace # or TRANSACTION ID # 2.00812E+11		additional fees.							
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (single-general instructions located in the paper SA3 form and the Excel instructions to									

ACCOUNTING PERIOD: 2020/01 FORM SA3E. PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
INAME	Northwest Iowa Telephone Co	61026
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.	
G.I.d.III.G.G	1. Enter the total number of channels on which the cable system carried television broadcast stations	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name Paul Bergmann Telephone 712-271-4000	
	Address 504 4th Street (Number, street, rural route, apartment, or suite number)	
	Sergeant Bluff, IA 51054 (City, town, state, zip)	
	Email pbergmann@longlines.biz Fax (optional) 712-271-2727	
•	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed 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 as identified 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 the cable system in line 1 of space B.	n
	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)]	
	/s/Paul Bergmann	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	F2"
	Typed or printed name: /s/Paul Bergmann	
	Title: CFO (Title of official position held in corporation or partnership)	
	Date: August 14, 2020	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2020/01

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Northwest Iowa Telephone Co	61026	Name
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursual For more information on when to exclude these amounts, see the note on page (vii) of the general secondary from the control of the general secondary from the gener	stem for the basic shall not include sub- ant to section 119."	Special Statement Concerning Gross Receipts
paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secon made by satellite carriers to satellite dish owners? X NO	ndary transmissions	Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payme For an explanation of interest assessment, see page (viii) of the general instructions in the paper S		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
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 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For furth contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	ner assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copplease list below the owner, address, first community served, accounting period, and ID number as filing.	. , .	
Owner Address		
First community served Accounting period ID 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.

ACCOUNTING PERIOD: 2020/01

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:									
•	Northwest Iowa Telepho	ne Co				61026				
	SUM OF DSEs OF CATEGORY "O" STATIONS:									
	• Add the DSEs of each station.									
	Enter the sum here and in line	0.00								
•	Instructions:									
2	In the column headed "Call S	Sign": list the ca	Il signs of all distant stations	s identified by th	ne letter "O" in column 5					
_	of space G (page 3).			- "40" (
Computation	In the column headed "DSE"			= as "1.0"; for e	each network or noncom-					
of DSEs for	mercial educational station, giv	e the DSE as "		10. DOE						
Category "O"	0.111.01011	505	CATEGORY "O" STATION							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Add rows as										
necessary.										
Remember to copy										
all formula into new										
rows.										
10 70 3.										
				<u> </u>						
	L	LI		t		l				

Name		vner of cable system: va Telephone Co					S	YSTEM ID# 61026	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station,								
Capacity		C	ATEGORY LAC	STATIONS:	COMPUTATION	ON OF DSEs			
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS O	UMBER F HOURS TATION N AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DS	E	
			<u>÷</u>		=	<u>x</u>	=		
			÷ ÷			x	<u> </u>		
			÷			x x	= =		
			÷		=	x	=		
			÷			x	=		
			÷ ÷			x	=		
	Add the DSEs of Enter the sun	of category Lac soft each station. In here and in line 2 of particular the call sign of each state.	art 5 of this schedul			0.00			
Computation of DSEs for Substitute-Basis Stations	 Was carried I tions in effections in effections. Broadcast on space I). Column 2: Foot at your option. Tolumn 3: Ecolumn 4: D 	by your system in substite on October 19, 1976 (and the or more live, nonnetwood or each station give the his figure should correspond to the number of days ivide the figure in column	itution for a program as shown by the letter of the programs during number of live, non spond with the informal in the calendar years 2 by the figure in	n that your system fer "P" in column that optional carri network program mation in space I. ar: 365, except in column 3, and give	n was permitted to 7 of space I); and iage (as shown by t s carried in substi a leap year. ve the result in col	delete under FCC rules	of were deleted s than the third	m).	
		SU	BSTITUTE-BAS	SIS STATION	S: COMPUTA	TION OF DSEs			
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
		÷		= <u></u>		÷		=	
		÷ ÷		=		÷		=	
		÷		=		÷		=	
		÷		= =		÷		=	
	Add the DSEs of	OF SUBSTITUTE-BASI	S STATIONS:		▶	0.00			
5		R OF DSEs: Give the amapplicable to your system		s in parts 2, 3, and	4 of this schedule	and add them to provide	the total		
Total Number	1. Number of	DSEs from part 2 ●			>		0.00		
of DSEs	2. Number of	DSEs from part 3 ●					0.00		
	3. Number of	DSEs from part 4 ●			>		0.00		
	TOTAL NUMBER	R OF DSEs				<u> </u>		0.00	

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/01

LEGAL NAME OF O	WNER OF CABLE S	SYSTEM:					S	YSTEM ID#	Nama
Northwest low	a Telephone C	Co						61026	Name
Instructions: Block In block A: • If your answer if the schedule. • If your answer if the schedule.	"Yes," leave the re	emainder of p	·	of the DSE sched	lule blank and	l complete part	8, (page 16) of th	е	6
If your answer if "No," complete blocks B and C below. BLOCK A: TELEVISION MARKETS									Computation of 3.75 Fee
effect on June 24, Yes—Com	Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. No—Complete blocks B and C below.								
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulations e DSE Scheo	ons prior to Jun dule. (Note: Th	oart 2, 3, and 4 of t e 25, 1981. For fur e letter M below re Act of 2010.)	ther explanati	ion of permitted	d stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rule) A Stations carried 76.61(b)(c)] B Specialty station C Noncommerical D Grandfathered instructions for E Carried pursuants *F A station pressure in the control of the c	les and reguled pursuant to as defined al educational station (76.6 or DSE schedant to individuviously carries	ations cited be to the FCC mar I in 76.5(kk) (76 I station [76.59 55) (see paragrule). I al waiver of FC I d on a part-time ithin grade-B co	e or substitute bas ontour, [76.59(d)(5	e in effect on 5.57, 76.59(b),)(1), 76.63(a) 3(a) referring stitution of gra	June 24, 1981 76.61(b)(c), 76 referring to 76 to 76.61(d)] andfathered sta	5.63(a) referring to		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 o			rksheet on page 1	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from _I	part 5 of this s	schedule					
Line 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve					
Line 3: Subtract (If zero, le				of DSEs subject 7 of this schedule		ate.		0.00	
Line 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375 a	and enter su	m here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3					<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Northwest Iowa Telephone Co 61026												
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)						
1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6			
									Computation o 3.75 Fee			
					••••••							
	•			*		_	•					

Name	Northwest low		_						S	61026			
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be enter in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.												
		PERMITTFI	D DSE FOR STA	TIONS CARRI	ΕD	ON A PART-TIMF AN	D SUBSTI	TUTE BASIS					
	1. CALL	2. PRIOF		-		4. BASIS OF			6. PE	RMITTED			
	SIGN	DSE	PE	ERIOD		CARRIAGE	[OSE		DSE			
7 Computation of the	•	"Yes," complete	e blocks B and C,		ра	rt 8 of the DSE schedu	ıle.						
Syndicated			BLOCK	A: MAJOR	TE	ELEVISION MARKI	ET						
Exclusivity													
Surcharge	• Is any portion of the of Yes—Complete	•		or television ma	rke	t as defned by section 7 No—Proceed to		rules in effect	June 24,	1981?			
	BLOCK B: C:	arriage of VHF/0	Grade B Contour	Stations		BI OCK	C: Compu	tation of Exem	pt DSFs				
	Is any station listed in commercial VHF stati or in part, over the ca	block B of part on that places a	6 the primary stre	eam of a		Was any station listed nity served by the cabl to former FCC rule 76.	in block B le system p	of part 7 carrie	d in any				
	Yes—List each s X No—Enter zero a		Yes—List each sta X No—Enter zero ar			ite permit	ted DSE						
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	N	DSE			
		<u> </u>		0.00					_	0.00			
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00			

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
	Northwest Iowa Telephone Co	61026	
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	3,353,127.89	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the D	¢E	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

ACCOUNTING PERIOD: 2020/01

DSE SCHEDULE. PAGE 16.

Name		ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
		Northwest Iowa Telephone Co	61026
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)	
Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u></u> .
	Inctric	otions:	
8	You m	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pa	art
		checked "Yes," use the total number of DSEs from part 5. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation		ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of Base Rate Fee	If you blank	Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B bel	ow
base Nate Fee		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc	al
	service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶\$	
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section		
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts	
		(the amount in section 1)	
		B. Enter 0.00701 of gross receipts	
		(the amount in section 1)	
		C. Subtract 1.000 from total DSEs	
		(the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
		Base Rate Fee	0.00
	I		

U.S. Copyright Office

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2020/01

	NAME OF OWNER OF CABLE SYSTEM: NWest Iowa Telephone Co SYSTEM ID#	Namo
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
4	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$	8
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$	Computation of
	C. Multiply line B by 3.000 and enter here	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here \$	
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ 0.00	
shall ir	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-space G.	9
In Gen	neral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude ts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of sclusion, you must:	Computation of Base Rate Fee
station DSEs	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. y: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Exclusivity Surcharge
must a	: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below.	for Partially Distant Stations, and
Step 1	o Identify a Subscriber Group for Partially Distant Stations : For each community served, determine the local service area of each wholly distant and each partially distant station you do to that community.	for Partially Permitted Stations
outside	2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by me token, the station is distant to the subscriber.)	
Step 3 subscr	3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each riber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable in will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
subscr	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's riber groups.	
	h section: ify the communities/areas represented by each subscriber group	
• Give	ify the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the ribers in the group.	
• If:		
and 4	r system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, of this schedule; or,	
,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, t 6 of this schedule.	
• Add t	the DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
in the	ulate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions e paper SA3 form.	
page.	pute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show	

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

your actual calculations on the form.

	EGAL NAME OF OWNER OF CABLE SYSTEM: Northwest Iowa Telephone Co 61026									
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH						
	FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GROU	Р	•		
COMMUNITY/ AREA	1-Salix			COMMUNITY/ AREA	1-Sloan			9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
								Syndicated		
								Exclusivity		
								Surcharge for		
								Partially		
								Distant		
								Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First G	roup	\$ 59	,632.50	Gross Receipts Seco						
							96,329.42			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00			
	THIRD	SUBSCRIBER GROU	JP							
COMMUNITY/ AREA	1-Antho	on		COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
			<u></u>							
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	Group	\$ 61	,227.17	Gross Receipts Fourt	th Group	\$	68,880.57			
Base Rate Fee Third G	Base Rate Fee Third Group \$ 0.00			Base Rate Fee Fourt	th Group	\$	0.00			
Base Rate Fee: Add th			riber group a	as shown in the boxes a	above.					
Enter here and in block	3, line 1, s	pace L (page 7)				\$	0.00			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Northwest Iowa Telephone Co 61026									
В				TE FEES FOR EACH					
		SUBSCRIBER GROU	JP			SUBSCRIBER GROU	JP	9	
COMMUNITY/ AREA	1-Danb	ury		COMMUNITY/ AREA	1-Whitin)g		Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for Partially	
								Distant	
								Stations	
Total DSEs		-	0.00	Total DSEs			0.00		
Gross Receipts First G	oup	\$ 40	,158.84	Gross Receipts Secon					
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00		
,	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA	1-Sioux	City		COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			<u> </u>						
			<u></u>						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	iroup	\$ 103	,205.57	Gross Receipts Fourth	Group	\$	15,306.79		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$			

Northwest Iowa Telephone Co 61026											
В				TE FEES FOR EAC							
	NINTH	SUBSCRIBER GRO	UP		TENTH SUBSCRIBER GROUP						
COMMUNITY/ AREA	1-lda G	rove		COMMUNITY/ AREA	1-Soldie	er		9 Computati			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of			
						. —		Base Rate			
								and			
								Syndicate			
								Exclusivi			
	<u> </u>							Surcharg			
								for			
								Partially			
								Distant Stations			
						. —		Stations			
						.					
otal DSEs			0.00	Total DSEs			0.00				
Bross Receipts First G	oup	\$ 237	7,255.29	Gross Receipts Seco	ond Group	\$	15,758.49				
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00				
		0.100001000									
		SUBSCRIBER GRO	UP			SUBSCRIBER GROU	JP				
COMMUNITY/ AREA	1-Ute			COMMUNITY/ AREA	1-Maple	ton					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
						. –					
		-									
otal DSEs			0.00	Total DSEs			0.00				
	roup	\$ 24	0.00 4,950.94	Total DSEs Gross Receipts Four	th Group	\$	0.00 111,688.85				
	roup	\$ 24			th Group	\$ 1					
Fotal DSEs Gross Receipts Third G			1,950.94	Gross Receipts Four			111,688.85				
		\$ 24				\$					
Gross Receipts Third G			1,950.94	Gross Receipts Four			111,688.85				

	GAL NAME OF OWNER OF CABLE SYSTEM: orthwest Iowa Telephone Co 61026									
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP				
THIF		SUBSCRIBER GROU	P	FOU		SUBSCRIBER GROUP		9		
COMMUNITY/ AREA	1-Onaw	'a		COMMUNITY/ AREA	1-Blenco	De .				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
CALL SIGN	DSL	CALL SIGN	DOL	CALL SIGN	DSL	CALL SIGN	DSL	Base Rate Fee		
								and		
								Syndicated		
								Exclusivity		
								Surcharge		
								for		
								Partially		
								Distant		
								Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$ 244,	603.83	Gross Receipts Second	d Group	\$ 18	8,254.02			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00			
FII	TEENTH	SUBSCRIBER GROU	Р	S	IXTEENTH	SUBSCRIBER GROUP				
COMMUNITY/ AREA	1-Moorl	head		COMMUNITY/ AREA	2-Sergea	ant Bluff				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	roup	\$ 24,	950.94	Gross Receipts Fourth	Group	\$ 302	2,749.61			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
			_ 							
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes at	oove.	\$				

LEGAL NAME OF OWNER Northwest Iowa Te						SY	61026	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRII	BER GROUP		
SEVE		SUBSCRIBER GROU	P	i i		SUBSCRIBER GROUP		9
COMMUNITY/ AREA	2-Jeffer	son SD		COMMUNITY/ AREA 2-Dakota Dunes SD				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DSL	CALL SIGN	DSL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 42,	911.69	Gross Receipts Second	d Group	\$ 236	6,497.23	
·	·			·	·			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
NII	NTEENTH	SUBSCRIBER GROU	P	TV	VENTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA	2-South	Sioux City NE		COMMUNITY/ AREA	2-North	Sioux City SD		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$ 346,	349.31	Gross Receipts Fourth	Group	\$ 164	1,809.72	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER Northwest Iowa Te						SY	61026	Name
Bl	_OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRII	BER GROUP		
TWEN		SUBSCRIBER GROU	P			SUBSCRIBER GROUP		9
COMMUNITY/ AREA	2-Storm	Lake IA		COMMUNITY/ AREA	3-Missou	ıri Valley		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSL	CALL SIGN	DSL	CALL SIGN	DSL	CALL SIGIN	DSL	Base Rate Fee
								and
								Syndicated
	-							Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	<u>\$ 515,</u>	348.02	Gross Receipts Second	l Group	\$ 150	0,203.23	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
TWENT	Y-THIRD	SUBSCRIBER GROU	Р	TWENTY	-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA	3-Logar	1		COMMUNITY/ AREA	4-Woodk	pine		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							0	
Total DSEs	<u>. </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$ 69,	093.48	Gross Receipts Fourth	Group	\$ 75	5,101.61	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	ove.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Iorthwest Iowa Telephone Co 61026										
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH							
TWEN	NTY-FIFTH	SUBSCRIBER GRO	UP	TWE	NTY-SIXTH	SUBSCRIBER GROUP	P	0			
COMMUNITY/ AREA	4-Magn	olia		COMMUNITY/ AREA	5-Orang	e City		9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of			
								Base Rate Fee			
		_						and			
						_		Syndicated			
								Exclusivity			
								Surcharge for			
								Partially			
								Distant			
								Stations			
		II					•				
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts First G	roup	\$	6,008.13	Gross Receipts Secon	59,788.98						
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00				
TWENTY-	SEVENTH	SUBSCRIBER GRO	UP	TWEN ⁻	ΓΥ-EIGHTH	SUBSCRIBER GROUP	P				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	····										
Total DSEs	•		0.00	Total DSEs			0.00				
Gross Receipts Third 0	Group		0.00	Gross Receipts Fourth	Group	\$	0.00				
	- et	<u>´</u>			F	·					
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes a	bove.	\$					