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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:					
	ary Transmissions by	DATE RECEIVED AMOUNT						
	ems (Short Form)			<u>coplicsoa@copyright.gov</u>				
			\$	For additional information, contact the U.S. Copyright				
-	ictions are located			Office Licensing Division at: Tel: (202) 707-8150				
in the first tab	of this workbook	08/12/2020	ALLOCATION NUMBER					
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (V)	(VV/(Period))					
		Baried 1 = January 1 June 20	Period 2 = July 1 . December 21					
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
	20201	Barcode Data Filing Period (optiona	I - see instructions)					
Accounting								
Period								
	Instructions:							
В	Give the full legal name of the owner of the subsidiary, not that of the parent of	•	idiary of another corporation, give the full co	rporate title				
Owner	List any other name or names under whi	ch the owner conducts the business of t	he cable system.					
	List any other name or names under which the owner conducts the business of the cable system.							
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILIN	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	MidlandsNet LLC							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM						
	PO Box 330 (Number, street, rural route, apartment, or suite	number)						
	Remsen, IA 51050							
	(City, town, state, zip) INSTRUCTIONS: In line 1, give any busi	none or trado namos used to ide	atify the huginess and exerction of the	a system unless these				
C	names already appear in space B. In line		, , , , , , , , , , , , , , , , , , , ,	<b>y</b>				
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MidlandsNet LLC dba Wes							
	MAILING ADDRESS OF CABLE SYSTE	M:						
	2 (Number, street, rural route, apartment, or suite	number)						
	(City, town, state, zip code)							
Privacy Act Notic	e. Section 111 of title 17 of the United States Code a	uthorizes the Convright Office to collect th	a personally identifying information (PII) regue	ostad on this				

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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Nume	MidlandsNet LLC	61433						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined 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 first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
Area Served	identified city.	r mobile nome parks should be reported in parentneses below the						
	CITY OR TOWN STATE							
First	Anita	IA						
Community								
d Rows as Necessary								

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	MidlandsNet LLC								TEM II 614
E	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission	pace E should on of television	l cover al and rad	l categories of io broadcasts b	secondar by your sy	stem to subscri	bers. Give	information	
Secondary Transmission Service: Sub- scribers and Rates	about other services (including p last day of the accounting period <b>Number of Subscribers:</b> Both down by categories of secondar each category by counting the n separately for the particular serv <b>Rate:</b> Give the standard rate c unit in which it is generally billed category, but do not include disc	I (June 30 or E n blocks in spa y transmission umber of billin ice at the rate harged for eac . (Example: "\$	Decembe ice E call service. gs in that indicated ch catego 20/mth"). for adva	r 31, as the cas for the number In general, you category (the d—not the num bry of service. In Summarize ar nce payment.	e may be r of subso i can com number o ber of se nclude bo ny standa	a). Stibers to the call pute the number of persons or org ts receiving servent th the amount of rd rate variation	ble system er of subsc ganizations vice). of the char s within a	n, broken pribers in s charged ge and the particular rate	
	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.								
	BLC	DCK 1	_				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential: • Service to first set		252	24.95	Retran	smission Fe	e		19.
	Service to additional set(s)     FM radio (if separate rate) Motel, hotel								
	Commercial Converter • Residential								
	Non-residential     SERVICES OTHER THAN SEC								
F Services Other Than Secondary ransmissions: Rates	In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscri hose services re two exception or facilities fur hit in which it is rate column. te charged by support cable sy separate charge btion and inclue	ber) infor that are ons: you nished to usually the cable stem furn ge was m de the ra	mation with res not offered in c do not need to nonsubscriber billed. If any rai system for each nished or offeren nade or establis	spect to a ombination give rate rs. Rate in thes are ch the of the red during	on with any seco information con nformation shou narged on a vari applicable servi the accounting	ondary trar cerning (1 ld include able per-p ces listed. period that	nsmission ) services both the rogram basis, t were not e form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERV		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:			tion: Non-resi			UNILO		1.741
	• Pay cable		• Mote	el, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Con	nmercial					
	Fire protection		-	Pay cable					
	•Burglar protection		· · ·	cable-add'l cha	annel				
	First set	25.00		protection glar protection					
	Additional set(s)	23.00		ervices:					
	• FM radio (if separate rate)     • Converter		• Rec	onnect		25.00			
	0011101101								

	I: 2020/1 FC								
lame	MidlandsNet LLC	- CABLE SYSTEM:		SYSTEM 61					
	PRIMARY TRANSMITTERS: TELEVISION								
G imary smitters: evision	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (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 substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute 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 basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> 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 multistream "WETA-2" as the same on the FCC 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. 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 network multicast). For M.								
	FCC. For Mexican or Canac 1. CALL SIGN	4. LOCATION OF STATION							
	KMTV-S	3.1	N						
				OMAHA, NE					
	KMTV-2	3.2	N-M	OMAHA, NE OMAHA, NE					
s as Necessary									
; as Necessary	KMTV-2	3.2	N-M	OMAHA, NE					
; as Necessary	KMTV-2 KMTV-3	3.2 3.3	N-M N-M	OMAHA, NE OMAHA, NE					
s as Necessary	KMTV-2 KMTV-3 WOWT-S	3.2 3.3 6.1	N-M N-M N	OMAHA, NE OMAHA, NE OMAHA, NE					
s as Necessary	KMTV-2 KMTV-3 WOWT-S WOWT-2	3.2 3.3 6.1 6.2	N-M N-M N N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE					
3 as Necessary	KMTV-2 KMTV-3 WOWT-S WOWT-2 WOWT-3	3.2 3.3 6.1 6.2 6.3	N-M N-M N N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE					
s as Necessary	KMTV-2 KMTV-3 WOWT-S WOWT-2 WOWT-3 KETV-S	3.2 3.3 6.1 6.2 6.3 7.1	N-M N-M N-M N-M N	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE					
s as Necessary	KMTV-2 KMTV-3 WOWT-S WOWT-2 WOWT-3 KETV-S KETV-2	3.2 3.3 6.1 6.2 6.3 7.1 7.2	N-M N-M N N-M N-M N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE					
s as Necessary	KMTV-2 KMTV-3 WOWT-S WOWT-2 WOWT-3 KETV-S KETV-2 KCCI-S	3.2 3.3 6.1 6.2 6.3 7.1 7.2 8.1	N-M N-M N-M N-M N N-M N-M N	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA					
s as Necessary	KMTV-2 KMTV-3 WOWT-S WOWT-2 WOWT-3 KETV-S KETV-2 KCCI-S KCCI-2	3.2 3.3 6.1 6.2 6.3 7.1 7.2 8.1 8.2	N-M N-M N-M N-M N-M N-M N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA					
s as Necessary	KMTV-2 KMTV-3 WOWT-S WOWT-2 WOWT-3 KETV-S KETV-2 KCCI-S KCCI-2 KCCI-3	3.2 3.3 6.1 6.2 6.3 7.1 7.2 8.1 8.2 8.3	N-M N-M N-M N-M N-M N-M N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA					
s as Necessary	KMTV-2 KMTV-3 WOWT-S WOWT-2 WOWT-3 KETV-2 KCCI-S KCCI-2 KCCI-3 KDIN-S	3.2 3.3 6.1 6.2 6.3 7.1 7.2 8.1 8.2 8.3 11.1	N-M N-M N-M N-M N-M N-M N-M N-M E	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA					
s as Necessary	KMTV-2 KMTV-3 WOWT-S WOWT-2 WOWT-3 KETV-S KETV-2 KCCI-S KCCI-2 KCCI-3 KDIN-S KDIN-2	3.2 3.3 6.1 6.2 6.3 7.1 7.2 8.1 8.2 8.3 11.1 11.2	N-M N-M N N-M N-M N-M N-M N-M E E-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA					
s as Necessary	KMTV-2 KMTV-3 WOWT-S WOWT-2 WOWT-3 KETV-2 KCCI-S KCCI-2 KCCI-3 KDIN-S KDIN-2 KDIN-3	3.2 3.3 6.1 6.2 6.3 7.1 7.2 8.1 8.2 8.3 11.1 11.2 11.3	N-M N-M N N-M N-M N-M N-M N-M E E-M E-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA					
s as Necessary	KMTV-2 KMTV-3 WOWT-S WOWT-2 WOWT-3 KETV-S KETV-2 KCCI-S KCCI-2 KCCI-3 KDIN-S KDIN-2 KDIN-3 KDIN-4	3.2 3.3 6.1 6.2 6.3 7.1 7.2 8.1 8.2 8.3 11.1 11.2 11.3 11.4	N-M N-M N N-M N-M N-M N-M N-M E E-M E-M E-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA					
s as Necessary	KMTV-2 KMTV-3 WOWT-S WOWT-2 WOWT-3 KETV-2 KCCI-S KCCI-2 KCCI-3 KDIN-S KDIN-2 KDIN-3 KDIN-4 KXVO-S	3.2 3.3 6.1 6.2 6.3 7.1 7.2 8.1 8.2 8.3 11.1 11.2 11.3 11.4 15.1	N-M N-M N N-M N-M N-M N-M N-M E E E-M E-M E-M N	OMAHA, NE         DES MOINES, IA					
s as Necessary	KMTV-2         KMTV-3         WOWT-S         WOWT-2         WOWT-3         KETV-2         KCCI-S         KCCI-3         KDIN-S         KDIN-4         KXVO-2	3.2 3.3 6.1 6.2 6.3 7.1 7.2 8.1 8.2 8.3 11.1 11.2 11.3 11.4 15.1 15.2	N-M N-M N N-M N-M N-M N-M N-M E E E-M E-M E-M N N-M	OMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEDES MOINES, IADES MOINES, IAOMAHA, NE					
s as Necessary	KMTV-2         KMTV-3         WOWT-S         WOWT-2         WOWT-3         KETV-2         KCCI-3         KDIN-5         KDIN-2         KXVO-5         KXVO-3	3.2 3.3 6.1 6.2 6.3 7.1 7.2 8.1 8.2 8.3 11.1 11.2 11.3 11.4 15.1 15.2 15.3	N-M N-M N N-M N-M N-M N-M N-M E E-M E-M E-M E-M N N-M	OMAHA, NE         DES MOINES, IA         OMAHA, NE         OMAHA, NE         OMAHA, NE					
s as Necessary	KMTV-2         KMTV-3         WOWT-S         WOWT-2         WOWT-3         KETV-2         KCCI-S         KCCI-2         KCCI-3         KDIN-5         KDIN-4         KXVO-5         KXVO-4	3.2 3.3 6.1 6.2 6.3 7.1 7.2 8.1 8.2 8.3 11.1 11.2 11.3 11.4 15.1 15.2 15.3 15.4	N-M N-M N N-M N-M N-M N-M N-M E E E-M E-M E-M N N-M N-M N-M	OMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEDES MOINES, IADES MOINES, IADES MOINES, IADES MOINES, IADES MOINES, IADES MOINES, IADES MOINES, IAOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NE					
s as Necessary	KMTV-2         KMTV-3         WOWT-S         WOWT-2         WOWT-3         KETV-2         KCCI-S         KCCI-2         KDIN-S         KDIN-3         KXVO-2         KXVO-4         KDSM-S	3.2 3.3 6.1 6.2 6.3 7.1 7.2 8.1 8.2 8.3 11.1 11.2 11.3 11.4 15.1 15.2 15.3 15.4 17.1	N-M N-M N-M N-M N-M N-M N-M N-M E E-M E-M E-M E-M N N-M N-M N-M N-M	OMAHA, NE         DES MOINES, IA         OMAHA, NE					

EGAL NAME OF		JABLE 3	ISTEM.					SYSTEM 614
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the station	/ the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright 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 e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
2.2.2.2.0.1						-/-		
						·		
						·		

Accounting Perio	od: 2020/1						FORM	VI SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	MidlandsNet LLC							61433	
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G				
I I		-	-			tion that you	r cable eve	tem carried on a	
•	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								
Substitute	explanation of the programm								
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE					
Special	<ul> <li>During the accounting per</li> </ul>	-			sis, anv noni	network telev	rision proa	ram	
Statement and		-			,,				
Program Log	broadcast by a distant sta	uon?					YES	× NO	
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you i	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			vision program ("substitute	nroaram") t	hat during th		ina	
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or	
	"NBA Basketball: 76ers vs.				(N.L., 2)				
				er "Yes." Otherwise enter ' asting the substitute progr					
				the community to which th		censed by th	e FCC or.	in	
	the case of Mexican or Car						,		
			when your sy	stem carried the substitute	e program. U	se numerals,	with the n	nonth	
	first. Example: for May 7 gi								
	to the nearest five minutes.			ogram was carried by you				ately	
	stated as "6:00–6:30 p.m."		a program car	neu by a system nom 0.01	. 15 p.m. to c	.20.30 p.m. s			
		er "R" if the	listed prograr	n was substituted for prog	ramming that	t your system	n was <i>requ</i>	iired	
	to delete under FCC rules								
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	and regulat	ions in		
	effect on October 19, 1976								
					WHE	N SUBSTIT	UTE		
	S	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN	/IES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	то		
						_			
							-		
						_			
							-		
								,	
						_			
							-		
						_			
						_			

Accounting Period:	<b>2020/1</b> FORM SA1-2E. PAGE 6							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM D							
Hame	MidlandsNet LLC 61433							
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 E) 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 form subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.							
	COPYRIGHT ROYALTY FEE							
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>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(</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>							
	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							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8							
	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)							
	8. Interest charge. Enter the amount from line 4, space Q, page 8							
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00							
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00							
	EFT Trace # or TRANSACTION ID # 26PI0E34							
	<b>Important:</b> 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	LEGAL NAME OF MidlandsNet	OWNER OF CABLE SYSTEM: LLC	SYSTEM ID# 61433
M Channels	<ol> <li>to its subscriber</li> <li>Enter the tota system carried</li> <li>Enter the tota on which the or</li> </ol>	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	31 39
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Robert Gannon Telephone 712-78	6-1181
	Address	PO Box 330 (Number, street, rural route, apartment, or suite number) Remsen, IA 51050 (City, town, state, zip)	
	Email	bgannon@westelsystems.com Fax (optional) 712-786-2400	
O Certification	<ul> <li>I, the undersign</li> <li>(Own</li> <li>(Agentication (Agentication))</li> <li>X</li> <li>(Offinition)</li> <li>I have examine are true, completion</li> </ul>	If (This statement of account must be certified and signed in accordance with Copyright Office regulations) aned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) her other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ant of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as i line 1 of space B and that the owner is not a corporation or partnership; or iccer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the line 1 of space B. ad the statement of account and hereby declare under penalty of law that all statements of fact contained herein ate, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)] K /s/ Robert Gannon 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: Robert Gannon Title: CEO (Title of official position held in corporation or partnership)	
		Date: 7/28/20	

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.

counting Period: 2020/1	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
dlandsNet LLC	6143
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: <ul> <li>"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? <ul> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul></li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Mailing Address     Name       Mailing Address     Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here	-
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** 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 Copyright Office, please	
<ul> <li>(interest charge)</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.</li> </ul>	
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** 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 Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	
(interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.         ** 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 Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.         Owner         Address         ID number	
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