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: | | | | | |
|-------------------|--|--|--|---|--|--|--|--|
| - | ry Transmissions by | DATE RECEIVED | AMOUNT | _ | | | | |
| | ems (Short Form) | | | <u>coplicsoa@copyright.gov</u> | | | | |
| | | 4/00/04 | \$ | For additional information, contact the U.S. Copyright | | | | |
| General instru | ictions are located | 1/26/21 | | Office Licensing Division at: | | | | |
| in the first tab | of this workbook | | ALLOCATION NUMBER | Tel: (202) 707-8150 | | | | |
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| Α | | | | | | | | |
| A | ACCOUNTING PERIOD COVERED | BY THIS STATEMENT: (Y | YYY/(Period)) | | | | | |
| | | т | | | | | | |
| | 2020/2 | Period 1 = January 1 - June 30 | Period 2 = July 1 - December 31 | | | | | |
| | | | | | | | | |
| | | Barcode Data Filing Period (optiona | I - see instructions) | | | | | |
| Accounting | | 1 | | | | | | |
| Period | | | | | | | | |
| | Instructions: | | | | | | | |
| В | Give the full legal name of the owner of t title of the subsidiary, not that of the par | | sidiary of another corporation, give the full o | corporate | | | | |
| Owner | List any other name or names under which the owner conducts the business of the cable system. | | | | | | | |
| | If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a | | | | | | | |
| | single statement of account and royalty f | ee payment covering the entire accou | nting period. | | | | | |
| | Check here if this is the system's first filir | ng. If not, enter the system's ID numbe | r assigned by the Licensing Division. | 23736 | | | | |
| | | | | | | | | |
| | LEGAL NAME OF OWNER/MAILIN | G ADDRESS OF CABLE SYSTEM | Λ | | | | | |
| | Sac County Mutual Telephone Com | ipany | | | | | | |
| | BUSINESS NAME(S) OF OWNER O | F CABLE SYSTEM (IF DIFFEREN | Т) | | | | | |
| | Battle Creek CATV | | | | | | | |
| | MAILING ADDRESS OF OWNER OF | CABLE SYSTEM | | | | | | |
| | 108 S Maple St, PO Box 48 | number) | | | | | | |
| | Odebolt, IA 51458 | | | | | | | |
| | (City, town, state, zip) | | | | | | | |
| С | INSTRUCTIONS: In line 1, give any busi names already appear in space B. In line | | | | | | | |
| System | IDENTIFICATION OF CABLE SYSTEM: | | | | | | | |
| | 1 | | | | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM | 1: | | | | | | |
| | 2 (Number, street, rural route, apartment, or suite r | umber) | | | | | | |
| | | | | | | | | |
| | (City, town, state, zip code) | | | | | | | |
| Privacy Act Notic | e: Section 111 of title 17 of the United States Code au | thorizes the Copyright Offce to collect th | e personally identifying information (PII) reque | ested on this | | | | |

Final of Notice: Section 111 of title 17 of the United States Code autonorzes the Copyright Office to collect the personally identifying information (Pil) 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 |
|-----------------------|---|--|
| Name | Sac County Mutual Telephone Company | 237 |
| D | Instructions: List each separate community served by the cable system. A "community "a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 hor | munities within unincorporated areas and including single will serve as a form of system identification hereafter kno |
| Area Served | identified city. | |
| First | CITY OR TOWN Battle Creek | STATE Iowa |
| Community | | 10114 |
| | | |
| Add Rows as Necessary | | |
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| | 1 | | | | | | | FORM SA1 | | |
|---------------------------|--|--|-----------|--|-------------|------------------|---------------|---------------------------|------|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | | | | | SYSTEM ID | | |
| | Sac County Mutual Telephone Company | | | | | | | | 2373 | |
| - | SECONDARY TRANSMISSION | SERVICE: SU | JBSCRI | BERS AND RA | TES | | | | | |
| E | In General: The information in s | | | | | | | | | |
| Secondary | system, that is, the retransmission | | | | | | | | | |
| Secondary Transmission | about other services (including p last day of the accounting period | • • • | | | - | | lnose exist | ing on the | | |
| Service: Sub- | | | | | | | ble system | , broken | | |
| scribers and | , , | 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 | | | | | | | | |
| Rates | each category by counting the n | | | 0,0 | | • | • | charged | | |
| | separately for the particular serv Rate: Give the standard rate c | | | | | | | and the | | |
| | unit in which it is generally billed | - | - | • | | | | | | |
| | category, but do not include disc | | | | ny otanaa | | | | | |
| | Block 1: In the left-hand block | in space E, th | e form l | sts the categor | ies of sec | ondary transmis | ssion servio | ce that cable | | |
| | systems most commonly provide | | | | | | | | | |
| | that applies to your system. Not | | | • | | 0 | | | | |
| | categories, that person or entity subscriber who pays extra for ca | | | | | | • | | | |
| | first set" and would be counted of | | | | | | | | | |
| | Block 2: If your cable system | | | | | service that are | e different f | rom those | | |
| | printed in block 1 (for example, t | | | | | | ,. | | | |
| | with the number of subscribers a | and rates, in th | e right-h | and block. A tv | /o- or thre | e-word descript | ion of the s | service is | | |
| | Sufficient. BLOCK 1 | | | | | | BLOCK 2 | | | |
| | DLC | NO. OF | : | | | | BLOCK | NO. OF | | |
| | CATEGORY OF SERVICE | SUBSCRIB | ERS | RATE | CATE | EGORY OF SEI | RVICE | SUBSCRIBERS | RAT | |
| | Residential: | | | | | | | | | |
| | Service to first set | | 397 | 72.45 | | | | | | |
| | Service to additional set(s) | | | | | | | | | |
| | FM radio (if separate rate) | | | | | | | | | |
| | Motel, hotel | | | | | | | | | |
| | Commercial | | 6 | 659.36 | | | | | | |
| | Converter | | | | | | | | | |
| | Residential | | | | | | | | | |
| | Non-residential | | | | | | | | | |
| | | | | | | | | | I | |
| | SERVICES OTHER THAN SEC | | | | | | | | | |
| F | In General: Space F calls for rat | | , | | • | , , | | | | |
| • | not covered in space E, that is, t service for a single fee. There ar | | | | | | | | | |
| Services | furnished at cost or (2) services | • | | | • | | 0 () | | | |
| Other Than | amount of the charge and the ur | | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | | - | | | | | | |
| ransmissions: | Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. | | | | | | | | | |
| Rates | Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a | | | | | | | | | |
| | brief (two- or three-word) description and include the rate for each. | | | | | | | | | |
| | | | | | | | | | | |
| | CATEGORY OF SERVICE | BLO RATE | | ORY OF SER | /ICE | RATE | CATEGO | BLOCK 2 DRY OF SERVICE | RATE | |
| | Continuing Services: | RATE | | tion: Non-res | | RATE | CATEGO | DRT OF SERVICE | RAIL | |
| | Pay cable | 15.95 | | el, hotel | aentiai | | | | | |
| | Pay cable—add'l channel | 15.95 | | nmercial | | 30.00 | | | | |
| | Fire protection | 10.00 | | cable | | 00.00 | | | | |
| | •Burglar protection | | - | cable-add'l ch | annel | | | | | |
| | Installation: Residential | | - | protection | | | | | | |
| | First set | 30.00 | | glar protection | | | | | | |
| | Additional set(s) | 50.00 | | services: | | | | | | |
| | • FM radio (if separate rate) | | | connect | | 30.00 | | | | |
| | in wiraulo (il separate rate) | | | | | 30.00 | | | | |
| | Convertor | | • Dic: | connect | | | | | | |
| | • Converter | | | connect | | | | | | |
| | • Converter | | • Out | connect let relocation /e to new addre | | 15.00 | | | | |

| unting Period: 2 | 2020/2 | | | FORM SA1-2E. PAG | | | |
|----------------------------|---|---|--|--------------------------------|--|--|--|
| Name | LEGAL NAME OF OWNER OF | | | SYSTEM I 237 | | | |
| | Sac County Mutual Telephone Company | | | | | | |
| G | | TELEVISION entify every television station (including in during the accounting period, <i>excep</i> | | | | | |
| Primary | FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e | n effect on June 24, 1981, permitting the)(2) and (4), or 76.63 (referring to 76.6 | ne carriage of certain network progra | ms [sections | | | |
| ransmitters: Television | Substitute Basis Stations | s explained in the next paragraph. : With respect to any distant stations ca iles, regulations, or authorizations: | arried by your cable system on a sub | stitute program | | | |
| | • Do not list the station here station was carried only on | e in space G—but do list it in space I (t a substitute basis. | | | | | |
| | basis. For further information Column 1: List each station | also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the | see page (v) of the general instructi program services such as HBO, ESP | ons. N, etc. Identify each | | | |
| | | el number the FCC assigned to the tele | vision station for broadcasting over | he air in its community | | | |
| | Column 3: Indicate in each educational station, by enter | RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" (| (for network multicast), "I" (for indepe | endent), "I-M" | | | |
| | (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. | | | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | | | |
| | κτιν | 4 | N | SIOUX CITY | | | |
| | КПУ | 5 | N | SIOUX CITY | | | |
| | KCAU | 9 | N | SIOUX CITY | | | |
| ws as Necessary | KMEG | 6 | N | SIOUX CITY | | | |
| | IPTV | 12 | N | SIOUX CITY | | | |
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| Sac County | Mutual Tel | ephon | e Company | | | | | SYSTEM I 237 |
|--|---|---|--|--|---|---|---|----------------------------------|
| | t every radio s | tation ca | arried on a separate and discr nerally receivable by your cab | | | | | н |
| eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: Column 4: Colum | it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing Sive the statior | y the sys be recei t the Co sign of e he static ion's sign g a check n's locatio | I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on 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 this point, see par the by the cable s he station is licens | adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC |) it can l ertain st eneral ir eparate a | be expected, ated intervals. Instructions in the. | Primary Transmitters Radio |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| Accounting Perio | od: 2020/2 | | | | | | FORM | 1 SA1-2E. PAGE 5. | | |
|------------------------------|---|---|---|---|---|---|--|---|--|--|
| | LEGAL NAME OF OWNER OF | CABLE SYS | STEM: | | | | | SYSTEM ID# | | |
| Name | Sac County Mutual Te | lephone | Company | | | | | 23736 | | |
| | SUBSTITUTE CARRIAG | | | NT AND PROGRAM I O | G | | | | | |
| Substitute | In General: In space I, ident substitute basis during the a explanation of the programm | tify every no | nnetwork televi period, under sp | <i>ision program,</i> broadcast by becific present and former F | a <i>distant</i> stat | ulations, or a | authorization | is. For a further | | |
| Carriage: | 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE | | | | | | | | | |
| Special | • During the accounting period, did your cable system carry, on a substitute basis, any ponnetwork television program | | | | | | | | | |
| Statement and Program Log | broadcast by a distant sta | | YES | XNO | | | | | | |
| Frogram Log | | | reat of this no | an block if your analyses | - "Vee " veu r | | | | | |
| | Note: If your answer is "No | , leave the | e rest of this pa | ige blank. If your answer is | s res, your | nust comple | ete the prog | ram | | |
| | log in block 2. 2. LOG OF SUBSTITUT | | MS | | | | | | | |
| | In General: List each subsciear. If you need more spaceler. If you need the spaceler. If you need the spaceler. If you need the spaceler. If the program column 2: If the program column 3: Give the case of Mexican or Cate Column 5: Give the more first. Example: for May 7 gi Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m." | titute progra ace, please of every no o distant sta egulations, o ries like "mo Bulls." m was broa sign of the adcast stati nadian stati nth and day ve "5/7." es when th . Example: ter "R" if the and regulat nming that | am on a separ add additiona onnetwork tele tion and that y or authorizatio ovies" or "bask dcast live, ent station broadc on's location (ons, if any, the v when your sy e substitute pr a program car e listed program ions in effect c | I rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the ge letball." List specific progra er "Yes." Otherwise enter " casting the substitute progra the community to which the stem carried the substitute ogram was carried by you ried by a system from 6:01 n was substituted for prog luring the accounting period | e program") the ted for the pro- neral instruction in titles, for e 'No." ram. e station is lide e station is lide e program. Us r cable system 1:15 p.m. to 6 ramming that bd; enter the l | nat, during ti ogramming o ons for furth example, "I L eensed by th entified). se numerals n. List the ti :28:30 p.m. your syster etter "P" if th | he accounti of another s her informat love Lucy" (he FCC or, i s, with the m mes accura should be m was <i>requi</i> he listed pro | ng itation ion. or in nonth ately | | |
| | | | E PROGRAM | 1 | | N SUBSTIT | | 7. REASON FOR | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TI | | DELETION | | |
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| Accounting Period: | 2020/2 FORM SA1-2 | 2E. PAGE 6. |
|------------------------------------|--|--------------------|
| Name | | TEM ID# |
| Naille | Sac County Mutual Telephone Company | 23736 |
| 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 from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. | 92.65 receipts) |
| L Copyright Royalty Fee | COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$63,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 | |
| | | 52.00 |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | 0.00 |
| | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 | 52.00 |
| | 1. Base amount under statutory formula \$ 263,800.00 | |
| | 2. Enter amount of gross receipts from space K | |
| | 3. Subtract line 2 from line 1 | |
| | 4. Enter the amount of gross receipts from space K | |
| | 5. Enter the amount from line 3 | |
| | 6. Subtract line 5 from line 4 | |
| | 7. Multiply line 6 by .005 (enter figure here) | |
| | 8. Interest charge. Enter the amount from line 4, space Q, page 8 | 0.00 |
| | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) | |
| | 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 | |
| | 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) | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | 67.00 |
| | EFT Trace # or TRANSACTION ID # 20210126 | |
| | Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information. | |

| Accounting Period: | 2020/2 | | | FORM SA1-2E. PAGE 7. |
|------------------------------------|--|---|--|--|
| Name | | WNER OF CABLE SYSTEM: tual Telephone Company | | SYSTEM ID# 23736 |
| M Channels | to its subscribers, 1. Enter the total r system carried to 2. Enter the total r on which the cat | and (2) the cable system's t number of channels on which elevision broadcast stations number of activated channels ble system carried television | · · · · · · · · · · · · · · · · · · · | 5 60 |
| N Individual to Be Contacted | | BE CONTACTED IF FURTH bout this statement of accour | ER INFORMATION IS NEEDED (Identify an individual to whom t.) | |
| for Further Information | Name | Melissa Pierce | Telephone | 712-668-2200 |
| | | 108 S Maple St (Number, street, rural route, aparth Odebolt, IA 51458 (City, town, state, zip) | rent, or suite number) | |
| | Email | | Fax (optional) | |
| O Certification | I, the undersigned (Owner (Agent in lir X (Office in lir I have examined | d, hereby certify that (Check c other than corporation or p of owner other than corpor ne 1 of space B and that the c er or partner) I am an officer (ne 1 of space B. the statement of account and and correct to the best of my | In the certified and signed in accordance with Copyright Office regulations) In <i>a</i> , <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as identified in line 1 of space tion or partnership) I am the duly authorized agent of the owner of the cable where is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the legal entity identified as our hereby declare under penalty of law that all statements of fact contained herei knowledge, information, and belief, and are made in good faith. X /s/RONALD SORENSEN Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) name: Ronald Sorensen | system as identified wner of the cable system |
| | | Title: (Title of o | Manager ficial position held in corporation or partnership) | |
| | | Date: | 01/26/2021 | |

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

| unting Period: 2020/2 | FORM SA1-2E. PAGE 8 |
|---|--|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| County Mutual Telephone Company | 23736 |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. | P Special Statement Concerning Gross Receipts Exclusion |
| Name Mailing Address Mailing Address | |
| INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment | Q Interest Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here - x | |
| x 0.00274 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 | |
| Note: Link you also ming the instruction of decoming a statement of decoming and decoming and decoming period as given in the original filing. Owner Address ID number First community served Accounting period | |

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 th 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.