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

STATEME	INT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
	ctions are located of this workbook	2-16-21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	YY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional -	see instructions)	

Α	ACCC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	52
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Olin Telephone Company, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 130 (Number, street, rural route, apartment, or suite number)	
		Olin, Iowa 52320 (City, town, state, zip)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unles	s these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Olin Telephone Company, Inc.	2755
D Area Served	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y 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 mot identified city.	nunity" is the same as a "community unit" as defined in FCC rules d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter know s.
Control		
	CITY OR TOWN	STATE
First	Olin	lowa
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	
Name	Olin Telephone Compa							010	275
		,							
Е	SECONDARY TRANSMISSION							4	
	In General: The information in s system, that is, the retransmissi	•		•		•			
Secondary	about other services (including p					•			
Fransmission	last day of the accounting period	• •						surig en ure	
Service: Sub-	Number of Subscribers: Both	•					•		
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n separately for the particular serv		-			•	-	s charged	
	Rate: Give the standard rate of						,	rge and the	
	unit in which it is generally billed	-	-	-				-	
	category, but do not include disc								
	Block 1: In the left-hand block	•		•		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						nder "Serv	rice to the	
	first set" and would be counted of	•			• • •		a different	from the o	
	Block 2: If your cable system printed in block 1 (for example, t	-		-					
	with the number of subscribers a					•	,		
	sufficient.		e ngini						
	BLC	DCK 1 NO. OF	-				BLOCK	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		141	\$92.90					
	 Service to additional set(s) 		282	\$5.00					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	• Residential								
	 Non-residential 								
	SERVICES OTHER THAN SEC	ONDARY TRA			S				
F	In General: Space F calls for ra					all your cable sy	stem's ser	vices that were	
F	not covered in space E, that is,					•			
Services	service for a single fee. There a furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
ransmissions:	Block 1: Give the standard ra			•					
Rates	Block 2: List any services tha listed in block 1 and for which a				-	-	•		
	brief (two- or three-word) descrip		-						
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SEF	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res					
	• Pay cable		• Mot	el, hotel					
	• Pay cable—add'l channel		• Cor	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	∕ cable-add'l c	hannel				
			• Fire	protection					
	Installation: Residential		-						1
	Installation: Residential First set 		• Bur	glar protectior	ו				
				glar protectior services:	1				
	• First set		Other s		1				
	First setAdditional set(s)		Other s • Rec	services:	1				
	 First set Additional set(s) FM radio (if separate rate) 		Other s • Rec • Dise	services:	1				

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	Olin Telephone Comp			27
	PRIMARY TRANSMITTERS:			
G smitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these te Column 4: Give the location	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	t (1) stations carried only on a part- he carriage of certain network progra (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep- evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. PN, etc. Identify each cort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN KGAN	2. B'CAST CHANNEL NUMBER 2.1	3. TYPE OF STATION	4. LOCATION OF STATION CEDAR RAPIDS, IA
ws as Necessary	KGAN	2.1	N	CEDAR RAPIDS, IA
ws as Necessary	KGAN KWWL	2.1 7.1	N N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
ws as Necessary	KGAN KWWL KCRG	2.1 7.1 9.1	N N N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA
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EGAL NAME OF								SYSTEM I 275
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to ormation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein at the Co sign of e he static ion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k 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 pa ed by the cable s ne station is licent	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can eertain st general i eparate	be expected, tated 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	
						·		
						·		
						·		
						·	·	
						·		
						·		
						·		
						·		

Accounting Perio	od: 2020/2					FC	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	Olin Telephone Comp	any, Inc.					27552
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
	In General: In space I, ident	ify every no	nnetwork televi	<i>sion program,</i> broadcast by	y a <i>distant</i> sta	tion, that your cable s	system carried on a
	substitute basis during the a	• •		•	-		
Substitute	explanation of the programm	-			ne general ins	tructions in the paper	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN						
Statement and	 During the accounting per 	riod, did yo	ur cable syster	n carry, on a substitute ba	isis, any nonr	network television pr	ogram
Program Log	broadcast by a distant sta	ition?				YES	
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	nust complete the p	rogram
	log in block 2.						-
	2. LOG OF SUBSTITUT	E PROGRA	AMS				
	In General: List each subs		•		s wherever p	ossible, if their mear	ning is
	clear. If you need more spa						
	period, was broadcast by a	•		vision program ("substitute our cable system substitut	,		•
	under certain FCC rules, re		•	-		c	
	Do not use general categor	ries like "mo					
	"NBA Basketball: 76ers vs.		depet live ant	or "Vec" Otherwise enter	"NIo."		
				er "Yes." Otherwise enter asting the substitute prog			
		•		the community to which th		censed by the FCC of	or, in
	the case of Mexican or Car					,	
	first. Example: for May 7 gi	-	when your sy	stem carried the substitute	e program. U	se numerals, with th	e month
			e substitute pr	ogram was carried by you	r cable svste	m. List the times acc	curately
	to the nearest five minutes.						
	stated as "6:00-6:30 p.m."	"D" " ()		1			
	to delete under FCC rules			n was substituted for prog			
	was substituted for program	0		0			program
	effect on October 19, 1976	•	, ,			0	
					WHE	N SUBSTITUTE	
	s		E PROGRAM		CARRI	AGE OCCURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	
						_	
						_	
						_	
					·		
						_	

Accounting Period:	: 2020/2 FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM IOlin Telephone Company, Inc.275
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 of 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, see 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.
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 \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	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
	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 \$ 263,800.00
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01

	4. Multiply line 5 by .01	4 040 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	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 #		
	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab		

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Olin Telephor	ne Company, Inc.	27552
M Channels	to its subscriber	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.	22
	system carried	d television broadcast stations	22
	on which the c	al number of activated channels cable system carried television broadcast stations	267
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further	Name	Frank Wood Telephone 319-48	4-2200
Information	Address	318 Jackson St. (Number, street, rural route, apartment, or suite number) Olin, IA 52320 (City, town, state, zip)	
	Email	olintel@netins.net Fax (optional) 319-484-2800	
O Certification	• I, the undersign	I (This statement of account must be certified and signed in accordance with Copyright Office regulations) ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		nt 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	identified
		cer 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.	cable system
		ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)]	

	X /s/ Frank Wood
	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: Frank Wood
	Manager/Assistant Board Secretary icial position held in corporation or partnership)
Date:	February 16, 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 fling, a determination that would be made by a court of law.

ounting Period: 2020/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
n Telephone Company, Inc.	275
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.	P Special Statemer Concerning Gros Receipts Exclusio
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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.	Q
	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	-
x	-
x	- - -
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	- -
x	- - -
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x	- - -
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - 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** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x	- - -
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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