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	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
General instru	ems (Short Form) uctions are located of this workbook	2-26-21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y)	YYY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	202	02 Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner o of the subsidiary, not that of the paren		diary of another corporation, give the full cor	porate title
Owner	List any other name or names under w	hich the owner conducts the business of th	ne cable system.	
	_	he accounting period, only the owner on t y fee payment covering the entire account	he last day of the accounting period should sing period.	ubmit a
	Check here if this is the system's first f	ling. If not, enter the system's ID number	assigned by the Licensing Division.	40762
	LEGAL NAME OF OWNER/MAIL	NG ADDRESS OF CABLE SYSTEM		
		ONS UTILITY OF THE CITY OF HARL	AN	
		OF CABLE SYSTEM (IF DIFFERENT)	
	HARLAN MUNICIPAL UTILITIES MAILING ADDRESS OF OWNER	DF CABLE SYSTEM		
	2412 Southwest Ave, PO (Number, street, rural route, apartment, or su			
	Harlan, IA 51537-2305 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any bunch names already appear in space B. In line			
System	1 IDENTIFICATION OF CABLE SYSTEM	:		
	MAILING ADDRESS OF CABLE SYST	EM:		
	2 (Number, street, rural route, apartment, or su	te 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 suffciency of the fling, a determination that would be made by a court of law.

(Number, street, rural route, apartment, or suite number)

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	THE MUNICIPAL COMMUNICATIONS UTILITY OF THE CITY O	OF HAR 407
D Area	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fil Note: Entities and properties such as hotels, apartments, condominiums, or r	rated communities within unincorporated areas and including single at you list will serve as a form of system identification hereafter kno ings.
Served	identified city.	
	CITY OR TOWN	STATE
First	Harlan	IA
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID
Name								313	4076
	THE MUNICIPAL COMM	IUNICATIO	NS UTIL			OF HARLAN			
Е	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIB	ERS AND RA	TES				
E	In General: The information in s	•		•		•			
Secondary	system, that is, the retransmissi about other services (including p					•			
Transmission	last day of the accounting period	• • •			•				
Service: Sub-	Number of Subscribers: Both	,			•	,	able systen	n, broken	
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n		-	•••		•	•	s charged	
	separately for the particular serv Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed								
	category, but do not include disc	counts allowed	for advar	ce payment.	-				
	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					•			
	first set" and would be counted of	•			• • •				
	Block 2: If your cable system	-		-					
	printed in block 1 (for example, t with the number of subscribers a					•	,		
	sufficient.		e ngni-na					361 1106 13	
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		943	35.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra				•	• •			
•	not covered in space E, that is, t service for a single fee. There a					•			
Services	furnished at cost or (2) services	•	•		-		- ·		
Other Than	amount of the charge and the ur		s usually b	illed. If any ra	ates are cl	harged on a va	riable per-p	orogram basis,	
Secondary	enter only the letters "PP" in the Block 1: Give the standard rate		the echle	avotam far ac	ab of the	applicable com	iooo liatad		
Transmissions: Rates	Block 2: List any services that			•					
nutoo	listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip		-						
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGO	RY OF SER	/ICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installati	on: Non-resi	dential				
	• Pay cable	96.99	• Mote	, hotel				ital Tier	13.9
	 Pay cable—add'l channel 		 Comr 	nercial			НВО		18.0
	Fire protection		• Pay o	able			Cinema		14.0
	 Burglar protection 		· · ·	able-add'l ch	annel		STARZ		14.0
			• Fire p	protection			Showti	me	14.0
	Installation: Residential								
	Installation: Residential First set 		• Burgl	ar protection					
			• Burgl Other se	•					
	• First set		Ŭ	rvices:		35.00			
	First setAdditional set(s)		Other se	rvices: nnect		35.00			
	 First set Additional set(s) FM radio (if separate rate) 		Other se • Reco • Disco	rvices: nnect		35.00 15.00			

				FORM SA1-2E. PAGE 3
me	LEGAL NAME OF OWNER OF			SYSTEM ID#
		IMUNICATIONS UTILITY OF T	HE CITY OF HARLAN	40762
C nary nitters: rision	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	entify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting e)(2) and (4), or 76.63 (referring to 76. is explained in the next paragraph. c) With respect to any distant stations of eles, regulations, or authorizations: e in space G—but do list it in space I (a substitute basis. also in space I, if the station was carri- on concerning substitute basis stations of call sign. <i>Do not</i> report origination d with a station according to its over-th- the form. el number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general insti- n of each station. For U.S. stations, lis	g translator stations and low power tel of (1) stations carried only on a part-ti- the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub (the Special Statement and Program I ed both on a substitute basis and also s, see page (v) of the general instructi- program services such as HBO, ESP ne-air designation. For example, repo- levision station for broadcasting over c station, an independent station, or a c (for network multicast), "I" (for indepe- or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station the community with which the station	me basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KMTV	3.1	N	OMAHA, NE
	KMTV-DT2	3.1	N-M	OMAHA, NE OMAHA, NE
		J.2	IN-IVI	
NI		2.2	NI_M	OMAHA NE
Necessary	KMTV-DT3	3.3 26 1	N-M F	OMAHA, NE
lecessary	KYNE	26.1	E	OMAHA, NE
Necessary	KYNE KYNE-DT2	26.1 26.2	E E-M	OMAHA, NE OMAHA, NE
Necessary	KYNE KYNE-DT2 KYNE-DT3	26.1 26.2 26.3	E E-M E-M	OMAHA, NE OMAHA, NE OMAHA, NE
Necessary	KYNE KYNE-DT2 KYNE-DT3 WOWT	26.1 26.2 26.3 6.1	E E-M E-M N	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE
Necessary	KYNE KYNE-DT2 KYNE-DT3 WOWT WOWT-DT2	26.1 26.2 26.3 6.1 6.2	E E-M E-M N N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE
Necessary	KYNE KYNE-DT2 KYNE-DT3 WOWT WOWT-DT2 WOWT-DT3	26.1 26.2 26.3 6.1 6.2 6.3	E E-M E-M N N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE
Necessary	KYNE KYNE-DT2 KYNE-DT3 WOWT WOWT-DT2 WOWT-DT3 KETV	26.1 26.2 26.3 6.1 6.2 6.3 7.1	E E-M E-M N N-M N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE
s Necessary	KYNE KYNE-DT2 KYNE-DT3 WOWT WOWT-DT2 WOWT-DT3 KETV KETV-DT2	26.1 26.2 26.3 6.1 6.2 6.3 7.1 7.2	E E-M E-M N N-M N-M N-M N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE
Necessary	KYNE KYNE-DT2 KYNE-DT3 WOWT WOWT-DT2 WOWT-DT3 KETV KETV-DT2 KCCI	26.1 26.2 26.3 6.1 6.2 6.3 7.1 7.2 8.1	E E-M E-M N N-M N-M N N-M N N-M	OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE DES MOINES, IA
5 Necessary	KYNE KYNE-DT2 KYNE-DT3 WOWT WOWT-DT2 WOWT-DT3 KETV KETV-DT2 KCCI KCCI-DT3	26.1 26.2 26.3 6.1 6.2 6.3 7.1 7.2 8.1 8.3	E E-M E-M N N-M N-M N N-M N-M	OMAHA, NE DES MOINES, IA DES MOINES, IA
s Necessary	KYNE KYNE-DT2 KYNE-DT3 WOWT WOWT-DT2 WOWT-DT3 KETV KETV-DT2 KCCI KCCI-DT3 KXVO	26.1 26.2 26.3 6.1 6.2 6.3 7.1 7.2 8.1 8.3 15.1	E E-M E-M N N-M N-M N N-M N N-M N N-M N N-M	OMAHA, NE
Necessary	KYNE KYNE-DT2 KYNE-DT3 WOWT WOWT-DT2 WOWT-DT2 WOWT-DT3 KETV KETV-DT2 KCCI KCCI-DT3 KXVO KXVO-DT2	26.1 26.2 26.3 6.1 6.2 6.3 7.1 7.2 8.1 8.3 15.1 15.2	E E-M E-M N N-M N-M N N-M N N-M N N-M	OMAHA, NE
s Necessary	KYNE KYNE-DT2 KYNE-DT3 WOWT WOWT-DT2 WOWT-DT3 KETV KETV-DT2 KCCI KCCI-DT3 KXVO KXVO-DT2 KXVO-DT2 KXVO-DT3	26.1 26.2 26.3 6.1 6.2 6.3 7.1 7.2 8.1 8.3 15.1 15.2 15.3	E E-M E-M N N-M N-M N N-M N N-M N-M N-M N-M	OMAHA, NE
5 Necessary	KYNE KYNE-DT2 KYNE-DT3 WOWT WOWT-DT2 WOWT-DT3 KETV KETV-DT2 KCCI KCCI-DT3 KXVO KXVO-DT2 KXVO-DT2 KXVO-DT3 KXVO-DT4	26.1 26.2 26.3 6.1 6.2 6.3 7.1 7.2 8.1 8.3 15.1 15.2 15.3 15.4	E E-M E-M N N-M N-M N N-M N N-M N N-M N-M N-M N	OMAHA, NE
s Necessary	KYNE KYNE-DT2 KYNE-DT3 WOWT WOWT-DT2 WOWT-DT3 KETV KETV-DT2 KCCI KCCI-DT3 KXVO KXVO-DT2 KXVO-DT2 KXVO-DT4 KPTM	26.1 26.2 26.3 6.1 6.2 6.3 7.1 7.2 8.1 8.3 15.1 15.2 15.3 15.4 42.1	E E-M E-M N N-M N-M N N-M N N-M N N-M N-M N-M N	OMAHA, NE OMAHA, NE
s Necessary	KYNE KYNE-DT2 KYNE-DT3 WOWT WOWT-DT2 WOWT-DT3 KETV KETV-DT2 KCCI KCCI-DT3 KXVO KXVO-DT2 KXVO-DT2 KXVO-DT4 KXVO-DT4 KPTM KPTM-DT2	26.1 26.2 26.3 6.1 6.2 6.3 7.1 7.2 8.1 8.3 15.1 15.2 15.3 15.4 42.1 42.2	E E-M E-M N N-M N-M N N-M N N-M N-M N-M N-M N-M	OMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEDES MOINES, IADES MOINES, IAOMAHA, NEOMAHA, NE
s Necessary	KYNE KYNE-DT2 KYNE-DT3 WOWT WOWT-DT2 WOWT-DT3 KETV KETV-DT2 KCCI KCCI-DT3 KXVO KXVO-DT2 KXVO-DT2 KXVO-DT4 KXVO-DT4 KPTM KPTM-DT2 KPTM-DT3	26.1 26.2 26.3 6.1 6.2 6.3 7.1 7.2 8.1 8.3 15.1 15.2 15.3 15.4 42.1 42.2 42.3	E E-M E-M N N-M N-M N N N-M N-M N-M N-M N-M N-M	OMAHA, NEOMAHA, NE
s Necessary	KYNE KYNE-DT2 KYNE-DT3 WOWT WOWT-DT2 WOWT-DT3 KETV KETV-DT2 KCCI KCCI-DT3 KXVO KXVO-DT2 KXVO-DT2 KXVO-DT4 KXVO-DT4 KPTM KPTM-DT2	26.1 26.2 26.3 6.1 6.2 6.3 7.1 7.2 8.1 8.3 15.1 15.2 15.3 15.4 42.1 42.2	E E-M E-M N N-M N-M N N-M N N-M N-M N-M N-M N-M	OMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEOMAHA, NEDES MOINES, IADES MOINES, IAOMAHA, NEOMAHA, NE

	F OWNER OF		ATIONS UTILITY OF THE	E CITY OF HA	RLAN			SYSTEM I 407
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) on the basis of or detailed inf paper SA1-2 fo Column 1: Io Column 2: S Column 3: Ii ignal, indicate Column 4: C	it is carried by monitoring, to ormation about rm. dentify the call state whether to the radio stat this by placing Give the station	y the sys be recein at the Co sign of e the static ion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received at ived at the headend, with the s opyright Office regulations on the each station carried. on is AM or FM. nal was electronically processe k mark in the "S/D" column. on (the community to which the the community with which the	the system's he system's FM ante his point, see pa ed by the cable s e station is licen	adend, 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, 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	
	FM		HARLAN, IA	OALL OIGH		0/0		
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Accounting Perio	d: 2020/2						FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	THE MUNICIPAL COM	MUNICAT	TIONS UTILI	TY OF THE CITY OF	HARLAN			40762
	SUBSTITUTE CARRIAGE	: SPECIA			G			
l	In General: In space I, identi substitute basis during the a	ify every no. ccounting p	<i>nnetwork televi</i> eriod, under sp	<i>sion program,</i> broadcast by ecific present and former F	y a <i>distant</i> sta CC rules, regi	ulations, or auth	norization	s. For a further
Substitute Carriage:	explanation of the programm				le general ins		paper SA	1-2 101111.
Special	1. SPECIAL STATEMENT					- to a set of the last de		
Statement and	During the accounting per	•	ur cable syster	n carry, on a substitute ba	isis, any nonr	ietwork televis		
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	", leave the	e rest of this pa	ge blank. If your answer is	s "Yes," you r	nust complete	the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUTE			ata lina. I laa abbraviatian	o whorever p	oooiblo if thair	mooning	, io
	In General: List each subs clear. If you need more spa				s wherever p	ossidie, if their	meaning	IS
	Column 1: Give the title	of every no	onnetwork telev	vision program ("substitute	,	, 0		0
	period, was broadcast by a				•	0 0		
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.						VC LUCY	01
				er "Yes." Otherwise enter				
		-		asting the substitute prog he community to which th		censed by the	FCC or i	'n
	the case of Mexican or Car		,			•		
		•	when your sy	stem carried the substitute	e program. Us	se numerals, v	with the m	onth
	first. Example: for May 7 giv Column 6: State the time		e substitute pr	ogram was carried by you	r cable svstei	m. List the time	es accura	atelv
	to the nearest five minutes.							liony
	stated as "6:00–6:30 p.m."		lists of a vession					ine el
	to delete under FCC rules a			n was substituted for prog	-			
	was substituted for program	•		o o .				gram
	effect on October 19, 1976.							
	SI	JBSTITUT	E PROGRAM	1		N SUBSTITU AGE OCCUR		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. TIME FROM —	ES TO	DELETION
		103 01 110	UALL DIGIN	4. OTATIONO LOCATION		ПКОМ	10	
						_		
						_		
						_		
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	LEGAL NAME OF OWNER OF CABLE SYSTEM:				
Name	THE MUNICIPAL COMMUNICATIONS UTILITY OF THE CITY OF HA	RLAN			4076
K Bross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of 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	em's seco f how to co	ndary trans ompute this	mission servic amount, see	
	IMPORTANT: You must complete a statement in space P concerning gross recei	pts.		(Amount of g	pross 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more inform 	less than S		\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,10	0 OR LES	S		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	e that you r	must pay for	this six-month	
	Line 1. Royalty fee for accounting period			·	
	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			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more	than \$137,	100)	
	1. Base amount under statutory formula	26	3,800.00	_	
	2. Enter amount of gross receipts from space K	20	6,006.76	_	
	3. Subtract line 2 from line 1	5	57,793.24	_	
	4. Enter the amount of gross receipts from space K	\$		206,006.76	
	5. Enter the amount from line 3	\$		57,793.24	
	6. Subtract line 5 from line 4	\$		148,213.52	
	7. Multiply line 6 by .005 (enter figure here)			\$	741.07
	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	18		\$	741.07
				-	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	U (DUT IESS	s than \$521	,600)	
	1. Enter the amount of gross receipts from space K			_	
	2. Base amount under statutory formula \$	26	3,800.00	_	
	3. Subtract line 2 from line 1			_	
	4. Multiply line 3 by .01	<u> </u>			
	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, a	and 6			
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	_\$		741.07	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	_\$		20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	761.07
	EFT Trace # or TRANSACTION ID #]	

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: PAL COMMUNICATIONS UTILITY OF THE CITY OF HARLAN	SYSTEM ID# 40762
M Channels	to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c	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	23
	and nonbroade	Icast services	110
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 Information	Name	Jim Gedwillo Telephone 712-75	5-5182
	Address	2412 Southwest Ave, PO Box 71 (Number, street, rural route, apartment, or suite number)	
O Certification	 I, the undersign (Owned) X (Agen in in	Harlan, IA 51537 (City, town, state, zip) jgedwillo@hmunet.com Fax (optional) I (This statement of account must be certified and signed in accordance with Copyright Office regulations) need, hereby certify that (Check one, <i>but only one</i> , of the boxes.) neer 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 acer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the time 1 of space B. ad 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.	

	X /s/ Jim Gedwillo
	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 r	name: Jim Gedwillo
	Director of Telecommunications cial position held in corporation or partnership)
Date:	2/25/2021

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 OW	NER OF CABLE SYSTEM:	SYSTEM
E MUNICIPAL	COMMUNICATIONS UTILITY OF THE CITY OF HARLAN	407
The Satellite H lowing sentenc "In dete service	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS lome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ce: ermining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- s and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemer Concerning Gros Receipts Exclusio
	mation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	
	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions ite carriers to satellite dish owners?	
YES. Ente	r the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
	ASSESSMENT	
	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Ition of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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