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	NT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
	y Transmissions by	DATE RECEIVED	AMOUNT	
Cable Syster	ns (Short Form)			coplicsoa@copyright.gov
Conorolinatrus	tions are located		\$	For additional information, contact the U.S. Copyright
	of this workbook		ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
		1-28-21		
<b></b>			11	J
Α	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY)	YY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		I		
	うつうつう	Barcode Data Filing Period (optional -	see instructions)	
	20202			
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of th of the subsidiary, not that of the parent co		ary of another corporation, give the full corp	orate title
Owner	List any other name or names under which		o cable system	
			e last day of the accounting period should sul	hmit a
	single statement of account and royalty fer			
	Check here if this is the system's first filing	. If not, enter the system's ID number as	ssigned by the Licensing Division.	61429
	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 business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

 System
 1

 IDENTIFICATION OF CABLE SYSTEM:

 MidlandsNet LLC dba WesTel Systems

 MAILING ADDRESS OF CABLE SYSTEM:

 (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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	MidlandsNet LLC	614
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.	y" is the same as a "community unit" as defined in FCC rul nmunities within unincorporated areas and including sing t will serve as a form of system identification hereafter kn
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Marcus	IA
Community	Quimby	IA
	Sutherland/Calumet	IA
dd Rows as Necessary	Alton	IA
	Remsen/Oyens	A
		******

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					545	TEM II 6142
	MidlandsNet LLC								0144
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	•		•		•			
Secondary	system, that is, the retransmissi about other services (including)					•			
Transmission	last day of the accounting period	• •						sting on the	
Service: Sub-	Number of Subscribers: Bot	•							
scribers and Rates	down by categories of secondar each category by counting the n	•				•			
Rates	separately for the particular serv		-	•••		•	-	o charged	
	Rate: Give the standard rate of	-	-	-				-	
	unit in which it is generally billed category, but do not include disc	· ·	,		•	ird rate variation	ns within a	particular rate	
	Block 1: In the left-hand block					condary transmi	ssion serv	ice that cable	
	systems most commonly provid							0,	
	that applies to your system. <b>Not</b> categories, that person or entity			-		-			
	subscriber who pays extra for ca					•			
	first set" and would be counted of	•			• • •	a convice that ar	a different	from these	
	<b>Block 2:</b> If your cable system printed in block 1 (for example, 1)	-		-					
	with the number of subscribers a					•			
	sufficient.							( )	
	BLU	DCK 1 NO. OF					BLOC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:				Detrem		_		47
	Service to first set		1,364	24.95	Retrans	smission Fe	9		17.
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	<ul> <li>Non-residential</li> </ul>								
	SERVICES OTHER THAN SEC				<u> </u>			•	
-	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 un								
Secondary	enter only the letters "PP" in the		(h h. l			an a Baab la anna	in an United		
Fransmissions: Rates	Block 1: Give the standard ra Block 2: List any services tha			•					
	listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip	otion and inclu	de the ra	ate for each.			•		
		BLO	CK 1			_		BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			tion: Non-res	idential				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> </ul>		4	el, hotel nmercial					
	Fire protection			r cable					
	•Burglar protection		· ·	cable-add'l cl	nannel				
	Installation: Residential		-	protection					
	• First set	\$25	• Bur	glar protection					
	<ul> <li>Additional set(s)</li> </ul>		Other s	services:					
	• FM radio (if separate rate)		4	connect		25.00			
	Converter		Disc	connect					
			-						
				let relocation /e to new addr		25.00			

Accounting Period: 2	2020/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	MidlandsNet LLC			61429
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> 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 informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channel of license. For example, WI <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	entify every television station (including m during the accounting period, except in effect on June 24, 1981, permitting to e)(2) and (4), or 76.63 (referring to 76.4 s explained in the next paragraph. : With respect to any distant stations of ules, 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 carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	bt (1) stations carried only on a part-til 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 he-air designation. For example, repo levision station for broadcasting over the station, an independent station, or a 2 (for network multicast), "I" (for independent or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station	ime 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 the air in its community a 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
	KTIV-S	4.1	N	SIOUX CITY, IA
	KTIV-2	4.2	N-M	SIOUX CITY, IA
Add Rows as Necessary	KTIV-3	4.3	N-M	SIOUX CITY, IA
	KTIV-4	4.4	N-M	SIOUX CITY, IA
	KCAU-S	9.1	N	SIOUX CITY, IA
	KCAU-2	9.2	N-M	SIOUX CITY, IA
	KCAU-3	9.3	N-M	SIOUX CITY, IA
	KCAU-4	9.4	N-M	SIOUX CITY, IA
	KMEG-S	14.1	N	SIOUX CITY, IA
	KMEG-2	14.2	N-M	SIOUX CITY, IA
	KMEG-3	14.3	N-M	SIOUX CITY, IA
	KSIN-S	27.1	E	SIOUX CITY, IA
	KSIN-2	27.2	E-M	SIOUX CITY, IA
	KSIN-3	27.3	E-M	SIOUX CITY, IA
	KSIN-4	27.4	E-M	SIOUX CITY, IA
	KPTH-S	44.1	Ν	SIOUX CITY, IA
	KPTH-2	44.2	N-M	SIOUX CITY, IA
	KPTH-3	44.3	N-M	SIOUX CITY, IA
	KPTH-4	44.4	N-M	SIOUX CITY, IA
		/		

EGAL NAME OF								SYSTEM I 614
	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 <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate <b>Column 4:</b> 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 the 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 pyright 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	at the system's he system's FM ante this point, see par sed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain 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 Peric						FO	RM SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	MidlandsNet LLC						61429
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or authorization	ons. For a further
Carriage:	1. SPECIAL STATEMEN	•			io gonoral ino		
Special	• During the accounting per				isis anv nonr	network television pro	aram
Statement and	broadcast by a distant sta			n ouny, on a oubolitato be	loio, any nom		NO
Program Log	-					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	must complete the pro	ogram
	log in block 2. 2. LOG OF SUBSTITUTE						
	In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a	titute progra ace, please of every no distant sta	am on a separ add additional onnetwork telev tion and that ye	rows to the tables. vision program ("substitut our cable system substitu	e program") t ted for the pro	hat, during the accour ogramming of another	nting r station
		ries like "mo Bulls." m was broa	ovies" or "bask dcast live, ente	etball." List specific progra er "Yes." Otherwise enter	am titles, for e "No."		
	<b>Column 4:</b> Give the broat the case of Mexican or Car	adcast stati nadian station th and day	on's location (1 ons, if any, the	easting the substitute prog the community to which the community with which the stem carried the substitute	e station is lid	entified).	
	<b>Column 6:</b> State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	es when th . Example:	a program car	ogram was carried by you ried by a system from 6:0 n was substituted for prog	1:15 p.m. to 6	6:28:30 p.m. should be	9
	to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulat nming that	ions in effect d	uring the accounting period	od; enter the l	letter "P" if the listed p	
	s	1	E PROGRAM	1	CARRI	N SUBSTITUTE 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	DELETION
						_	
						_	
						_	

ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE
Name	MidlandsNet LLC	6142
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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	mission service
	<b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE 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</li> <li>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.</li> </ul>	\$263,800
	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 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	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    \$    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	7,600)
	1. Enter the amount of gross receipts from space K       \$       452,652.86	
	2. Base amount under statutory formula \$ 263,800.00	-
	3. Subtract line 2 from line 1 \$ 188,852.86	_
	4. Multiply line 3 by .01	1,888.53
	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	\$ 3,207.53
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	3,207.53
otal Remittance 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	\$ 3,227.53
	EFT Trace # or TRANSACTION ID # 26R3MQ3S	]
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for r	.,

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	OWNER OF CABLE SYSTEM: <b>.LC</b>	SYSTEM ID# 61429
M Channels	to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable I television broadcast stations	26
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	Robert Gannon       Telephone       71	2-786-1181
	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>(Owned)</li> <li>(Agendin)</li> <li>X</li> <li>(Officiality)</li> <li>I have examined</li> </ul>	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; o to f owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	em as identified
	X (Officient in • I have examined are true, complet	<b>cer or partner)</b> I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner line 1 of space B. In the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith.	of the cable system

X /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: 1/28/21

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.

unting Period: 2020/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
andsNet LLC	6142
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
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.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	<b>X</b>
	Interest Assessmen
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	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment x Line 2 Multiply line 1 by the interest rate* and enter the sum here x	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer

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.