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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondar	ry Tra	nsmissions by	DATE RECEIVED	AMOUNT	 <u>coplicsoa@copyright.gov</u>
Cable Syster	ns (S	hort Form)		ć	For additional information,
General instruc	ctions a	are located	02/24/2021	\$	contact the U.S. Copyright Office Licensing Division at:
in the first tab c	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCO	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
		2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			1		
			Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period					
		Instructions:	ne cable system. If the owner is a subs	idiary of another corporation, give the full cor	roorate title
B		of the subsidiary, not that of the parent co			
Owner		List any other name or names under which	h the owner conducts the business of t	he cable system.	
		If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should s ting period.	ubmit a
		Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	62605
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
		Harmony Telephone Company			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	
		Harmony Cable MAILING ADDRESS OF OWNER OF			
		PO Box 308			
		(Number, street, rural route, apartment, or suite n Harmony, MN 55939	umber)		
		(City, town, state, zip)	ener er trade names used to ide	ntify the business and operation of the	a system uplace these
С				e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Harmony Telephone Company	62605
D	Instructions: List each separate community served by the cable system. A "com "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 filing Note: Entities and properties such as hotels, apartments, condominiums, or mo	ed communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter know s.
Area Served	identified city.	one nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Harmony	MN
Community		
s as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	TEM II
Name	Harmony Telephone Co								626
	SECONDARY TRANSMISSION		IBSCRI	BERS AND R	ATES				
E	In General: The information in s					y transmission	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exist	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble system	broken	
scribers and	down by categories of secondar						,	,	
Rates	each category by counting the n			•••		•		charged	
	separately for the particular serv							na and the	
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc				ny standa		is within a		
	Block 1: In the left-hand block	in space E, th	e form li	sts the catego	ries of sec	ondary transmis	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			0		0			
	subscriber who pays extra for ca					0,	•		
	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.	and rates, in the	e ngnt-na	and Diock. A li	vo- or thre	e-word descript	ion of the s	service is	
		OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		159	54.50	Lifeline	/Lite		30	21.
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel		1	339.25					
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	s				
F	In General: Space F calls for ra								
I	not covered in space E, that is, t service for a single fee. There a					,	,		
Services	furnished at cost or (2) services	•			•			,	
	amount of the charge and the ur								
Other Than	annount of the charge and the u	nit in which it is	usualiy	billed. If any ra	ates are ch	narged on a vari	able per-p		
Secondary	enter only the letters "PP" in the	rate column.	-	-		-			
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra	rate column. te charged by t	he cable	system for ea	ich of the	applicable servi	ces listed.	were not	
Secondary	enter only the letters "PP" in the	rate column. te charged by t t your cable sys	he cable stem furr	system for ea	ch of the ed during	applicable servi the accounting	ces listed. period that		
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that	rate column. te charged by t t your cable sys separate charg	he cable stem furr ge was m	e system for ea nished or offer nade or establ	ch of the ed during	applicable servi the accounting	ces listed. period that		
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a	rate column. te charged by t t your cable sys separate charg	he cable stem furr ge was m de the ra	e system for ea nished or offer nade or establ	ch of the ed during	applicable servi the accounting	ces listed. period that		
Secondary Fransmissions:	enter only the letters "PP" in the 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 CATEGORY OF SERVICE	rate column. te charged by t t your cable sy separate charg ption and includ	he cable stem fun ge was m de the ra CK 1	e system for ea nished or offer nade or establ	ich of the s ed during shed. List	applicable servi the accounting	ces listed. period that vices in the	e form of a	RAT
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. te charged by t t your cable sy separate charg btion and includ BLO0 RATE	he cable stem furn ge was m de the ra CK 1 CATEG Installa	e system for ea hished or offer hade or establ te for each. ORY OF SER tion: Non-res	ich of the sed during shed. List	applicable servi the accounting these other ser	ces listed. period that vices in the	e form of a BLOCK 2	RAT
Secondary Fransmissions:	enter only the letters "PP" in the 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 CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. te charged by t t your cable sy separate charg btion and includ BLO RATE	he cable stem furn ge was m de the ra CK 1 CATEG Installa • Mote	e system for ea hished or offer hade or establ te for each. ORY OF SER tion: Non-res el, hotel	ich of the sed during shed. List	applicable servi the accounting these other ser	ces listed. period that vices in the	e form of a BLOCK 2	RAT
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	rate column. te charged by t t your cable sy separate charg btion and includ BLO0 RATE	he cable stem fun ge was m de the ra CK 1 CATEG Installa • Moto • Com	e system for ea hished or offer hade or establ te for each. ORY OF SER tion: Non-res el, hotel hmercial	ich of the sed during shed. List	applicable servi the accounting these other ser	ces listed. period that vices in the	e form of a BLOCK 2	RAT
Secondary Fransmissions:	enter only the letters "PP" in the 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 CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	rate column. te charged by t t your cable sy separate charg btion and includ BLO0 RATE	the cable stem fun ge was m de the ra CK 1 CATEG Installa • Moto • Com • Pay	e system for ea hished or offer hade or establ te for each. ORY OF SER tion: Non-res el, hotel hmercial cable	ich of the ed during shed. List VICE idential	applicable servi the accounting these other ser	ces listed. period that vices in the	e form of a BLOCK 2	RAT
Secondary Fransmissions:	enter only the letters "PP" in the 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 CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	rate column. te charged by t t your cable sy separate charg btion and includ BLO0 RATE	he cable stem fun ge was m de the ra <u>CK 1</u> <u>CATEG</u> Installa • Mote • Con • Pay • Pay	e system for ea hished or offer hade or establ te for each. ORY OF SER tion: Non-res el, hotel hmercial cable cable-add'l ch	ich of the ed during shed. List VICE idential	applicable servi the accounting these other ser	ces listed. period that vices in the	e form of a BLOCK 2	RAT
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	rate column. te charged by t t your cable sy separate charg btion and includ BLO0 RATE 5.00	he cable stem fun ge was m de the ra <u>CK 1</u> <u>CATEG</u> Installa • Mote • Con • Pay • Pay • Fire	e system for ea hished or offer hade or establ te for each. ORY OF SER tion: Non-res el, hotel hmercial cable cable-add'l ch protection	ich of the ed during shed. List VICE idential	applicable servi the accounting these other ser	ces listed. period that vices in the	e form of a BLOCK 2	RAT
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add"l channel • Fire protection • Burglar protection Installation: Residential • First set	rate column. te charged by t t your cable sy separate charg btion and includ BLO0 RATE	he cable stem fun ge was m de the ra CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg	e system for ea hished or offer hade or establ te for each. ORY OF SER tion: Non-res el, hotel himercial cable cable-add'l ch protection glar protection	ich of the ed during shed. List VICE idential	applicable servi the accounting these other ser	ces listed. period that vices in the	e form of a BLOCK 2	RAT
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by t t your cable sy separate charg btion and includ BLO0 RATE 5.00	he cable stem furn ge was m de the ra CK 1 CATEG Installa • Mote • Com • Pay • Pay • Fire • Burg Other s	e system for ea hished or offer hade or establ te for each. ORY OF SER tion: Non-res el, hotel himercial cable cable-add'l ch protection glar protection ervices:	ich of the ed during shed. List VICE idential	applicable servites accounting these other servites accounting the servites accounting	ces listed. period that vices in the	e form of a BLOCK 2	RAT
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by t t your cable sy separate charg btion and includ BLO0 RATE 5.00	he cable stem furn ge was m de the ra CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burç Other s • Rec	e system for ea hished or offer hade or establ te for each. ORY OF SER tion: Non-res el, hotel mmercial cable cable-add'l ch protection glar protection ervices: onnect	ich of the ed during shed. List VICE idential	applicable servi the accounting these other ser	ces listed. period that vices in the	e form of a BLOCK 2	RAT
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by t t your cable sy separate charg btion and includ BLO0 RATE 5.00	he cable stem fun ge was m de the ra CK 1 CATEG Installa • Mote • Con • Pay • Fire • Burg Other s • Rec • Disc	e system for ea hished or offer hade or establ te for each. ORY OF SER tion: Non-res el, hotel mmercial cable cable-add'l ch protection glar protection glar protection ervices: onnect	ich of the ed during shed. List VICE idential	applicable servite accounting these other servites accounting the servites accounting	ces listed. period that vices in the	e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by t t your cable sy separate charg btion and includ BLO0 RATE 5.00	he cable stem fun ge was m de the ra CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burç Other s • Rec • Disc • Outl	e system for ea hished or offer hade or establ te for each. ORY OF SER tion: Non-res el, hotel mmercial cable cable-add'l ch protection glar protection ervices: onnect	Ach of the sed during shed. List	applicable servites accounting these other servites accounting the servites accounting	ces listed. period that vices in the	e form of a BLOCK 2	RAT

counting Period:	2020/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Harmony Telephone	Company		62605
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a 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 informatic 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 to Column 4: Give the location	TELEVISION TELEVISION antify every television station (including m during the accounting period, <i>excep</i> , n effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. With respect to any distant stations of alles, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination point d with a station according to its over-the he form. el number the FCC assigned to the teles RC is channel 4 in Washington, D.C. case whether the station is a network rring the letter "N" (for network), "N-M" "E" (for noncommercial educational), or ms, see page (iv) of the general instru- n of each station. For U.S. stations, list	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- pr "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	levision stations) ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	he community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION
	КІМТ	3	N	Mason City, IA
	кттс	10	N	Rochester, MN
ows as Necessary	KAAL	6	N	Austin, MN
s as necessary	KYIN	24	N	Mason City, IA
	KXLT	47	N	Rochester, MN
	KSMQ	15	N	Austin, MN
	KTTC-2	10.2	N-M	Rochester, MN
	KTTO-2 KXLT-2	47.2	N-M	Rochester, MN
	KIMT-2	3.2	N-M	Mason City, IA
	KAAL-2	6.2	N-M	Austin, MN

EGAL NAME OF								SYSTEM 626
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recein to the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C stem whenever it is received a ved at the headend, with the s 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 his point, see pay ed by the cable s e station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC	!) it can ertain st eneral ii 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	
OALL OIGH		3,0	LOOATION OF STATION			3,0	LOOATION OF STATION	
							·	
		I						

	od: 2020/2							FORM	I SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF		STEM:						SYSTEM ID#
Name	Harmony Telephone C	Company							62605
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
	In General: In space I, ident	tifv every no	nnetwork telev	ision program broadcast by	- a distant sta	tion that v	our cał	hle svst	em carried on a
-	substitute basis during the a			1 0 ,		, ,		,	
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions i	n the p	aper S/	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE					
Special	 During the accounting per 				sis, any noni	network te	levisio	n progr	am
Statement and	broadcast by a distant sta	-	,						× NO
Program Log	broadcast by a distant sta						Ý	'ES	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	must comp	olete th	ne prog	ram
	log in block 2.								
	2. LOG OF SUBSTITUTI								
	In General: List each subs				s wherever p	ossible, if	their m	neaning	is
	clear. If you need more spa			i rows to the tables. vision program ("substitute	program") t	hat during	the ex	ccounti	na
	period, was broadcast by a								
	under certain FCC rules, re	egulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for fu	rther ir	nformat	ion.
	Do not use general categor		ovies" or "bask	etball." List specific progra	im titles, for e	example, "	I Love	Lucy"	or
	"NBA Basketball: 76ers vs.				NI- 2				
				er "Yes." Otherwise enter ' casting the substitute progr					
				the community to which th		censed bv	the FC	CC or. i	n
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	e station is id	entified).			
			when your sy	stem carried the substitute	e program. U	se numera	als, with	h the m	ionth
	first. Example: for May 7 gi					1.1.1.0	e.		1.1.
	to the nearest five minutes.			ogram was carried by you					itely
	stated as "6:00–6:30 p.m."		a program can	ned by a system norm 0.01	. 15 p.m. to c	.20.30 p.i	1. 51100		
		ter "R" if the	listed prograr	n was substituted for prog	ramming that	t your syst	em wa	s requi	red
	to delete under FCC rules a								ogram
	was substituted for program		your system w	as permitted to delete und	er FCC rules	and regu	lations	in	
	effect on October 19, 1976	•							
					WHE	N SUBST	ITUTE	=	
	S	UBSTITUT	E PROGRAM	1		AGE OCO			7
	1. TITLE OF PROGRAM	2. LIVE?							7. REASON FOR
			3. STATION'S		5. MONTH		TIMES		7. REASON FOR DELETION
		Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY			то	
		Yes or No				6.			
		Yes or No				6.			
		Yes or No				6.			
		Yes or No				6.			
		Yes or No				6.			
		Yes or No				6.			
		Yes or No				6.			
		Yes or No				6.			
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		Yes or No				6.			
		Yes or No				6.			
		Yes or No				6.			
		Yes or No				6.			
		Yes or No				6.			
		Yes or No				6.			

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
Name	Harmony Telephone Company		62605
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service amount, se	,510.71
	COPYRIGHT ROYALTY FEE		
L 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 \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	5263,80(
	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 th accounting period is \$52.00	nis six-month	
	Line 1. Royalty fee for accounting period	\$	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
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	
	1. Base amount under statutory formula		
	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 \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	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	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 # 26NFLCK9		
	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 mo		

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Harmony Telephone Company	SYSTEM ID# 62605
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	10 41
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		507-886-2525
	Address 35 First Ave NE, PO Box 308 (Number, street, rural route, apartment, or suite number) Harmony, MN 55939 (City, town, state, zip)	
	Email marsha@harmonytel.com Fax (optional) 507-886-250	0
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	system as identified mer of the cable system
	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: Jill Huffman Title: Chief Operating Officer (Title of official position held in corporation or partnership)	
	Date: February 24th, 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. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
mony Telephone Company	6260
 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	
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
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