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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:	
-	ary Transmissions by	DATE RECEIVED	AMOUNT		
	ems (Short Form)			<u>coplicsoa@loc.gov</u>	
			\$	For additional information, contact the U.S. Copyright	
General instru	ictions are located	1/2/2021		Office Licensing Division at:	
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150	
				_	
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))		
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
	2020/2				
		Т			
	20202	Barcode Data Filing Period (optional	- see instructions)		
Accounting					
Period					
	Instructions:				
В	Give the full legal name of the owner of t title of the subsidiary, not that of the par		sidiary of another corporation, give the full o	corporate	
Owner	List any other name or names under which	ch the owner conducts the business of	the cable system.		
	If there were different owners during the single statement of account and royalty f		the last day of the accounting period should	d submit a	
		ee payment covering the entire accourt	ning period.	63444	
	Check here if this is the system's first filir	g. If not, enter the system's ID number	r assigned by the Licensing Division.		
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	 I		
	LPC LONG DISTANCE, INC.				
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Т)		
		, ,	,		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
	PO BOX 185				
	(Number, street, rural route, apartment, or suite r	lumber)			
	City, town, state, zip)				
С	INSTRUCTIONS: In line 1, give any busi				
	names already appear in space B. In line	2, give the mailing address of th	ne system, it different from the addre	ss given in space B	
System	1				
	MAILING ADDRESS OF CABLE SYSTEM	l:			
	2 (Number, street, rural route, apartment, or suite r	umber)			
	(City, town, state, zip code)				
Privacy Act Notic	e: Section 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect th	e personally identifying information (PII) reque	ested on this	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I				
indille	LPC LONG DISTANCE, INC.	634				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	obile home parks should be reported in parentheses below the				
	CITY OR TOWN STATE					
First	LA PORTE CITY	IA				
Community						
dd Rows as Necessary						

								FORM SA1-	2E. PAGE	
Name			:					515	6344	
	LPC LONG DISTANCE,	INC.							0011	
Е	SECONDARY TRANSMISSION									
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
Secondary	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission	last day of the accounting period									
Service: Sub-	Number of Subscribers: Both									
scribers and Rates	down by categories of secondar each category by counting the n									
Rates	separately for the particular serv							chargeu		
	Rate: Give the standard rate of	harged for eac	ch categ	gory of service.	Include bo	oth the amount	of the charg			
	unit in which it is generally billed					rd rate variatior	ns within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block					ondany transmi	esion servi	ce that cable		
	systems most commonly provide			-						
	that applies to your system. Not									
	categories, that person or entity					•••	•			
	subscriber who pays extra for ca					d in the count u	nder "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					service that are	e different f	rom those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a	and rates, in th	e right-	hand block. A t	wo- or thre	e-word descrip	tion of the s	service is		
	sufficient.	DCK 1		[BLOCK 2				
		NO. OF					NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATI	
	Residential:				DDEM		-	250	05.0	
	Service to first set		20	39.95	PREMI	ER PACKAG	E	250	65.0	
	• 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 ar									
Services	furnished at cost or (2) services	•			•		• • • •			
Other Than	amount of the charge and the ur		usually	/ billed. If any ra	ates are cl	narged on a var	iable per-pi	rogram basis,		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		ho cob	lo system for o	ach of the	applicable conv	cos listod			
Rates	Block 2: List any services that							were not		
	listed in block 1 and for which a	separate char	ge was	made or establ	ished. List	these other ser	vices in the	e form of a		
	brief (two- or three-word) description and include the rate for each.									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services:			ation: Non-res	idential					
	• Pay cable			otel, hotel			CINEM	AX	16.0	
	Pay cable—add'l channel			mmercial			HBO		18.0	
	Fire protection			y cable			SHOW		17.0	
	•Burglar protection			y cable-add'l ch a protoction	nannel		STARZ		15.0	
	Installation: Residential	404.05		e protection						
	First set Additional set(s)	124.95		rglar protection						
	 Additional set(s) FM radio (if separate rate) 			services: connect		29.00				
	• Converter			sconnect		23.00				
				tlet relocation						
				ove to new addr	ess					

ting Period: 2					
Name	LEGAL NAME OF OWNER OF			SYSTEM ID 6344	
G Primary hsmitters: elevision	carried by your cable syster FCC rules and regulations i 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 informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe 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 m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- ules, 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 p d with a station according to its over-the the form. el number the FCC assigned to the tele rRC is channel 4 in Washington, D.C. to case whether the station is a network wring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), co erms, see page (iv) of the general instru- n of each station. For U.S. stations, list	t (1) stations carried only on a part- ne carriage of certain network progra i1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul he Special Statement and Program 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 indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form.	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the	
	1. CALL SIGN	CC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION (1998)			
	KCRG	9	N		
	NURG	9	N	CEDAR RAPIDS, IA	
	KFXA	27	N 	CEDAR RAPIDS, IA CEDAR RAPIDS, IA	
Vecessary			N		
ecessary	KFXA	27		CEDAR RAPIDS, IA	
ecessary	KFXA	27	I	CEDAR RAPIDS, IA	
	KGAN	51	N	CEDAR RAPIDS, IA	
Necessary	KFXA	27	I	CEDAR RAPIDS, IA	
	KGAN	51	N	CEDAR RAPIDS, IA	
	KPXR	47	I	CEDAR RAPIDS, IA	
cessary	KFXA KGAN KPXR KRIN	27 51 47 35	I N I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA	
ecessary	KFXA KGAN KPXR KRIN KWKB	27 51 47 35 25	 N 	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA	
lecessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA	
Vecessary	KFXA	27		CEDAR RAPIDS, IA	
	KGAN	51	N	CEDAR RAPIDS, IA	
	KPXR	47		CEDAR RAPIDS, IA	
	KRIN	35		WATERLOO, IA	
	KWKB	25		IOWA CITY, IA	
	KWWF	22		WATERLOO, IA	
Necessary	KFXA	27		CEDAR RAPIDS, IA	
	KGAN	51	N	CEDAR RAPIDS, IA	
	KPXR	47		CEDAR RAPIDS, IA	
	KRIN	35		WATERLOO, IA	
	KWKB	25		IOWA CITY, IA	
	KWWF	22		WATERLOO, IA	
Necessary	KFXA	27		CEDAR RAPIDS, IA	
	KGAN	51	N	CEDAR RAPIDS, IA	
	KPXR	47		CEDAR RAPIDS, IA	
	KRIN	35		WATERLOO, IA	
	KWKB	25		IOWA CITY, IA	
	KWWF	22		WATERLOO, IA	
Necessary	KFXA	27		CEDAR RAPIDS, IA	
	KGAN	51	N	CEDAR RAPIDS, IA	
	KPXR	47		CEDAR RAPIDS, IA	
	KRIN	35		WATERLOO, IA	
	KWKB	25		IOWA CITY, IA	
	KWWF	22		WATERLOO, IA	
Necessary	KFXA	27		CEDAR RAPIDS, IA	
	KGAN	51	N	CEDAR RAPIDS, IA	
	KPXR	47		CEDAR RAPIDS, IA	
	KRIN	35		WATERLOO, IA	
	KWKB	25		IOWA CITY, IA	
	KWWF	22		WATERLOO, IA	
Necessary	KFXA	27		CEDAR RAPIDS, IA	
	KGAN	51	N	CEDAR RAPIDS, IA	
	KPXR	47		CEDAR RAPIDS, IA	
	KRIN	35		WATERLOO, IA	
	KWKB	25		IOWA CITY, IA	
	KWWF	22		WATERLOO, IA	
Necessary	KFXA	27		CEDAR RAPIDS, IA	
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	KPXR	47		CEDAR RAPIDS, IA	
	KRIN	35		WATERLOO, IA	
	KWKB	25		IOWA CITY, IA	
	KWWF	22		WATERLOO, IA	
Necessary	KFXA	27		CEDAR RAPIDS, IA	
	KGAN	51	N	CEDAR RAPIDS, IA	
	KPXR	47		CEDAR RAPIDS, IA	
	KRIN	35		WATERLOO, IA	
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	KGAN	51	N	CEDAR RAPIDS, IA	
	KPXR	47		CEDAR RAPIDS, IA	
	KRIN	35		WATERLOO, IA	
	KWKB	25		IOWA CITY, IA	
	KWWF	22		WATERLOO, IA	
S Necessary	KFXA	27		CEDAR RAPIDS, IA	
	KGAN	51	N	CEDAR RAPIDS, IA	
	KPXR	47		CEDAR RAPIDS, IA	
	KRIN	35		WATERLOO, IA	
	KWKB	25		IOWA CITY, IA	
	KWWF	22		WATERLOO, IA	
Necessary	KFXA	27		CEDAR RAPIDS, IA	
	KGAN	51	N	CEDAR RAPIDS, IA	
	KPXR	47		CEDAR RAPIDS, IA	
	KRIN	35		WATERLOO, IA	
	KWKB	25		IOWA CITY, IA	
	KWWF	22		WATERLOO, IA	
s Necessary	KFXA	27		CEDAR RAPIDS, IA	
	KGAN	51	N	CEDAR RAPIDS, IA	
	KPXR	47		CEDAR RAPIDS, IA	
	KRIN	35		WATERLOO, IA	
	KWKB	25		IOWA CITY, IA	
	KWWF	22		WATERLOO, IA	
as Necessary	KFXA	27		CEDAR RAPIDS, IA	
	KGAN	51	N	CEDAR RAPIDS, IA	
	KPXR	47		CEDAR RAPIDS, IA	
	KRIN	35		WATERLOO, IA	
	KWKB	25		IOWA CITY, IA	
	KWWF	22		WATERLOO, IA	

LPC LONG I	F OWNER OF (DISTANCE,							SYSTEM 634
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to ormation abou rm. dentify the call state whether t the radio stati this by placing Sive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see page ed by the cable s le station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

						1010	M SA1-2E. PAGE 5		
Name	LEGAL NAME OF OWNER OF					SYSTEM ID# 63444			
	SUBSTITUTE CARRIAG	E: SPECIAL STATEM	ENT AND PROGRAM LO	G					
Substitute	In General: In space I, iden substitute basis during the a	tify every nonnetwork tele accounting period, under	<i>vision program,</i> broadcast by specific present and former F	/ a <i>distant</i> sta CC rules, reg	ulations, or a	uthorizatio	ns. For a further		
Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special				isis, any noni	network telev	ision prog	ram		
Statement and Program Log	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? YES X NO								
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	log in block 2.	,	g	, ,			<u>.</u>		
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the bro the case of Mexican or Cat Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	of every nonnetwork te a distant station and that egulations, or authorizat ries like "movies" or "ba . Bulls." m was broadcast live, e sign of the station broa adcast station's location nadian stations, if any, t nth and day when your we "5/7." les when the substitute . Example: a program ca ter "R" if the listed progr	evision program ("substitute your cable system substitut ons. See page (v) of the gen sketball." List specific progra- nter "Yes." Otherwise enter ' dcasting the substitute progra (the community to which the community with which the system carried the substitute program was carried by your arried by a system from 6:01 am was substituted for program	ted for the pro- neral instruct am titles, for e "No." e station is live e station is live e station is id e program. U r cable syste I:15 p.m. to 6 ramming that	ogramming c tions for furth example, "I L censed by th lentified). se numerals, m. List the tir 5:28:30 p.m. s t your system	of another er informa ove Lucy" e FCC or, with the r mes accur should be n was <i>requ</i>	station ition. or in nonth ately <i>iired</i>		
		mming that your system	was permitted to delete und				ogram		
	effect on October 19, 1976	mming that your system	was permitted to delete und	ler FCC rules WHE	s and regulat	UTE	-		
	effect on October 19, 1976	mming that your system	M	ler FCC rules WHE	s and regulat	UTE RRED	-		
	effect on October 19, 1976	uming that your system	M	ler FCC rules WHE CARRI	N SUBSTIT	UTE RRED	7. REASON FO		
	effect on October 19, 1976	UBSTITUTE PROGRA	M	VHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED MES	7. REASON FO		
	effect on October 19, 1976	UBSTITUTE PROGRA	M	VHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED MES	7. REASON FO		
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	effect on October 19, 1976	UBSTITUTE PROGRA	M	VHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED MES	7. REASON FO		
	effect on October 19, 1976	UBSTITUTE PROGRA	M	VHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED MES	7. REASON FO		
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	effect on October 19, 1976	UBSTITUTE PROGRA	M	VHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED MES	7. REASON FO		
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	effect on October 19, 1976	UBSTITUTE PROGRA	M	VHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED MES	7. REASON FO		
	effect on October 19, 1976	UBSTITUTE PROGRA	M	VHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED MES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUTE PROGRA	M	VHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED MES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUTE PROGRA	M	VHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED MES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUTE PROGRA	M	VHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED MES	7. REASON FO		
	effect on October 19, 1976	UBSTITUTE PROGRA	M	VHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED MES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUTE PROGRA	M	VHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED MES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUTE PROGRA	M	VHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED MES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUTE PROGRA	M	VHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED MES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUTE PROGRA	M	VHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED MES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUTE PROGRA	M	VHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED MES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUTE PROGRA	M	VHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED MES	7. REASON FOR		
	effect on October 19, 1976	UBSTITUTE PROGRA	M	VHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED MES	7. REASON FOR		

Accounting Period:	2020/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: LPC LONG DISTANCE, INC.			S	YSTEM ID# 63444
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatio 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 re	ystem's se on of how to	condary transm o compute this a	ission service amount, see	2,098.01
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 l Use block 3 if the amount of gross receipts in space K is more than \$263,800 l See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less than nformation	an \$527,600 n.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00 Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 1 and 2	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00	-	
	2. Enter amount of gross receipts from space K	\$	152,098.01	-	
	3. Subtract line 2 from line 1	\$	111,701.99		
	4. Enter the amount of gross receipts from space K		.\$	152,098.01	
	5. Enter the amount from line 3		. \$	111,701.99	
	6. Subtract line 5 from line 4		\$	40,396.02	
	7. Multiply line 6 by .005 (enter figure here)			\$	201.98
	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		\$	201.98
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (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 DU	F			
		-			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	201.98	
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			\$	221.98
	Important: Your remittance must be in the form of an electronic payı See page i of the general instructions in the paper SA1		-		hts!

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE LPC LONG DISTANCE, INC.	SYSTEM:			SYSTEM ID# 63444
M Channels	to its subscribers, and (2) the cable1. Enter the total number of channesystem carried television broadca2. Enter the total number of activat on which the cable system carried	e system's total numb els on which the cabl ast stations ed channels d television broadcas		ounting period.	8 343
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED we can contact about this statement		RMATION IS NEEDED (Identify an indi	ividual to whom	
for Further Information	Name MARGARET	CORLETT		Telephone 5	63-245-4481
	Address PO BOX 100 (Number, street, run ELKADER, I (City, town, state, zi	al route, apartment, or sui	e number)		
	Email MCC	RLETT@LPCTEL.	СОМ	Fax (optional)	
O Certification	 I, the undersigned, hereby certify the constraint of the complexity of the	hat (Check one, but or oration or partnershi han corporation or p nd that the owner is no n an officer (if a corpor account and hereby do be best of my knowleds \underbrace{X} Enter an Enter sig d or printed name:	p) I am the owner of the cable system as artnership) I am the duly authorized age at a corporation or partnership; or ation) or a partner (if a partnership) of the eclare under penalty of Iaw that all statem re, information, and belief, and are made /s/ Chris Hopp electronic signature on the line above to conta ture using an "/s/ signature" (e.g., /s/ Jo CHRIS HOPP	s identified in line 1 of space B ent of the owner of the cable sy e legal entity identified as own nents of fact contained herein e in good faith.	vstem as identified
	Title: Date:	(Title of official position	OPERATIONS OFFICER	1/2/2021	

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

AL NAME OF OWNER OF CABLE SYSTEM: E LONG DISTANCE, INC. 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	SYSTEM II 6344 Р
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located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	Special Statement Concerning Gross Receipts Exclusior
NO YES. Enter the total here and list the satellite carrier(s) below.	
Name 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	
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	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served	

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