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	Return completed workbook by email to:	
-	ary Transmissions by	DATE RECEIVED	AMOUNT	_
	ems (Short Form)		\$	- <u>coplicsoa@loc.gov</u> For additional information,
General instru	ictions are located	1/2/2021		contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20202	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period		1		
	Instructions:			
В	Give the full legal name of the owner of t title of the subsidiary, not that of the pare		idiary of another corporation, give the full	corporate
Owner	List any other name or names under whic	h 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 shoul ting period.	d submit a
	Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	63526
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	1	
	LPC LONG DISTANCE, INC.			
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT	Г)	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	PO BOX 185 (Number, street, rural route, apartment, or suite n	umber)		
	LA PORTE CITY, IA 50651 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin			
_	names already appear in space B. In line	2, give the mailing address of th	ne system, if different from the addre	ess given in space B
System	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 Notic	e: Section 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect the	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: LPC LONG DISTANCE, INC.	SYSTEM 635					
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and include discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification here as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses belo identified city.						
	CITY OR TOWN	STATE					
First Community	MOUNT AUBURN	A					
Add Rows as Necessary							

								FORM SA1-	-2E. PAGE TEM ID
Name			:					313	6352
	LPC LONG DISTANCE,	INC.							0001
-	SECONDARY TRANSMISSION	SERVICE: S	JBSCR	IBERS AND R	ATES				
E	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period	. , .							
Service: Sub-	Number of Subscribers: Both	h blocks in spa	ce E ca	Il for the number	er of subso	cribers to the ca			
scribers and	down by categories of secondar	y transmission	service	. In general, yo	ou can con	npute the numb	er of subsc	ribers in	
Rates	each category by counting the n separately for the particular serv							charged	
	Rate: Give the standard rate of					•	,	ae and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adv	ance 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	0			· · ·				
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a						,.		
	sufficient.	,	5			•			
	BLC	DCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:								
	Service to first set		2	39.95	PREMI	ER PACKAG	ε	33	65.0
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
					-				1
	SERVICES OTHER THAN SEC In General: Space F calls for rai					ill vour cable sv	stem's serv	vices that were	
F	not covered in space E, that is, t	•	,		•	• •			
	service for a single fee. There are	re two exception	ons: you	do not need to	o give rate	information cor	ncerning (1)) services	
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any ra	ates are ci	harged on a var	iable per-p	rogram basis,	
ransmissions:	Block 1: Give the standard rat		the cabl	e system for ea	ach of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	t your cable sy	stem fu	rnished or offer	ed during	the accounting	period that	were not	
	listed in block 1 and for which a	• •			ished. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) description and include the rate for each.						<u> </u>		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		SORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential			A V	10.0
	• Pay cable			tel, hotel				AX	16.0
	Pay cable—add'l channel			mmercial			HBO		18.0
	 Fire protection 		-	/ cable	oprol		SHOW		17.0
	•		-	/ cable-add'l ch	annei		STARZ		15.0
	•Burglar protection		T in the second						
	•Burglar protection Installation: Residential	424.05		e protection					
	•Burglar protection Installation: Residential • First set	124.95	• Bur	glar protection					
	•Burglar protection Installation: Residential • First set • Additional set(s)	124.95	• Bur Other	glar protection		20.00			
	•Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	124.95	• Bur Other s • Red	glar protection services: connect		29.00			
	•Burglar protection Installation: Residential • First set • Additional set(s)	124.95	• Bur Other • Rec • Dis	rglar protection services: connect connect		29.00			
	•Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	124.95	• Bur Other s • Rec • Dis • Out	glar protection services: connect		29.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II
ame	LPC LONG DISTANCE			6352
<u> </u>	PRIMARY TRANSMITTERS:			
G mary mitters: vision	carried by your cable syster FCC rules and regulations in 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 informatio	also in space I, if the station was carried on concerning substitute basis stations,	(1) stations carried only on a part- ne carriage of certain network progratice) (2) and (4))]; and (2) certain state arried by your cable system on a sume Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct	-time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other ttions.
	Column 1: List each station	n's call sign. <i>Do not</i> report origination port origination port of the station according to its over-the	program services such as HBO, ES	PN, etc. Identify each
	"WETA-2" as the same on t	the form.	.	
	of license. For example, W	el number the FCC assigned to the telev RC is channel 4 in Washington, D.C.	-	-
	Column 3: Indicate in each	case whether the station is a network s	, i ,	
	(for independent multicast),	ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or	or "E-M" (for noncommercial educat	
		erms, see page (iv) of the general instruct n of each station. For U.S. stations, list		n is licensed by the
		dian stations, if any, give the name of th	,	, , , , , , , , , , , , , , , , , , ,
	1. CALL SIGN	4. LOCATION OF STATION		
	KCRG	9	Ν	CEDAR RAPIDS, IA
	KCRG KFXA	9 27	N I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
cessary			N 	
cessary	KFXA	27	I	CEDAR RAPIDS, IA
cessary	KFXA KGAN	27 51	l N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
cessary	KFXA KGAN KPXR	27 51 47	1 N 1	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA
ecessary	KFXA KGAN KPXR KRIN	27 51 47 35	1 N 1	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA
Vecessary	KFXA KGAN KPXR KRIN KWKB	27 51 47 35 25	1 N 1	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA
Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	 N 	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	 N 	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	 N 	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
3 Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	 N 	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	 N 	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
S Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	 N 	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
5 Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	 N 	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
: Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	 N 	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
is Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	 N 	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
s Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	 N 	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
as Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	 N 	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
as Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	 N 	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
as Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	 N 	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
as Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	 N 	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA

EGAL NAME O								SYSTEM I 635
	t every radio s	station ca	nrried on a separate and discr 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 prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive the station	y the sys be recei it 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. In 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 par ed by the cable s he 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	

Accounting Perio							FOR	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID# 63526
	SUBSTITUTE CARRIAG		AI STATEME	NT AND PROGRAM I)G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	tify every no accounting p	onnetwork televi period, under sp	<i>ision program,</i> broadcast b becific present and former f	y a <i>distant</i> sta FCC rules, reg	julations, c	or authorizati	ons. For a further
Carriage:	1. SPECIAL STATEMEN				<u> </u>			
Special	During the accounting pe	-			asis, any nonr	network te	elevision pro	gram
Statement and Program Log	broadcast by a distant sta	ition?			-		YES	XNO
	Note: If your answer is "No	" leave the	e rest of this pa	age blank. If your answer i	s "Yes " vou i	must com		
	log in block 2.	, louvo alt			o 100, you i			gram
	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 broot 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." Column 7: Enter the lett to delete under FCC rules was substituted for program	of every no a distant stat egulations, ries like "ma . Bulls." m was broa sign of the adcast stati nadian stati nth and day ve "5/7." ees when th . Example: ter "R" if the and regulat nming that	onnetwork tele tition and that y or authorizatio ovies" or "bask adcast live, ent station broadc ion's location (ions, if any, the y when your sy e substitute pr a program car e listed program cions in effect c	vision program ("substitut our cable system substitu ns. See page (v) of the ge etball." List specific progr er "Yes." Otherwise enter casting the substitute prog the community to which the e community with which the stem carried the substitut ogram was carried by you ried by a system from 6:0 n was substituted for prog luring the accounting perior	ted for the pro- eneral instruct am titles, for e "No." rram. he station is live e station is live e program. U- tr cable syste 1:15 p.m. to 6 gramming that bod; enter the l	ogrammin tions for fu example, ' censed by lentified). se numera m. List the S:28:30 p.r t your sysi letter "P" i	g of anothe arther inform "I Love Lucy / the FCC of als, with the e times accu m. should be tem was <i>req</i> f the listed p	r station ation. " or ", in month arately e <i>uuired</i>
	effect on October 19, 1976		E PROGRAM					7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
]		_	
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		+						
							_	
		1						
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					· · · · · · · · · · · · · · · · · · ·			

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name		S	STEM ID#
	LPC LONG DISTANCE, INC.		63526
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End 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 a 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.	ission service amount, see	9,388.36 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • 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.	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	this six-mon	
	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 \$137,1	-	
	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		
	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Namo	Accounting Period:	2020/2	FORM SA1-2E. PAGE 7
M Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to be subcontenes, and (2) the cable system's lotal number of advanded channels during the accounting period. 8 Channels I. Fran the total number of channels on which the cable system carried television broadcast stations 343 N Individual to an ontrobute system carried television broadcast stations 343 N Individual to an ontrobute system carried television broadcast stations 343 N Individual to an ontrobute system carried television broadcast stations 343 N Individual to an ontrobute system carried television broadcast stations 343 N Individual to an ontrobute system carried television broadcast stations 343 N Individual to an ontrobute system carried television broadcast stations 343 Information MARGARET CORLETT Telephone 553:245:4481 Norma MARGARET CORLETT Telephone 553:245:4481 Linker, N. S. 2043 ELKADER, I. S. 2043 ELKADER, I. S. 2043 Life, Worma, M. K. 2014 MCORLETT GELPOTEL COM Fax (optional) Life, Worma, M. K. 2014 MCORLETT GELPOTEL COM Fax (optional) Life, Option of the cable system can indide signed in accordance with Copyright Office re	Name		SYSTEM ID# 63526
Individual to Be Contacted for Further Information Name MARGARET CORLETT Telephone 563-245-4481 Address PO BOX 1008 [Citizence filteration or total apprendix of automore (City, town, state, spi) ELKADER, IA 52043 Controlled Email MCORLETT@LPCTEL.COM Fax (optional) PO Cortification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • (Officer or partnership) 1 am the owner of the cable system as identified in line 1 of space B; or • 0 (Officer or partner) I am an officer (if a corporation or partnership) 1 am the duly authorized agent of the coxer of the cable system as identified in line 1 of space B. • 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belef, and are made in good faith. (18 U.S.C., Section 1001(1960)) Typed or printed name: CHRIS HOPP Title: CHRIS HOPP Title: CHRIS HOPP		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	
for Further information Name MARGARET CORLETT Telephone 563-245-4481 Address PO BOX 1008 (Number, identify, ice submannee) Excloser, ice submannee) ELKADER, IA S2043 (On, bown subm. sp) Excloser, ice submannee) Email MCORLETT@LPCTEL.COM Fax (optione) O Certification Fax (optione) Image: State in the comportation of partnership) and the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the cable system as identified in line 1 of space B; or Image: Comparison of the statement of account and hereby decare under parathership; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the cable system as identified in line 1 of space B; or Image: Comparison of the statement of account and hereby declare under parathership; or (Agent of owner other than corporation) or a partnership) I am the duly authorized agent of the coable system as identified in line 1 of space B; or Image: Comparison of the statement of account and hereby declare under parathership; or Image: Comparison of the approximation, and belief, and are made in good faith. IB U.S.C., Section 1001(1989)] Image: Comparison of the statement. Image: Christ Hopp Typed or printed name: CHRIS HOPP Image: Christ HOPP Titie: CHEEF OPERATIONS OFFICER<	Individual to		
[Planteer, stated, num route, systement, or subte number] ELEADER, IA 52043 (City, twen, state, zp) Email MCORLETT@LPCTEL.COM Fax (optional) Certification Certification Certification Certification Certification Certification Certification Certification Certification Certification Certification Certification Certification	for Further	Name MARGARET CORLETT Telephone 563-	-245-4481
Certification Certification • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 0 • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 1 • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 1 • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 1 • 0 Owner other than corporation or partnership) 1 am the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) or • 1 • 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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(1980)] • Signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: CHRIS HOPP Title: CHIEF OPERATIONS OFFICER		(Number, street, rural route, apartment, or suite number) ELKADER, IA 52043	
O Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or X (Officer or partner) I am an officer (if a corporation) or a partner ship) of the legal entity identified as owner of the cable system 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 herein 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)] Example X /s/ Chris Hopp Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: CHIEF OPERATIONS OFFICER CHIEF OPERATIONS OFFICER		Email MCORLETT@LPCTEL.COM Fax (optional)	
Date: 1/2/2021	-	 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 B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in 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 owner of 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 herein are true, complete, and correct to the best of my knowledge, information, and bellef, and are made in good faith. [18 U.S.C., Section 1001(1986)] Marce A. S. S. Section 1001(1986)] There 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: CHRIS HOPP Title: CHIEF OPERATIONS OFFICER (Title of official position heid in corporation or partnership) 	

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.

CLONG DISTANCE, INC. 633 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: Image: Concerning Gross amounts paid to the cable system of 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." P 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. Special Stateme concerning Gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? Special Stateme concerning Gross receipts for secondary transmissions Special Stateme concerning Gross receipts for secondary transmissions NO YES. Enter the total here and list the satellite carrier(s) below. Special Stateme concerning Gross receipts for secondary transmissions Special Stateme concerning Gross receipts for secondary transmissions Name Maling Address Maling Address Special Stateme concerning Gross receipts for secondary transmissions Special Stateme co		FORM SA1-2E. PAGE
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made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. Name Maling Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (vili) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here x days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 2 by the number of days late and enter the sum here. x 0.00274 Line 4 Multiply line 2 by the number of days late and enter the sum here. x 0.00274 Line 4 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	 The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. 	P Special Statement Concerning Gross Receipts Exclusion
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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.	·· · · · · · · · · · · · · · · · · · ·	
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