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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
8/19/2021	\$
	ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

	1	
Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		2021/1
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a
		single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Griswold Coop Telephone Co
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 640
		(Number, street, rural route, apartment, or suite number) Griswold IA 51535
		(City, town, state, zip)
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s 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:
	<u> </u>	N/A
		MAILING ADDRESS OF CABLE SYSTEM:
	2	N/A
		(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.

	LEGAL MANE OF OWNER OF OLD IT SWEET!	FORM SA1-2E. PAGI					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I 367					
	Griswold Coop Telephone Co						
	Instructions: List each separate community served by the cable system. A "commun						
D	"a separate and distinct community or municipal entity (including unincorporated co						
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	ist will serve as a form of system identification hereafter kno					
	as the "first community." Please use it as the first community on all future filings.						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	home parks should be reported in parentheses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
First	Griswold	IA					
Community	Lyman	IA					
	Elliott	IA					
Rows as Necessary	Lewis	IA					
,	Grant	IA					

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Griswold Coop Telephone Co

36788

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable 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 last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	427	97.95	Economy Package	37	27.95
 Service to additional set(s) 	375	4.99	DVR Set Top Box	239	7.99
• FM radio (if separate rate)			HD Equipment Fee	234	4.00
Motel, hotel					
Commercial	6	97.95	Non-Hospitality Economy	2	27.95
Converter					
Residential					
Non-residential					
		1			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		Additional set top	
 Pay cable—add'l channel 		Commercial		box install	25.00
Fire protection		• Pay cable		Switching box type	25.00
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set		 Burglar protection 			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	90.00		
		 Move to new address 	45.00		

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 36788

Griswold Coop Telephone Co

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KMTV	3	N	Omaha, NE
KMTV 3.2	3.2	N-M	Omaha, NE
KMTV 3.3	3.3	N-M	Omaha, NE
KMTV 3.4	3.4	N-M	Omaha, NE
WOWT	6	N	Omaha, NE
WOWT 6.2	6.2	N-M	Omaha, NE
WOWT 6.3	6.3	N-M	Omaha, NE
KETV	7	N	Omaha, NE
KETV 7.2	7.2	N-M	Omaha, NE
KCCI	8	N	Des Moines, IA
KDIN	11	E	Red Oak, IA
KDIN 2	11.2	E-M	Red Oak, IA
KDIN 3	11.3	E-M	Red Oak, IA
KDIN 4	11.4	E-M	Red Oak, IA
кхvо	15	<u>l</u>	Omaha, NE
KXVO 15.2	15.2	I-M	Omaha, NE
KXVO 15.3	15.3	I-M	Omaha, NE
KXVO 15.4	15.4	I-M	Omaha, NE
KDSM	17	l	Des Moines, IA
KPTM	42	<u>l</u>	Omaha, NE
KPTM 42.2	42.2	I-M	Omaha, NE
KPTM 42.3	42.3	I-M	Omaha, NE

Accounting Period: 2021/1	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Griswold Coop Telephone Co

36788

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

H

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
			N/A				
			114/73				
	T						
						ļ 	
	1		1	1	1		1

Accounting Perio	/u. 2021/1							RM SA1-2E. PAGE 5
Manaa	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				101	SYSTEM ID#
Name	Griswold Coop Teleph							36788
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs	tify every no accounting paining that mu T CONCEF riod, did you tion? Tion the concept of the c	nnetwork televineriod, under spist be included in RNING SUBS ur cable systemer erest of this pa	sion program, broadcast by secific present and former F in this log, see page (v) of the TITUTE CARRIAGE in carry, on a substitute ba	or a distant star CC rules, reg he general ins sis, any nonr s "Yes," you r	ulations, of structions network to must com	or authorizati in the paper elevision pro YES plete the pro	gram NO ogram
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the brothe case of Mexican or Cal Column 5: Give the molfirst. 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 not distant stategulations, or ries like "mo. Bulls." m was broat sign of the adcast statination and day ve "5/7." les when the Example: ter "R" if the and regulation ming that	onnetwork televition and that your authorization ovies" or "bask deast live, enterstation broade on's location (toons, if any, the when your syrus a program carroll listed program ions in effect d	vision program ("substitute our cable system substitute our cable system substitutens. See page (v) of the genetball." List specific program asting the substitute program community to which the community with which the stem carried the substitute or carried the substitute or carried by a system from 6:01 or was substituted for programing the accounting period.	ed for the proneral instruct mutitles, for earth in the station is like a station is like program. Use table system in the syste	ogrammir ions for fuexample, exensed by entified). se numer m. List the :28:30 p.	g of another urther inform "I Love Lucy of the FCC or als, with the etimes accum, should be tem was req if the listed p	r station ation. " or -, in month grately e
					WHEN SUBSTITUTE			
	S	UBSTITUT	E DDOCDAM					
					CARRI	AGE OC	CURRED	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OC		
	1. TITLE OF PROGRAM N/A		3. STATION'S		CARRIA 5. MONTH	AGE OC 6.	CURRED TIMES	

Accounting Period:	2021/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Griswold Coop Telephone Co			\$	36788
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	e system's s	secondary trans to compute this	mission servi	
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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less ti	han \$527,60(ı.	\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$13 Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00			his six-month	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add I				0.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)	
	Base amount under statutory formula	\$	263 800 00	•	
	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
	o. morest oriange. Enter the amount nom line 4, space Q, page 0				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	(600)	
	Enter the amount of gross receipts from space K	. \$	273,465.00		
	2. Base amount under statutory formula	\$	263,800.00	=	
	3. Subtract line 2 from line 1	\$	9,665.00		
	4. Multiply line 3 by .01		\$	96.65	
	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 .		\$	1,415.65
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Foe and					
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	1,415.65	
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			\$	1,435.65
	EFT Trace # or TRANSACTION ID #				
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2021/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF Griswold Coop Telepho				SYSTEM ID# 36788
M Channels	to its subscribers, and (2) the	he cable system's t	channels on which the cable system carried tele al number of activated channels during the acc		
	Enter the total number of system carried television		he cable		22
	Enter the total number of on which the cable system		roadcast stations	Ī	
	-				112
N Individual to	INDIVIDUAL TO BE CONT we can contact about this s		R INFORMATION IS NEEDED (Identify an indi)	ividual to whom	
Be Contacted for Further	Name Wade A	Amos		Telephone	712-778-2121
Information	Name Frago			Tolophone	712 110 2121
	Address 607 Ma	ain St. PO Box	640		
		street, rural route, aparti	ent, or suite number)		
	(City, town				
	Email	gctc@netins.ne		Fax (optional) 712-778-250	0
	CERTIFICATION (This state	ment of account m	at be certified and signed in accordance with Co	opyright Office regulations)	
0			-	pp).igin Oliioo loguluuono,	
Certification	• I, the undersigned, hereby	certify that (Check o	e,but only one, of the boxes.)		
	(Owner other tha	an corporation or p	rtnership) I am the owner of the cable system as	s identified in line 1 of space	B; or
			ion or partnership) I am the duly authorized age ner is not a corporation or partnership; or	ent of the owner of the cable	system as identified
	X (Officer or partn in line 1 of spa		a corporation) or a partner (if a partnership) of the	e legal entity identified as ow	rner of the cable system
		ect to the best of my	ereby declare under penalty of law that all statem knowledge, information, and belief, and are made		1
			X /s/ Wade Amos		
			Enter an electronic signature on the line above to ce Enter signature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed	name: Wade Amos		
		Title:	President ial position held in corporation or partnership)		
		Date:		8/18/21	

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ounting Period: 2021/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
swold Coop Telephone Co	36788
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?	P Special Statement Concerning Gross Receipts Exclusion
NO NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing 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 (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	
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	
(interest charge) * 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@copyright.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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