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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	
General instru	ems (Short Form) uctions are located of this workbook	7/15/21	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	ACCOUNTING PERIOD COVEREI	BY THIS STATEMENT: ()	YYYY/(Period))	
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	II - see instructions)	
Accounting Period				
	Instructions:			
В			osidiary of another corporation, give the full	corporate
Owner	List any other name or names under wh	nich the owner conducts the business o	f the cable system.	
	If there were different owners during the single statement of account and royalty		n the last day of the accounting period shoul Inting period.	d submit a
	Check here if this is the system's first fi	ing. If not, enter the system's ID numbe	er assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAIL	NG ADDRESS OF CABLE SYSTE	М	
	SPENCER MUNICIPAL UTILITIES			
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	IT)	
	MAILING ADDRESS OF OWNER O	OF CABLE SYSTEM		
	520 2ND AVE E STE 1 (Number, street, rural route, apartment, or suite	number)		
	SPENCER, IA 51301 (City, town, state, zip)			
•	<b>INSTRUCTIONS:</b> In line 1, give any bus	siness or trade names used to id	entify the business and operation of t	he system unless these
C	names already appear in space B. In lin	e 2, give the mailing address of	he system, if different from the addre	ess given in space B
System	IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTE	M:		
	2 (Number, street, rural route, apartment, or suite	number)		
	(City, town, state, zip code)			
Г				
Privacy Act Notic	e: Section 111 of title 17 of the United States Code a	authorizes the Copyright Offce to collect t	he personally identifying information (PII) reque	ested on this

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 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 ID				
	SPENCER MUNICIPAL UTILITIES	C				
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 mobile identified city.	home parks should be reported in parentheses below the				
	CITY OR TOWN	STATE				
First		STATE				
Community						
Rows as Necessary						

Name										
	SPENCER MUNICIPAL	UTILITIES								
_	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES									
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
<b>.</b> .	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									
Secondary Transmission	last day of the accounting period					inose exisi	ing on the			
Service: Sub-	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				0	,	na and the			
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-					-			
	category, but do not include disc	· ·	,			s wiu iir a				
	Block 1: In the left-hand block				ondary transmis	sion 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			••		•				
	first set" and would be counted of					idel Selvi				
	Block 2: If your cable system				service that are	e different f	rom those			
	printed in block 1 (for example, t	iers of services	that include one or	more second	lary transmissi	ons), list th	em, together			
	with the number of subscribers a	and rates, in the	e right-hand block. A	two- or three	e-word descript	ion of the s	service is			
	sufficient. BLOCK 1						( )			
	BLC	NO. OF				BLOCK	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CATE	GORY OF SEI	RVICE	SUBSCRIBERS	RATE		
	Residential:									
	Service to first set		1,503 128.10					,		
	<ul> <li>Service to additional set(s)</li> </ul>							,		
	<ul> <li>FM radio (if separate rate)</li> </ul>							,		
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC				vour ochlo ov	tom'o oon	viene that ware			
F	In General: Space F calls for rain not covered in space E, that is, t	•	,	•						
-	service for a single fee. There ar				,	,				
Services	furnished at cost or (2) services	•	•	0						
Other Than	amount of the charge and the ur		usually billed. If any	rates are cha	arged on a var	able per-p	rogram basis,			
Secondary	enter only the letters "PP" in the		he cable system for	anch of the a	pplicable convi	oog ligtod				
ransmissions: Rates	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.									
		BLO	СК 1				BLOCK 2			
	CATEGORY OF SERVICE		CATEGORY OF SE	RVICE	RATE	CATEGO	DRY OF SERVICE	RATE		
	Continuing Services:		Installation: Non-re	esidential						
	• Pay cable		<ul> <li>Motel, hotel</li> </ul>			Showti	me/TMC	15.0		
	Pay cable—add'l channel		<ul> <li>Commercial</li> </ul>			Cinema	ax	8.5		
	Fire protection		<ul> <li>Pay cable</li> </ul>			Starz		9.0		
	•Burglar protection		• Pay cable-add'l	channel		НВО		15.0		
	Installation: Residential		Fire protection	1						
	• First set	55.00	<ul> <li>Burglar protectic</li> </ul>	'n						
	<ul> <li>Additional set(s)</li> </ul>		Other services:	i i i i i i i i i i i i i i i i i i i						
	• FM radio (if separate rate)		Reconnect		55.00					
	• Converter		<ul> <li>Disconnect</li> </ul>							
	• Converter			1	55.00					
	• Converter		<ul> <li>Disconnect</li> <li>Outlet relocation</li> <li>Move to new addition</li> </ul>		55.00 55.00					

ting Period: 2					
Name	LEGAL NAME OF OWNER OF			SYSTEM	
	SPENCER MUNICIPA				
G	carried by your cable syster	TELEVISION entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	(1) stations carried only on a part-ti	me basis under	
Primary Fransmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, a <b>Substitute Basis Stations</b>	<ul> <li>and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.</li> <li>With respect to any distant stations caules, regulations, or authorizations:</li> </ul>	1(e)(2) and (4))]; and (2) certain stati	ions carried on a	
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (th a substitute basis.			
	basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t		see page (v) of the general instruction orogram services such as HBO, ESP e-air designation. For example, report	ons. N, etc. Identify each rt multistream	
	of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" ( "E" (for noncommercial educational), o	station, an independent station, or a for network multicast), "I" (for indepe	noncommercial endent), "I-M"	
	For the meaning of these te <b>Column 4:</b> Give the location	rms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station i	is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	κτιν	14	N	SIOUX CITY, IA	
	KTIV	14	N	SIOUX CITY, IA	
	KMEG	32	N	SIOUX CITY, IA	
s Necessary					
s Necessary	KMEG	32	N	SIOUX CITY, IA FORT DODGE, IA	
as Necessary	KMEG KTIN	32 21	N E	SIOUX CITY, IA FORT DODGE, IA SIOUX CITY, IA	
as Necessary	KMEG KTIN KCAU	32 21 9	N E N	SIOUX CITY, IA FORT DODGE, IA	
as Necessary	KMEG	32	N	SIOUX CITY, IA	
	KTIN	21	E	FORT DODGE, IA	
	KCAU	9	N	SIOUX CITY, IA	
as Necessary	KMEG	32	N	SIOUX CITY, IA	
	KTIN	21	E	FORT DODGE, IA	
	KCAU	9	N	SIOUX CITY, IA	
as Necessary	KMEG	32	N	SIOUX CITY, IA	
	KTIN	21	E	FORT DODGE, IA	
	KCAU	9	N	SIOUX CITY, IA	
as Necessary	KMEG	32	N	SIOUX CITY, IA	
	KTIN	21	E	FORT DODGE, IA	
	KCAU	9	N	SIOUX CITY, IA	
as Necessary	KMEG	32	N	SIOUX CITY, IA	
	KTIN	21	E	FORT DODGE, IA	
	KCAU	9	N	SIOUX CITY, IA	
is as Necessary	KMEG	32	N	SIOUX CITY, IA	
	KTIN	21	E	FORT DODGE, IA	
	KCAU	9	N	SIOUX CITY, IA	
s as Necessary	KMEG	32	N	SIOUX CITY, IA	
	KTIN	21	E	FORT DODGE, IA	
	KCAU	9	N	SIOUX CITY, IA	
rs as Necessary	KMEG	32	N	SIOUX CITY, IA	
	KTIN	21	E	FORT DODGE, IA	
	KCAU	9	N	SIOUX CITY, IA	
ws as Necessary	KMEG	32	N	SIOUX CITY, IA	
	KTIN	21	E	FORT DODGE, IA	
	KCAU	9	N	SIOUX CITY, IA	
ws as Necessary	KMEG	32	N	SIOUX CITY, IA	
	KTIN	21	E	FORT DODGE, IA	
	KCAU	9	N	SIOUX CITY, IA	
ws as Necessary	KMEG	32	N	SIOUX CITY, IA	
	KTIN	21	E	FORT DODGE, IA	
	KCAU	9	N	SIOUX CITY, IA	
ws as Necessary	KMEG	32	N	SIOUX CITY, IA	
	KTIN	21	E	FORT DODGE, IA	
	KCAU	9	N	SIOUX CITY, IA	
vs as Necessary	KMEG	32	N	SIOUX CITY, IA	
	KTIN	21	E	FORT DODGE, IA	
	KCAU	9	N	SIOUX CITY, IA	
ws as Necessary	KMEG	32	N	SIOUX CITY, IA	
	KTIN	21	E	FORT DODGE, IA	
	KCAU	9	N	SIOUX CITY, IA	
ws as Necessary	KMEG	32	N	SIOUX CITY, IA	
	KTIN	21	E	FORT DODGE, IA	
	KCAU	9	N	SIOUX CITY, IA	
ws as Necessary	KMEG	32	N	SIOUX CITY, IA	
	KTIN	21	E	FORT DODGE, IA	
	KCAU	9	N	SIOUX CITY, IA	
ws as Necessary	KMEG	32	N	SIOUX CITY, IA	
	KTIN	21	E	FORT DODGE, IA	
	KCAU	9	N	SIOUX CITY, IA	

SPENCER N	FOWNER OF O								SYSTEM
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal						н
Special Instruct eceivable if (1) in the basis of for detailed info aper SA1-2 fo Column 1: k Column 2: S Column 3: k ignal, indicate Column 4: C	ctions Conce it is carried by monitoring, to ormation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	rning Al y the sys be recei at the Co l sign of o the static ion's sig g a check n's locati	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. hal was electronically process k mark in the "S/D" column. on (the community to which the	C at s the	opyright Office n the system's he ystem's FM ante his point, see page ed by the cable s e station is licens	egulations, an adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	PM sign () it can ertain st eneral in eparate a	nal is generally be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
	AM or FM	e/n		Т			e/n		
CALL SIGN		S/D	LOCATION OF STATION	┟	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	FM	X	SPENCER, IA	-					
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		<u> </u>		1					
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	od: 2021/1					FORM	/I SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF						SYSTEM ID#		
Name	SPENCER MUNICIPAI	LUTILITIES					0		
	SUBSTITUTE CARRIAG	E: SPECIAL STATEM	ENT AND PROGRAM LC	G					
	In General: In space I, iden								
	substitute basis during the a explanation of the programm								
Substitute Carriage:	1. SPECIAL STATEMEN			ne general ins	structions in the	e paper 5/	A 1-2 IOTTI.		
Special				isis anv nonr	network televis	ion progr	am		
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?								
	-		ago blank. If your anower it	- "V " v r		-			
	Note: If your answer is "No log in block 2.		age blank. If your answer is	s res, your	must complete	the prog	ram		
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograt <b>Column 3:</b> Give the call <b>Column 4:</b> Give the bro the case of Mexican or Cat <b>Column 5:</b> Give the mon first. Example: for May 7 gi <b>Column 6:</b> State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	e of every nonnetwork tel a distant station and that egulations, or authorizati ries like "movies" or "bas . Bulls." m was broadcast live, er sign of the station broad adcast station's location nadian stations, if any, th nth and day when your s ive "5/7." hes when the substitute p . Example: a program ca ter "R" if the listed program	evision program ("substitute your cable system substitute ons. See page (v) of the ge ketball." List specific progra- iter "Yes." Otherwise enter classing the substitute program (the community to which the e community with which the system carried the substitute program was carried by you rried by a system from 6:0° an was substituted for prog	ted for the pro neral instruct am titles, for e "No." ram. e station is lid e program. Us r cable syste 1:15 p.m. to 6 ramming that	ogramming of ions for further example, "I Lov censed by the lentified). se numerals, v m. List the time 5:28:30 p.m. sh t your system v	another s r informal ve Lucy" FCC or, i vith the m es accura iould be was requi	station tion. or in nonth ately <i>ired</i>		
	was substituted for program	mming that your system	was permitted to delete und				ogram		
	was substituted for program effect on October 19, 1976	mming that your system b.	was permitted to delete und	der FCC rules	s and regulatio	ns in TE			
	was substituted for program effect on October 19, 1976 S	mming that your system	was permitted to delete unc	ler FCC rules WHE CARRI	s and regulatio	ns in TE RED	ogram 7. REASON FOR DELETION		
	was substituted for program effect on October 19, 1976	mming that your system b.	was permitted to delete unc	der FCC rules	N SUBSTITU	ns in TE RED	7. REASON FOR		
	was substituted for program effect on October 19, 1976 S	UBSTITUTE PROGRA	M	VHE CARRI	N SUBSTITU AGE OCCUR 6. TIME	ns in TE RED S	7. REASON FOR		
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	was substituted for program effect on October 19, 1976 S	UBSTITUTE PROGRA	M	VHE CARRI	N SUBSTITU AGE OCCUR 6. TIME	ns in TE RED S	7. REASON FOR		
	was substituted for program effect on October 19, 1976 S	UBSTITUTE PROGRA	M	VHE CARRI	N SUBSTITU AGE OCCUR 6. TIME	ns in TE RED S	7. REASON FOR		

Accounting Period:	<b>2021/1</b> FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I
Naille	SPENCER MUNICIPAL UTILITIES
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.         MPORTANT: You must complete a statement in space P concerning gross receipts.       \$ 366,877.94
	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 \$263,80( • 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.
	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 this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	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 \$ 366,877.94
	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
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 2,349.78
	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 2,369.78
	EFT Trace # or TRANSACTION ID #
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2021/1						FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: NICIPAL UTILITIES					SYSTEM ID# (
<b>M</b> Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number s, and (2) the cable system's I number of channels on whice television broadcast stations I number of activated channe able system carried television cast services	s total numb ich the cable s els n broadcas	er of activated channels d		ons	9
N Individual to Be Contacted		BE CONTACTED IF FURT		RMATION IS NEEDED (Id	entify an individual to whom		
for Further Information	Name	TRISH BRUNING			Telepi	hone <b>712.580.580</b>	)0
	Address	520 2ND AVE E, SU (Number, street, rural route, apar SPENCER, IA 5130 (City, town, state, zip)	artment, or suit	e number)			
	Email	trish.bruning@	@smunet.n	ət	Fax (optional) 712.58	0.5888	
<b>O</b> Certification	I, the undersigned     (Owne     (Agentian     (Affician     (Offician     )     I have examined	ed, hereby certify that (Check er other than corporation or t of owner other than corpo line 1 of space B and that the er or partner) I am an officer line 1 of space B. d the statement of account am e, and correct to the best of m	r partnershi partnershi oration or part e owner is no r (if a corpor nd hereby de ny knowledg	y one, of the boxes.) <b>b)</b> I am the owner of the ca <b>artmership)</b> I am the duly a t a corporation or partners! ation) or a partner (if a part clare under penalty of law e, information, and belief, a /s/ Trish Bruning	nership) of the legal entity identified that all statements of fact contained and are made in good faith. ne above to certify this statement.	pace B; or cable system as identif as owner of the cable	
		Typed or printe Title: (Title of	Αςςοι	Trish Bruning ntant	hip)		
		Date:			7/14/2021		

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.

ounting Period: 2	2021/1	FORM SA1-2E. PAGE 8
AL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM ID
ENCER MUNI	CIPAL UTILITIES	
The Satellite He lowing sentenc "In dete service scribers	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: mining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
During the acco	aper SA1-2 form. punting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?	
NO		
	the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	•
	ASSESSMENT	
	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter th	ne amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply	/ line 1 by the interest rate* and enter the sum here	
Line 3 Multiply	/ line 2 by the number of days late and enter the sum here	
	/ line 3 by 0.00274** and enter here e L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
contact th	(interest charge) e interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please e Licensing Division at (202) 707-8150 or licensing@copyright.gov. e decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you a	re filing this worksheet covering a statement of account already submitted to the Copyright Office, please wner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner		
Address		1
ID number First communit	y served	

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