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							
2/16/22	\$ ALLOCATION NUMBER							

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting	Barcode Data Filing Period (optional - see instructions)							
Period								
В	Instructions: 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.							
	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							
	FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	410 BROAD AVE [Number, street, rural route, apartment, or suite number)							
	STANTON IA 51573 (City, town, state, zip)							
_	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
С	names 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	IDENTIFICATION OF CABLE SYSTEM:							
	SAME AS "B"							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 SAME AS "B" (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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2021/2	FORM SA1-2E. PAGE 1b
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA	2201
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fill Note: Entities and properties such as hotels, apartments, condominiums, or respectively.	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
Served	identified city.	
	CITY OR TOWN	STATE
First	STANTON	IOWA
Community	NEW MARKET	IOWA
	BETHESDA	IOWA
Add Rows as Necessary	VILLISCA	IOWA
	NODAWAY	IOWA

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 2201

FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA

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		BLOC	< 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	720	41.95			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel	1	23.08/room			
Commercial	2	18.18/room			
Converter					
Residential	1,181	5.95			
Non-residential					
		T		1	ĭ

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						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential					
Pay cable	19.95	Motel, hotel	-	DVR	9.95		
 Pay cable—add'l channel 	19.95	Commercial	-	Mini Business	45.00		
Fire protection	N/A	• Pay cable	19.95	Basic/Premier	#####		
•Burglar protection	N/A	Pay cable-add'l channel	19.95				
Installation: Residential		Fire protection	N/A				
• First set	-	Burglar protection	N/A				
 Additional set(s) 	-	Other services:					
 FM radio (if separate rate) 	N/A	Reconnect	20.00				
Converter	N/A	Disconnect	-				
		Outlet relocation	75.00				
• Mo		 Move to new address 	20.00				

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

Name

FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA

SYSTEM ID# 2201

4. LOCATION OF STATION

PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

1. CALL SIGN

G

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.

2. B'CAST CHANNEL NUMBER

KMTV-DT	3.1	N	OMAHA, NE
KMTV-DT2	3.2	N-M	OMAHA, NE
KMTV-DT3	3.3	N-M	OMAHA, NE
KMTV-DT4	3.4	N-M	OMAHA, NE
WOWT-DT	6.1	N	OMAHA, NE
WOWT-DT2	6.2	N-M	OMAHA, NE
WOWT-DT3	6.3	N-M	OMAHA, NE
KETV-DT	7.1	N	OMAHA, NE
KETV-DT2	7.2	N-M	OMAHA, NE
IPTV-DT	11.1	N	DES MOINES, IA
IPTV-DT2	11.2	N-M	DES MOINES, IA
IPTV-DT3	11.3	N-M	DES MOINES, IA
IPTV-DT4	11.4	N-M	DES MOINES, IA
WHO-DT	13.1	N	DES MOINES, IA
WHO-DT2	13.2	N-M	DES MOINES, IA
WHO-DT3	13.3	N-M	DES MOINES, IA
KXVO-DT	15.1	N	OMAHA, NE
KXVO-DT2	15.2	N-M	OMAHA, NE
KDSM-DT	17.1	N	DES MOINES, IA
KDSM-DT2	17.2	N-M	DES MOINES, IA
KDSM-DT3	17.3	N-M	DES MOINES, IA
KPTM-DT	42.1	N	OMAHA, NE
KPTM-DT2	42.2	N-M	OMAHA, NE
KPTM-DT3	42.3	N-M	OMAHA, NE

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA

2204

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
						[
							
	 						
	ļ						
	T						
	 						
	 						
						L	
	T						
	 						
						 	
						ļ	
						L	
	 					 -	

Substitute Carriage: Special Statement and Program Log 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. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program" ("substitute program") that, during the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball." Gers vs. Bulls." Column 2: Give the call sign of the station broadcasting the substitute program. Column 3: Give the broadcast station's location (the community to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 5: Give the month and day when your system carried the substitute programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and r	Accounting Perio	od: 2021/2						FOR	M SA1-2E. PAGE 5.
Substitute Carriage: Special Statement and Program Log 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. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonetwork television program "substitute for the programming of another station under certain FCC rules, regulations, or authorizations. For a further 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 During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? 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. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball." Gers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Colu	Name								SYSTEM ID#
In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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 Statement and Program Log 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. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: "Toers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 4: Give the broadcast 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). Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was substituted for progr	Nume	FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA							2201
Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S STATION'S TITLE OF PROGRAM CARRIAGE OCCURRED 5. MONTH 6. TIMES	Carriage: Special Statement and	SUBSTITUTE CARRIAGE In General: In space I, iden substitute basis during the explanation of the program. 1. SPECIAL STATEMEN. During the accounting period broadcast by a distant standard by a dista	E: SPECIA tify every no accounting p ning that mu T CONCEI riod, did you ation? or, leave the E PROGRA stitute prograce, please of every no a distant sta egulations, ries like "me Bulls."	AL STATEME nnetwork telev period, under sy ist be included RNING SUBS ur cable system e rest of this pa AMS am on a sepan add additiona connetwork telev ition and that y or authorizatio povies" or "bask	ENT AND PROGRAM LO ision program, broadcast by pecific present and former F in this log, see page (v) of ti ETITUTE CARRIAGE or carry, on a substitute base age blank. If your answer is rate line. Use abbreviations I rows to the tables. Evision program ("substitute rour cable system substitute ins. See page (v) of the ge itertball." List specific program	or a distant star CC rules, reg he general ins sis, any nonr s "Yes," you r s wherever po e program") the ded for the pro neral instruct am titles, for e	ulations, ostructions in the twork temust compossible, if that, during ogramminions for fu	relevision prog	stem carried on a ns. For a further SA1-2 form. Iram X NO gram g is ting station stion.
SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S CARRIAGE OCCURRED 7. REASON FO DELETION		Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for progra	adcast statinadian statinth and day ive "5/7." nes when the Example: ter "R" if the and regulatemming that	ion's location (ons, if any, the when your sy e substitute pr a program car e listed prograi ions in effect o	the community to which the community with which the extern carried the substitute togram was carried by you ried by a system from 6:01 m was substituted for progluring the accounting period	e station is lide station is ide program. Use reable system is 15 p.m. to 6 ramming that id; enter the l	entified). se numera m. List the :28:30 p.r t your syst etter "P" i	als, with the retimes accured in should be term was requent to the listed pr	month ately uired
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION						WHE	N SUBST	TITUTE	
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES		S			1				7. REASON FOR
		TITLE OF PROGRAM							5222
								_	
			 						
									"
			 						
			 						"
			 						"
									
									"
				 					
			ļ						
								_	
								_	"
									"

Accounting Period:	2021/2			FORM S.	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID:
Name	FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA				220
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar 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 explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	ystem's se	condary transm	nission service	
	during the accounting period			\$ 18 (Amount of gr	9,032.85 oss 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha	an \$527,600	263,800	<u> </u>
	BLOCK 1: GROSS RECEIPTS OF \$13	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	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 1 and 2	,		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	Base amount under statutory formula	\$	263,800.00	_	
	Enter amount of gross receipts from space K	\$	189,032.85	_	
	3. Subtract line 2 from line 1	\$	74,767.15	_	
	Enter the amount of gross receipts from space K		\$	189,032.85	
	5. Enter the amount from line 3		. \$	74,767.15	
	6. Subtract line 5 from line 4		\$	114,265.70	
	7. Multiply line 6 by .005 (enter figure here)			\$	571.33
	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		\$	571.33
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula			-	
	3. Subtract line 2 from line 1			-	
	4. Multiply line 3 by .01			-	
	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			•	
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	571.33	
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			\$	591.33
	Important: Your remittance must be in the form of an electronic pay	ment paya	ble to the Regis	ster of Copyrig	hts!
	See page i of the general instructions in the paper SA1		-		

Accounting Period:	2021/2			FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: ITUAL TELEPHONE CO O	F STANTON IOWA	SYSTEM ID# 2201
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's t	of channels on which the cable system carried television broadcast stations total number of activated channels during the accounting period.	24
	Enter the total on which the c	Il number of activated channel able system carried television	s	183
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accounts	IER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name Address	KEVIN T CABBAGE 410 BROAD AVE	Telephone 7	712-829-2111
		(Number, street, rural route, apart STANTON IA 51573 (City, town, state, zip)		
	Email	kcabbage@fmi	continuity (continuity) (continuity) Fax (optional) 712-829-2509	
O Certification	• I, the undersign (Own)	ed, hereby certify that (Check of the other than corporation or put of owner other than corporation corporation corporation corporation).	ust be certified and signed in accordance with Copyright Office regulations) one, but only one, of the boxes.) partnership) I am the owner of the cable system as identified in line 1 of space B ation or partnership) I am the duly authorized agent of the owner of the cable system is not a corporation or partnership; or	
		cer or partner) I am an officer (line 1 of space B.	(if a corporation) or a partner (if a partnership) of the legal entity identified as own	er of the cable system
		te, and correct to the best of my	hereby declare under penalty of law that all statements of fact contained herein y knowledge, information, and belief, and are made in good faith.	
			X /S/ KEVIN T CABBAGE Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	d name: KEVIN T CABBAGE	
		Title:	GENERAL MANAGER fficial position held in corporation or partnership)	
		Date:	2/16/22	

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

Accounting Period: 2021/2 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA

2201

SPECIAL STATEMENT CC The Satellite Home Viewer Act of lowing sentence: "In determining the total nu service of providing seconscribers and amounts colle	P Special Statement Concerning Gross Receipts Exclusion			
For more information on when to located in the paper SA1-2 form.	exclude these amounts, see the	note on page (vii) of the	general instructions	
During the accounting period, did made by satellite carriers to satell NO		amounts of gross receipts	for secondary transmissions	
YES. Enter the total here and	d list the satellite carrier(s) below	, <u>\$</u>		
Name Mailing Address		Name Mailing Address		
INTEREST ASSESSMENT				
You must complete this workshee For an explanation of interest ass	* * * *			Q
Line 1 Enter the amount of late p	payment or underpayment			Interest Assessment
			x	
Line 2 Multiply line 1 by the inter	rest rate* and enter the sum here	e		
			xdays	
Line 3 Multiply line 2 by the num	nber of days late and enter the su	um here		
			x 0.00274	
Line 4 Multiply line 3 by 0.00274 in space L, (page 6) block	1** and enter here < 1, line 2, or block 2 line 8, or blo	ock 3 line 6	\$ -	
, ,			(interest charge)	
	art click on <i>www.copyright.gov/lic</i> on at (202) 707-8150 or licensing		For further assistance please	
** This is the decimal equivale	ent of 1/365, which is the interest	t assessment for one day	late.	
NOTE: If you are filing this workshist below the owner, address, firs	· ·	•	. , ,	
Owner Address				
ID number				
First community served				
Accounting period				

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 th 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.