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:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	<ul> <li>coplicsoa@loc.gov</li> </ul>
General instru	ems (Short Form) uctions are located of this workbook	2/16/22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period				
B Owner	title of the subsidiary, not that of the par List any other name or names under whic	ent corporation. the owner conducts the business of accounting period, only the owner or ee payment covering the entire accou	n the last day of the accounting period should nting period.	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	Λ	
	Griswold Coop Telephone Co			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	<u>т)</u>	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	PO Box 640 (Number, street, rural route, apartment, or suite n	umber)		
	Griswold IA 51535-0640 (City, town, state, zip)			
С	<b>INSTRUCTIONS:</b> In line 1, give any busin names already appear in space B. In line	ness or trade names used to ide 2, give the mailing address of t	entify the business and operation of the system, if different from the addre	ne system unless these ss given in space B
System	IDENTIFICATION OF CABLE SYSTEM:		· · · · · · · · · · · · · · · · · · ·	
	MAILING ADDRESS OF CABLE SYSTEM	 I:		
	N/A			
	2 (Number, street, rural route, apartment, or suite in (City, town, state, zip code)	umber)		

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Griswold Coop Telephone Co	367
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single
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 Community	Griswold	AI A
community	Lyman Elliott	IA III
dd Rows as Necessary	Lewis	IA
	Grant	IA

LEGAL NAME OF OWNER OF C/ Griswold Coop Telepho	ADLE STOTEM.						515	TEM ID
	ne Co							3678
SECONDARY TRANSMISSION								
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	-	-	•					
<b>°</b>	• •	,		ny standar	d rate variation	s within a p	particular rate	
0.1				ies of seco	ondary transmis	sion servio	e that cable	
	•		•					
			-		-			
						•		
					service that are	e different fi	rom those	
						,.		
	nd rates, in the	e right-h	and block. A tw	o- or three	e-word descript	ion of the s	service is	
	DCK 1					BLOCK	2	
	NO. OF						NO. OF	
	SUBSCRIBE	ERS	RATE	CATE	GORY OF SEF	RVICE	SUBSCRIBERS	RAT
		424	07.05	Econor	NY Baakaga		27	27.9
								27.3 7.9
. ,		3/0						4.0
· · /				пр Еди	ipinent ree		230	4.(
-		8	97 95	Non-Ho	snitality Fc	nomy	2	27.9
		Ŭ	37.33			Jiony	4	21.5
SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	5				
		,		•				
0				0		0()		
-		usually	billed. If any ra	tes are ch	arged on a vari	able per-pr	ogram basis,	
		ha cable	system for ea	ch of the c	policable servi	cae listad		
							were not	
listed in block 1 and for which a s	separate charg	e was n	nade or establis	shed. List	these other ser	vices in the	e form of a	
brief (two- or three-word) descrip	tion and includ	le the ra	ite for each.					
	BLOC	CK 1					BLOCK 2	
CATEGORY OF SERVICE					RATE	CATEGO	ORY OF SERVICE	RATE
-				dential				
-			,					25.0
-				_		•••••		25.0
•				1	/ agreement	Switchi	ng box type	25.0
<b>.</b> .				annei				
			•					
• •					30.00			
· · /								
			let relocation		90.00			
		<b>J</b> 40						
	system, that is, the retransmission about other services (including p last day of the accounting period <b>Number of Subscribers:</b> Both down by categories of secondary each category by counting the mission separately for the particular serv <b>Rate:</b> Give the standard rate c unit in which it is generally billed category, but do not include disc <b>Block 1:</b> In the left-hand block systems most commonly provide that applies to your system. <b>Note</b> categories, that person or entity is subscriber who pays extra for ca first set" and would be counted of <b>Block 2:</b> If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient. <b>BLC</b> <b>CATEGORY OF SERVICE</b> <b>Residential:</b> • Service to first set • Service to additional set(s) • FM radio (if separate rate) <b>Motel, hotel</b> <b>Converter</b> • Residential • Non-residential • Non-residential <b>SERVICES OTHER THAN SEC</b> <b>In General:</b> Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the <b>Block 1:</b> Give the standard rat <b>Block 2:</b> List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	system, that is, the retransmission of television about other services (including pay cable) in sp last day of the accounting period (June 30 or D Number of Subscribers: Both blocks in space down by categories of secondary transmission each category by counting the number of billing separately for the particular service at the rate in Rate: Give the standard rate charged for eac unit in which it is generally billed. (Example: "\$2 category, but do not include discounts allowed Block 1: In the left-hand block in space E, the systems most commonly provide to their subsci that applies to your system. Note: Where an in categories, that person or entity should be cours subscriber who pays extra for cable service to a first set" and would be counted once again und Block 2: If your cable system has rate catego printed in block 1 (for example, tiers of services with the number of subscribers and rates, in the sufficient. BLOCK 1 NO. OF CATEGORY OF SERVICE SUBSCRIBE Residential: • Service to first set • Service to first set • Service to diftional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter • Residential • Non-residential • Non-residential • Non-residential • Non-residential • Non-residential • Non-residential • Service for a single fee. There are two exceptio furnished at cost or (2) services or facilities fur amount of the charge and the unit in which it is service for a single fee. There are two exceptio furnished at cost or (2) services or facilities fur amount of the charge and the unit in which it is service for a single fee. There are two exceptio furnished at cost or (2) services or facilities fur amount of the charge and the unit in which it is service for a single fee. There are two exceptio furnished at cost or (2) services or facilities fur amount of the charge and the unit in which it is enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by t Block 2: List any services that your cable sys- listed in block 1 and for which a separate charged brief	system, that is, the retransmission of television and rac about other services (including pay cable) in space F, r last day of the accounting period (June 30 or Decembe Number of Subscribers: Both blocks in space E cal down by categories of secondary transmission service. each category by counting the number of billings in that separately for the particular service at the rate indicate Rate: Give the standard rate charged for each categor unit in which it is generally billed. (Example: "\$20/mth") category, but do not include discounts allowed for adva Block 1: In the left-hand block in space E, the form Ii systems most commonly provide to their subscribers. Of that applies to your system. Note: Where an individual categories, that person or entity should be counted as subscriber who pays extra for cable service to addition. first set" and would be counted once again under "Serv Block 2: If your cable system has rate categories for printed in block 1 (for example, tiers of services that indivith the number of subscribers and rates, in the right-h sufficient. BLOCK 1 NO. OF CATEGORY OF SERVICE Residential: • Service to first set • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial • Residential • Non-residential • Pay cable • Pay cab	system, that is, the retransmission of television and radio broadcasts I about other services (including pay cable) in space F, not here. All the last day of the accounting period (June 30 or December 31, as the car Number of Subscribers: Both blocks in space E call for the numbe down by categories of secondary transmission service. In general, you each category by counting the number of billings in that category (the separately for the particular service at the rate indicated—not the num Rate: Give the standard rate charged for each category of service. I unit in which it is generally billed. (Example: "\$20/mth"). Summarize at category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categor systems most commonly provide to their subscribers. Give the number that applies to your system. Note: Where an individual or organization categories, that person or entity should be counted as a subscriber in subscriber who pays extra for cable service to additional sets would b first set" and would be counted once again under "Service to additione Block 2: If your cable system has rate categories for secondary trans printed in block 1 (for example, tiers of services that include one or mo with the number of subscribers and rates, in the right-hand block. A tw sufficient. BLOCK 1 CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: Service to first set Service to first set Service to additional set(s) FM radio (if separate rate) Motel, hotel Converter Residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with re- not covered in space E, that is, those services that are not offered in a service for a single fee. There are two exceptions: you do not need to furnished at cost or (2) services or facilities furnished to nonsubscribe amount of the charge and the unit in which it is usually billed. If any ra enter only the letters "PP" in the rate column. Block 1: Give the stand	system, that is, the retransmission of television and radio broadcasts by your sy about other services (including pay cable) in space F, not here. All the facts you last day of the accounting period (June 3) or December 31, as the case may be Number of Subscribers: Both blocks in space E call for the number of subsc down by categories of secondary transmission service. In general, you can com each category by counting the number of billings in that category (the number of separately for the particular service at the rate indicated—not the number of set Rate: Give the standard rate charged for each category of service. Include bo unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standar 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 sec systems most commonly provide to their subscribers. Give the number of subscriber who pays extra for cable service to additional sets would be included 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 printed in block 1 (for example, tiers of services that include one or more second with the number of subscribers and rates, in the right-hand block. A two- or three sufficient. BLOCK 1 CATEGORY OF SERVICE SUBSCRIBERS RATE CATE Residential • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 6 97.95 Non-Ho Commercial • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Converter • Residential • Non-residential • Non-trate are the asparate charge by the cable system for each of the a Block 1: Give the standard rate charged by the cable system for each of the a Block 1: G	system, that is, the retransmission of television and radio broadcasts by your system to subscri about other services (including pay cable) in space F, not here. All the facts you state must be 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 ca down by categories of secondary transmission service. In eneral, you can compute the number each category by counting the number of billings in that category (the number of persons or or separately for the particular service at the rate Indicated—not the number of sets receiving sen Rate: Give the standard rate charged for each category of service. Include both the amount of unit in which its generally billed. (Example: "\$20/mth"). Summarize any standard rate variation category, but do not include discounts allowscribers. Give the number of subscribers and rate that applies to your system. Note: Where an individual or organization is receiving service that categories, that person or entity should be counted as a subscriber in each applicable category subscriber who pays exit for cable service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission with the number of subscribers and rates, in the right-hand block. A two- or three-word descript sufficient. BLOCK 1 CATEGORY OF SERVICE Subscribers and rates, in the right-hand block. A two- or three-word descript sufficient. BEVICES OTHER THAN SECONDARY TRANSINSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable syst on covered in space E, that is, those services that are not offered in combination with any sect service to angle fee. There are two exceptions: you do not need to give rate information con furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information sord amount of the charge and the unit in which it is usually billed. If any rates are charged on a vari anter	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give about other services (including pay cable) in space F, not here. All the facts you state must be those exist 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 down by categories of secondary transmission exvice. In general, you can compute the number of subscribers or organizations service at the rate indicatednot the number of subscribers or organizations exvice. In generally blick (Example: "\$200mth"). Summarize any standard rate variations within a f category, but do not include discounts allowed for advance payment. Biock 1: In the left-hand block in space E. Ihe form lists the categories of secondary transmission servic atlegories, the period of subscribers and rate for each lis that applies to your system. Note: Where an individual or organizations is receiving service that falls under "Service to additional set(s)." Biock 2: If your cable system has rate categories for secondary transmission, service that all subscribers will be existed as a ubscriber in each applicable category. Suit do not include diace again under "Service to additional set(s)." Biock 2: If your cable system has rate categories for secondary transmission service that are different first est and wold be counted once again under "Service to additional set(s)." Biock 2: If your cable system as rate categories for secondary transmission. Service that are different for the number of subscribers and rates, in the right-hand block. A two- or three-word description of the sufficient. BLOCK 1 BLOCK 1 CATEGORY OF SERVICE INCOMPARY TRANSINGSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's servin to covered in space E, that is, those exions that are not offered in combination with any secondary transmission arbit period that and or with a separ	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, horken down by categories of secondary transmission service. In general category of subscribers in each category by counting the number of subscribers.           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: '\$20mth'). Summarize any standard rate variations within a particular rate category. but is generally billed. (Example: '\$20mth'). Summarize any standard rate variations within a particular rate category. but is generally billed. (Example: '\$20mth'). Summarize any standard rate variations within a particular rate category. It is generally billed. (Example: '\$20mth'). Summarize any standard rate variations within a particular rate category. It is generally billed 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 fails under different categories. They were an individual or organization streaking'.           Bitock 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, ties of services that include one or more secondary transmission, 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.           BLOCK 1         BLOCK 2         NO, OF           CATEGORY OF SERVICE         SUBSCRIBERS         RATE           CATEGORY OF SERVICE         SUBSCRIBERS         RATE           CATEGORY OF SERVICE         SUBSCRIBERS         NO, OF

	LEGAL NAME OF OWNER OF			SYSTE
Name	Griswold Coop Telep			313121
	PRIMARY TRANSMITTERS:			
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a <b>Substitute Basis Stations</b> 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 basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the chann- of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part the carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su the Special Statement and Program d both on a substitute basis and all see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde or "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	кмту	3	N	Omaha, NE
	KMTV 3.2	3.2	N-M	Omaha, NE
ws as Necessary	KMTV 3.3	3.3	N-M	Omaha, NE
	KMTV 3.4	3.4	N-M	Omaha, NE
	KMTV 3.5	3.5	N-M	Omaha, NE
	WOWT 6	6	N	Omaha, NE
	WOWT 6.2	6.2	N-M	Omaha, NE
	WOWT 6.3	6.3	N-M	Omaha, NE
		1		
	KETV 7	7	N	Omaha, NE
	KETV 7 KETV 7.2			
		7	N	Omaha, NE
	KETV 7.2	7 7.2	N N-M	Omaha, NE Omaha, NE
	KETV 7.2 KCCI	7 7.2 8	N N-M N	Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA
	KETV 7.2 KCCI KDIN	7 7.2 8 11	N N-M N E	Omaha, NE Omaha, NE Des Moines, IA
	KETV 7.2 KCCI KDIN KDIN 2	7 7.2 8 11 11.2	N N-M N E E-M	Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA Red Oak, IA
	KETV 7.2 KCCI KDIN KDIN 2 KDIN 3	7 7.2 8 11 11.2 11.3	N N-M N E E-M E-M	Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA Red Oak, IA Red Oak, IA
	KETV 7.2 KCCI KDIN KDIN 2 KDIN 3 KDIN 4	7 7.2 8 11 11.2 11.3 11.4	N N-M N E E-M E-M E-M	Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA Red Oak, IA Red Oak, IA Red Oak, IA
	KETV 7.2 KCCI KDIN KDIN 2 KDIN 3 KDIN 4 KXVO 15	7 7.2 8 11 11.2 11.3 11.4 15	N N-M N E E-M E-M E-M I	Omaha, NE Omaha, NE Des Moines, IA Red Oak, IA Red Oak, IA Red Oak, IA Red Oak, IA Red Oak, IA Omaha, NE
	KETV 7.2 KCCI KDIN KDIN 2 KDIN 3 KDIN 4 KXVO 15 KXVO 15.2	7 7.2 8 11 11.2 11.3 11.4 15 15.2	N N-M N E E-M E-M E-M I I I-M	Omaha, NE         Omaha, NE         Des Moines, IA         Red Oak, IA         Red Oak, IA         Red Oak, IA         Red Oak, IA         Omaha, NE         Omaha, NE         Omaha, NE         Omaha, NE         Omaha, NE
	KETV 7.2 KCCI KDIN KDIN 2 KDIN 3 KDIN 4 KXVO 15 KXVO 15.2 KXVO 15.3	7 7.2 8 11 11.2 11.3 11.4 15 15.2 15.3	N N-M N E E-M E-M E-M I I I-M	Omaha, NE         Omaha, NE         Des Moines, IA         Red Oak, IA         Red Oak, IA         Red Oak, IA         Red Oak, IA         Omaha, NE         Omaha, NE         Omaha, NE         Des Moines, IA
	KETV 7.2 KCCI KDIN KDIN 2 KDIN 3 KDIN 4 KXVO 15 KXVO 15.2 KXVO 15.3 KDSM KPTM	7 7.2 8 11 11.2 11.3 11.4 15 15.2 15.3 17 42	N N-M N E E-M E-M I I I-M I-M I I I-M	Omaha, NE         Omaha, NE         Des Moines, IA         Red Oak, IA         Red Oak, IA         Red Oak, IA         Omaha, NE         Omaha, NE         Omaha, NE         Des Moines, IA
	KETV 7.2 KCCI KDIN KDIN 2 KDIN 3 KDIN 4 KXVO 15 KXVO 15.2 KXVO 15.3 KDSM	7 7.2 8 11 11.2 11.3 11.4 15 15.2 15.3 17	N N-M N E E-M E-M E-M i i i-M i-M i-M	Omaha, NE         Omaha, NE         Des Moines, IA         Red Oak, IA         Red Oak, IA         Red Oak, IA         Red Oak, IA         Omaha, NE         Omaha, NE         Omaha, NE         Des Moines, IA

Griswold Co	F OWNER OF C							SYSTEM I 367
	t every radio s	station ca	rried on a separate and discr nerally receivable by your cal					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, 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 Co sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under the whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. In al was electronically process of mark in the "S/D" column. In the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system 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	
			N/A					
			1977					
						I		

Name	LEON NAME OF SUMMER						FUR	M SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF Griswold Coop Teleph		TEM:					SYSTEM ID 36788
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
Substitute	In General: In space I, iden substitute basis during the a explanation of the programm	tify every nor accounting p	nnetwork televi eriod, under sp	<i>sion program,</i> broadcast by becific present and former F	a <i>distant</i> sta CC rules, reg	ulations, o	r authorizatio	ons. For a further
Carriage:	1. SPECIAL STATEMEN				<u> </u>			
Special				n carry, on a substitute ba	sis, any nonr	network te	levision prog	gram
Statement and Program Log	broadcast by a distant sta						YES	
	Note: If your answer is "No	o" leave the	rest of this pa	ige blank. If your answer is	s "Yes " vou r	nust comr		
	log in block 2.	, 10010 110		igo blaniti il your anomor ic	, 100, <u>j</u> our	nuor oomp		gram
	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 progra <b>Column 3:</b> Give the call <b>Column 4:</b> Give the bro the case of Mexican or Cai <b>Column 5:</b> Give the mo 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." <b>Column 7:</b> Enter the let to delete under FCC rules was substituted for program	e of every no a distant stat egulations, c ries like "mo . Bulls." m was broad sign of the adcast station nadian station nth and day ive "5/7." nes when the . Example: a ter "R" if the and regulatin mming that y	nnetwork tele tion and that y or authorization ovies" or "bask dcast live, entr station broadc on's location (i ons, if any, the when your sy e substitute pr a program carr listed program ons in effect d	vision program ("substitute our cable system substitut ns. See page (v) of the gen etball." List specific progra er "Yes." Otherwise enter " casting the substitute progra the community to which the e community with which the stem carried the substitute ogram was carried by your ried by a system from 6:01 n was substituted for progravity of the luring the accounting periore	ed for the pro- neral instruct im titles, for e "No." am. e station is lid e program. Us r cable systen :15 p.m. to 6 ramming that d; enter the l	ogramming ions for fu example, " censed by entified). se numera m. List the :28:30 p.n : your syst etter "P" if	g of another rther informa I Love Lucy the FCC or als, with the times accu n. should be em was <i>req</i> the listed p	r station ation. " or , in month rately <i>uired</i>
	effect on October 19, 1976		E PROGRAM					7. REASON FO
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.		
	N1/A	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY			
	N/A					FROM	— то	
						FROM	<u>        то</u>	
						FROM	<u>то</u>	
								·····
					·		<u>то</u>	
							ТО	
					······			
							TO	
							TO	
							ТО	

Accounting Period:	2021/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			\$	SYSTEM ID#
	Griswold Coop Telephone Co				36788
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the syst (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) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipting gross	stem's see a of how to	condary transmi compute this a	ssion service mount, see \$ 27	
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 bu • Use block 3 if the amount of gross receipts in space K is more than \$63,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more inf	ut less tha formation.	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	100 OR L	E99		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty 1 accounting period is \$52.00	fee that yo	ou must pay for t	his six-mon	
	Line 1. Royalty fee for accounting period				
	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 line	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	re than \$137,1	00)	
	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		······		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 a	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	800 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	276,878.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	13,078.00		
	4. Multiply line 3 by .01	· · · · · · · · · ·	\$	130.78	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) $\ldots$ .	· · · · · · · · · · ·	\$	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	5, and 6 .	· · · · · · · · · · · · · · · · · · ·	\$	1,449.78
	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)		\$	1,449.78	
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			\$	1,469.78
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Griswold Coop Telephone Co	SYSTEM ID# 36788
<b>M</b> Channels	CHANNELS 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	23
	and nonbroadcast services	111
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Wade Amos Telephone 712-7	778-2121
	Address 607 Main St. P.O. Box 640 (Number, street, rural route, apartment, or suite number) Griswold IA 51535 (City, town, state, zip)	
	Email gctc@netins.net Fax (optional) 712-778-2500	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	<ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> <li>(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</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B.</li> <li>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)]</li> </ul>	
	X       /s/ Wade Amos         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 name:       Wade Amos         Title:       President         Cittle of official 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 fing, a determination that would be made by a court of law.

ounting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
swold Coop Telephone Co	3678
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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