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

STATEMI		OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
-		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	ems (S	Short Form)			- <u>coplicsoa@copyright.gov</u> For additional information.
General instru	uctions	are located	00/07/00	\$	Contact the U.S. Copyright Office Licensing Division at:
in the first tab			02/07/22	ALLOCATION NUMBER	Tel: (202) 707-8150
					-
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
			1		
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			-		
			Barcode Data Filing Period (optiona	I - see instructions)	
Accounting					
Period					
				diary of another corporation, give the full corp	orate title of
B		the subsidiary, not that of the parent corpo	oration.		
Owner		List any other name or names under which	the owner conducts the business of th	ne cable system.	
		If there were different owners during the a statement of account and royalty fee payn		he last day of the accounting period should sul riod.	bmit a single
		Check here if this is the system's first filing	. If not, enter the system's ID number a	assigned by the Licensing Division.	62605
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		Harmony Telephone Company			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	
		Harmony Cable			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		PO Box 308 (Number, street, rural route, apartment, or suite n	umber)		
		Harmony, MN 55939			
		(City, town, state, zip)	ess or trade names used to ider	ntify the business and operation of the	system unless these
C				e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
			umber j		
		(City, town, state, zip code)			
r					

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 ID#
Name	Harmony Telephone Company	62605
D	Instructions: List each separate community served by the cable system. A "cor separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or m	d communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first
Area Served	city.	
_	CITY OR TOWN	STATE
First Community	Harmony	MN
Community		
ows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	-2E. PAGE
Name	Harmony Telephone Co							313	6260
		inpany							
Е	SECONDARY TRANSMISSION								
L	In General: The information in s system, that is, the retransmission	•		U U					
Secondary	about other services (including p					•			
Transmission	last day of the accounting period	I (June 30 or D	ecembe	r 31, as the ca	ase may b	e).		-	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•					-		
Rates	each category by counting the n	•		•		•			
	separately for the particular serv	rice at the rate i	ndicated	d—not the nur	nber of se	ts receiving serv	ice).	C C	
	Rate: Give the standard rate of	-	-						
	unit in which it is generally billed category, but do not include disc	· ·	,		iny standa	rd rate variation	s within a p	barticular rate	
	Block 1: In the left-hand block				ries of sec	condary transmis	sion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			0		•			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of	once again und	er "Serv	ice to addition	al set(s)."				
	Block 2: If your cable system	•		-					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		, ngint na						
	BLC	DCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		141	62.95	Lifeline	e/Lite		24	27.5
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel		1	339.25					
	Commercial								
	Converter								
	Residential Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC		NSMISS	IONS: RATE	S				
F	In General: Space F calls for rate		'		•				
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services								
					sio. i tato i			and an	
Other Than	amount of the charge and the ur		usually			harged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the	rate column.	-	billed. If any ra	ates are cl	-		rogram basis,	
		rate column. te charged by tl	he cable	billed. If any ra	ates are cl ach of the	applicable servi	ces listed.	-	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	rate column. te charged by tl t your cable sys separate charg	he cable stem furr e was m	billed. If any ra system for eanished or offer nade or establi	ates are cl ach of the ⁻ ed during	applicable servion the accounting	ces listed. period that	were not	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	rate column. te charged by tl t your cable sys separate charg	he cable stem furr e was m	billed. If any ra system for eanished or offer nade or establi	ates are cl ach of the ⁻ ed during	applicable servion the accounting	ces listed. period that	were not	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	rate column. te charged by th t your cable sys separate charg btion and includ	he cable stem fun e was m e the ra CK 1	billed. If any ra e system for ea nished or offer nade or establi te for each.	ates are cl ach of the red during ished. List	applicable servin the accounting these other serving	ces listed. period that vices in the	were not e form of a BLOCK 2	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	rate column. te charged by ti t your cable sys separate charg ption and includ BLOC RATE	he cable stem furn e was m e the rat CK 1 CATEG	billed. If any ra e system for ea nished or offer nade or establi te for each. ORY OF SER	ates are cl ach of the red during ished. List VICE	applicable servion the accounting	ces listed. period that vices in the	were not e form of a	RATE
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. te charged by ti t your cable sys separate charg ption and includ BLOC RATE	he cable stem fun e was m e the ra CK 1 CATEG Installa	billed. If any ra e system for ea nished or offer nade or establi te for each. ORY OF SER tion: Non-res	ates are cl ach of the red during ished. List VICE	applicable servin the accounting these other serving	ces listed. period that vices in the	were not e form of a BLOCK 2	RATE
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	rate column. te charged by ti t your cable sys separate charg otion and includ BLOC RATE	he cable stem furn e was m e the rat CK 1 CATEG Installa • Mote	billed. If any ra e system for ea nished or offer nade or establi te for each. ORY OF SER	ates are cl ach of the red during ished. List VICE	applicable servin the accounting these other serving	ces listed. period that vices in the	were not e form of a BLOCK 2	RATE
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. te charged by ti t your cable sys separate charg otion and includ BLOC RATE	he cable stem furn e was m e the rat CK 1 CATEG Installa • Moto • Con	billed. If any ra e system for ea nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel	ates are cl ach of the red during ished. List VICE	applicable servin the accounting these other serving	ces listed. period that vices in the	were not e form of a BLOCK 2	RATI
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	rate column. te charged by ti t your cable sys separate charg otion and includ BLOC RATE	he cable stem furi e was m e the rai CK 1 CATEG Installa • Mote • Con • Pay	billed. If any ra e system for ea nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel nmercial	ates are cl ach of the red during ished. List VICE idential	applicable servin the accounting these other serving	ces listed. period that vices in the	were not e form of a BLOCK 2	RATE
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	rate column. te charged by ti t your cable sys separate charg otion and includ BLOC RATE	he cable stem fun e was m e the rai CK 1 CATEG Installa • Mot • Con • Pay • Pay	billed. If any ra e system for ea nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel nmercial cable	ates are cl ach of the red during ished. List VICE idential	applicable servin the accounting these other serving	ces listed. period that vices in the	were not e form of a BLOCK 2	RATI
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	rate column. te charged by ti t your cable sys separate charg otion and includ BLOC RATE	he cable stem fun e was m e the rai <u>CK 1</u> <u>CATEG</u> Installa • Mot • Con • Pay • Pay • Fire	billed. If any ra e system for ea nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch	ates are cl ach of the red during ished. List <u>VICE</u> idential	applicable servin the accounting these other serving	ces listed. period that vices in the	were not e form of a BLOCK 2	RATI
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	rate column. te charged by ti t your cable sys separate charg otion and includ BLOC RATE 5.00 25.00	he cable stem furn e was m e the rai CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg	billed. If any ra e system for ea nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection	ates are cl ach of the red during ished. List <u>VICE</u> idential	applicable servin the accounting these other serving	ces listed. period that vices in the	were not e form of a BLOCK 2	RATI
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	rate column. te charged by ti t your cable sys separate charg otion and includ BLOC RATE 5.00 25.00	he cable stem furn e was m e the rai CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg Other s	billed. If any ra e system for ea nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	ates are cl ach of the red during ished. List <u>VICE</u> idential	applicable servin the accounting these other serving	ces listed. period that vices in the	were not e form of a BLOCK 2	RATI
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by ti t your cable sys separate charg otion and includ BLOC RATE 5.00 25.00	he cable stem fun e was m e the rai CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg Other s • Rec	billed. If any ra e system for ea nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices:	ates are cl ach of the red during ished. List <u>VICE</u> idential	applicable service the accounting particular these other service t	ces listed. period that vices in the	were not e form of a BLOCK 2	RATI
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by ti t your cable sys separate charg otion and includ BLOC RATE 5.00 25.00	he cable stem fun e was m e the rai CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burç Other s • Rec • Disc	billed. If any ra e system for ea nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices: onnect	ates are cl ach of the red during ished. List <u>VICE</u> idential	applicable service the accounting particular these other service t	ces listed. period that vices in the	were not e form of a BLOCK 2	RATI

	2021/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
	Harmony Telephone	Company		6260
G Primary ansmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including tu m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations can ules, regulations, or authorizations: e in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part-til e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instructi ogram services such as HBO, ESF air designation. For example, repo- vision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indepen- r "E-M" (for noncommercial educati- tions in the paper SA1-2 form. the community to which the station	me basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КІМТ	3	N	Mason City, IA
	кттс	10	N	Rochester, MN
ows as Necessary	KAAL	6	N	Austin, MN
ows as Necessary	KAAL KYIN	6 24	N N	Austin, MN Mason City, IA
ows as Necessary				
ws as Necessary	KYIN	24	N	Mason City, IA
ws as Necessary	KYIN KXLT	24 47	N N	Mason City, IA Rochester, MN
ws as Necessary	KYIN KXLT KSMQ	24 47 15	N N N	Mason City, IA Rochester, MN Austin, MN
is as Necessary	KYIN KXLT KSMQ KTTC-2	24 47 15 10.2	N N N N-M	Mason City, IA Rochester, MN Austin, MN Rochester, MN
ws as Necessary	KYIN KXLT KSMQ KTTC-2 KXLT-2	24 47 15 10.2 47.2	N N N-M N-M	Mason City, IA Rochester, MN Austin, MN Rochester, MN Rochester, MN Mason City, IA
ows as Necessary	KYIN KXLT KSMQ KTTC-2 KXLT-2 KIMT-2	24 47 15 10.2 47.2 3.2	N N N-M N-M N-M	Mason City, IA Rochester, MN Austin, MN Rochester, MN Rochester, MN
ows as Necessary	KYIN KXLT KSMQ KTTC-2 KXLT-2 KIMT-2	24 47 15 10.2 47.2 3.2	N N N-M N-M N-M	Mason City, IA Rochester, MN Austin, MN Rochester, MN Rochester, MN Mason City, IA
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iows as Necessary	KYIN KXLT KSMQ KTTC-2 KXLT-2 KIMT-2	24 47 15 10.2 47.2 3.2	N N N-M N-M N-M	Mason City, IA Rochester, MN Austin, MN Rochester, MN Rochester, MN Mason City, IA
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iows as Necessary	KYIN KXLT KSMQ KTTC-2 KXLT-2 KIMT-2	24 47 15 10.2 47.2 3.2	N N N-M N-M N-M	Mason City, IA Rochester, MN Austin, MN Rochester, MN Rochester, MN Mason City, IA
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OWNER OF C							SYSTEM II
ephone Co	ompan	у					626
every radio s	tation ca						Н
tions Concer it is carried by monitoring, to prmation about m.	rning All y the sys be recei t the Co	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t	copyright Office re t the system's hea system's FM ante	gulations, an adend, and (2) nna, during ce	FM sign) it can b ertain sta	al is generally e expected, ated intervals.	Primary Transmitters Radio
the radio stati this by placing ive the station	ion's sigr g a checł n's locatio	nal was electronically process (mark in the "S/D" column. on (the community to which th	e station is licens	ed by the FC0			
AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	NSMITTERS: every radio s those signals tions Concer it is carried by monitoring, to rmation abou m. entify the call tate whether t the radio stati this by placing ive the stations	NSMITTERS: RADIO every radio station ca whose signals were gen tions Concerning All it is carried by the sys monitoring, to be receir rmation about the Co m. entify the call sign of e tate whether the statio the radio station's sign this by placing a check ive the station's location adian stations, if any,	every radio station carried on a separate and discre- those signals were generally receivable by your cabi- tions Concerning All-Band FM Carriage: Under C it is carried by the system whenever it is received at monitoring, to be received at the headend, with the s- irmation about the Copyright Office regulations on t m. entify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically process this by placing a check mark in the "S/D" column. ive the station's location (the community to which the adian stations, if any, the community with which the	NSMITTERS: RADIO every radio station carried on a separate and discrete basis and list those signals were generally receivable by your cable system during in tions Concerning All-Band FM Carriage: Under Copyright Office re- it is carried by the system whenever it is received at the system's hear nonitoring, to be received at the headend, with the system's FM ante- rmation about the Copyright Office regulations on this point, see pag- m. entify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically processed by the cable si- this by placing a check mark in the "S/D" column. ive the station's location (the community to which the station is licens adian stations, if any, the community with which the station is identified	NSMITTERS: RADIO every radio station carried on a separate and discrete basis and list those FM statis those signals were generally receivable by your cable system during the accounting tions Concerning All-Band FM Carriage: Under Copyright Office regulations, an it is carried by the system whenever it is received at the system's headend, and (2) monitoring, to be received at the headend, with the system's FM antenna, during ce- rmation about the Copyright Office regulations on this point, see page (v) of the ge- m. entify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically processed by the cable system as a se- this by placing a check mark in the "S/D" column. ive the station's location (the community to which the station is licensed by the FCC adian stations, if any, the community with which the station is identified).	NSMITTERS: RADIO every radio station carried on a separate and discrete basis and list those FM stations carr hose signals were generally receivable by your cable system during the accounting period. tions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM sign it is carried by the system whenever it is received at the system's headend, and (2) it can be nonitoring, to be received at the headend, with the system's FM antenna, during certain sta rmation about the Copyright Office regulations on this point, see page (v) of the general in m. entify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically processed by the cable system as a separate a this by placing a check mark in the "S/D" column. ive the station's location (the community to which the station is licensed by the FCC or, in t adian stations, if any, the community with which the station is identified).	NSMITTERS: RADIO every radio station carried on a separate and discrete basis and list those FM stations carried on an whose signals were generally receivable by your cable system during the accounting period. tions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. rrmation about the Copyright Office regulations on this point, see page (v) of the general instructions in the. m. entify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically processed by the cable system as a separate and discrete this by placing a check mark in the "S/D" column. ive the station's location (the community to which the station is licensed by the FCC or, in the case of adian stations, if any, the community with which the station is identified).

ccounting Period							FO	
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#
	Harmony Telephone C	ompany						62605
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ad explanation of the programm	fy every noni ccounting pe ing that must	network televis riod, under spe t be included in	<i>ion program,</i> broadcast by cific present and former FC this log, see page (v) of th	a <i>distant</i> static CC rules, regula	ations, or au	Ithorizations	. For a further
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	During the accounting per	•	r cable system	carry, on a substitute bas	sis, any nonne	twork telev		
	broadcast by a distant stat					l	YES	NO
	Note: If your answer is "No' log in block 2.	", leave the r	rest of this pag	je blank. If your answer is	s "Yes," you mι	ust complet	e the progra	am
	In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call : Column 4: Give the broad the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes.	ce, please a of every nor distant static gulations, or ies like "mov Bulls." n was broad sign of the s adcast statio adian station th and day v re "5/7." es when the	add additional r nnetwork televi on and that yo r authorizations vies" or "baske lcast live, enter tation broadca n's location (th ns, if any, the when your syst substitute pro	rows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the ger tball." List specific progra r "Yes." Otherwise enter " isting the substitute progra to community to which the community with which the tem carried the substitute gram was carried by your	e program") tha ed for the prog neral instruction im titles, for ex "No." am. e station is lice e station is lice program. Use cable system.	it, during th ramming o ns for furth ample, "I L nsed by the tified). numerals, List the tir	e accountin f another st er informatio ove Lucy" o e FCC or, ir with the mo nes accurat	g ation on. r n onth
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program	er "R" if the I and regulatio	listed program ons in effect du	was substituted for progr ring the accounting perio	amming that y d; enter the let	ter "P" if th	e listed prog	
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Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID
	Harmony Telephone Company		6260
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service Imount, see	1,728.27 ss receipts)
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	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 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
240	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 26NFLCK9		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: hone Company			SYSTEM ID# 62605
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's i	otal number of activated channels		ons
	on which the	I number of activated channel cable system carried televisio dcast services			
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou	ER INFORMATION IS NEEDED tt.)	(Identify an individual to whom	
for Further Information	Name	Nicole Schulte		Teleph	one 507-498-3456
	Address	166 West Main Street (Number, street, rural route, apartr Spring Grove, MN 55 (City, town, state, zip)			
	Email	nicole@sgc-coo	o.com	Fax (optional	
O Certification		This statement of account mu d, hereby certify that (Check or	-	dance with Copyright Office regulation	is)
	(Owne	r other than corporation or p	rtnership) I am the owner of the c	able system as identified in line 1 of spa	ce B; or
	X (Office	in line 1 of space B and that the	owner is not a corporation or partr	authorized agent of the owner of the cat ership; or rtnership) of the legal entity identified as	
	I have examined	the statement of account and h te, and correct to the best of m	ereby declare under penalty of law knowledge, information, and beliet	that all statements of fact contained her , and are made in good faith.	ein
			X "/s/ Jill R Huffman	line above to certify this statement.	_
		Typed or printed	name: Jill Huffman		
		Title: (Tit	Chief Operating Officer e of official position held in corporation o	r partnership)	
		Date:		February 7, 2022	

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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM IE
mony Telephone Company	6260
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	L Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
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