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	FOR COPYRIGHT OFFICE USE ONLY			
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov		
Cable Systems (Short Form) General instructions are located in the first tab of this workbook.		2/17/22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.		
Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT: (Y	YYY/(Period))			
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
		Barcode Data Filing Period (optional	- see instructions)			
Accounting Period		_				

2 -			
		2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting			
Period			
_		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	
В		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. T	62917
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	02517
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		INTERSTATE CABLEVISION LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		FMTC-SWT, INC d/b/a OMNITEL COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 229 (Number, street, rural route, apartment, or suite number)	
		TRURO, IA 50257-0229	
	INCT		
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(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 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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	INTERSTATE CABLEVISION LLC	62
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including sing will serve as a form of system identification hereafter kno
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	EMERSON	A
Community	HENDERSON	IA
	IMOGENE	IA
dd Rows as Necessary	CARSON	IA
	OAKLAND	IA

								FORM SA1		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						SYS		
	INTERSTATE CABLEVI	SION LLC							6291	
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIE	BERS AND R	ATES					
E	In General: The information in s	•		-		•				
. .	system, that is, the retransmissi					,				
Secondary Fransmission	about other services (including partice						nose exist	ing on the		
Service: Sub-	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									
scribers and	down by categories of secondar	-					-			
Rates	each category by counting the n							charged		
	separately for the particular serv					•	,	na and the		
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•						
	category, but do not include disc	· ·	,				s wiu iir a			
	Block 1: In the left-hand block					condary transmis	sion servi	ce that cable		
	systems most commonly provide									
	that applies to your system. Not			-		-				
	categories, that person or entity subscriber who pays extra for ca					0,	•			
	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 a	and rates, in th	e right-ha	and block. A t	wo- or thre	e-word descripti	on of the s	service is		
	sufficient.	OCK 1					BLOCK	()		
		NO. OF					BLUCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	Service to first set		117	149.95	ESSEN	ITIAL PACKA	\GE	27	59.9	
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC				:e					
-	In General: Space F calls for ra	· · · · ·				all your cable sys	tem's serv	vices that were		
F	not covered in space E, that is, t	hose services	that are i	not offered in	combinati	on with any seco	ndary trar	smission		
	service for a single fee. There a	•			0					
Services Other Than	furnished at cost or (2) services amount of the charge and the ur									
Secondary			usually	Jilleu. II ally i		nargeu on a vana	able per-p	logiani basis,		
ransmissions:	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.									
Rates	Block 2: List any services that	• •			-	• •				
	listed in block 1 and for which a				ished. List	these other serv	vices in the	e form of a		
	brief (two- or three-word) descrip	otion and inclue	de the ra	e for each.		I	r			
		BLO						BLOCK 2		
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEGO	ORY OF SERVICE	RATE	
			Installa	ion: Non-res	idential					
	Continuing Services:									
	Continuing Services: • Pay cable			el, hotel						
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Com	mercial						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Corr • Pay	mercial cable	·					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		• Com • Pay • Pay	mercial cable cable-add'l cł	nannel					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		• Corr • Pay • Pay • Fire	mercial cable cable-add'l ch protection						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set		• Corr • Pay • Pay • Fire • Burg	mercial cable cable-add'l ch protection lar protection						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Com • Pay • Pay • Fire • Burg Other s	mercial cable cable-add'l ch protection lar protection ervices:						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Com • Pay • Pay • Fire • Burg Other s • Reco	mercial cable cable-add'l ch protection lar protection ervices: onnect						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Com • Pay • Pay • Fire • Burg Other s • Reco	mercial cable cable-add'l ch protection lar protection ervices:						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Com • Pay • Pay • Fire • Burg Other s • Reco	mercial cable cable-add'l ch protection lar protection ervices: onnect						

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE					
Name	INTERSTATE CABLE			6					
	PRIMARY TRANSMITTERS:								
G Primary ransmitters: Television	In General: In space G, ide 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 rn • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic 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	 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, <i>except</i> (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 <i>only</i> 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. <i>Do not</i> 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							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KMTV-DT3	2	N	OMAHA, NE					
	KMTV	3	Ν	OMAHA, NE					
Rows as Necessary	KMTV-HD	4	N	OMAHA, NE					
	KMTV-DT2	5	N	OMAHA, NE					
	WOWT	6	N	OMAHA, NE					
	WOWT-HD	7	N	OMAHA, NE					
	WOWT-DT2	8	N	OMAHA, NE					
	WOWT-DT3	9	N	OMAHA, NE					
		11	E	DES MOINES, IA					
	KDIN								
	KDIN-HD	12	E	DES MOINES, IA					
			E						
	KDIN-HD	12		DES MOINES, IA					
	KDIN-HD KDIN-DT2	12 13	E	DES MOINES, IA DES MOINES, IA					
	KDIN-HD KDIN-DT2 KDIN-DT2	12 13 14	E	DES MOINES, IA DES MOINES, IA DES MOINES, IA					
	KDIN-HD KDIN-DT2 KDIN-DT2 KPTM-3	12 13 14 15	E	DES MOINES, IA DES MOINES, IA DES MOINES, IA OMAHA, NE					
	KDIN-HD KDIN-DT2 KDIN-DT2 KPTM-3 KPTM3-HD	12 13 14 15 16	E	DES MOINES, IA DES MOINES, IA DES MOINES, IA OMAHA, NE OMAHA, NE					
	KDIN-HD KDIN-DT2 KDIN-DT2 KPTM-3 KPTM3-HD KPTM4	12 13 14 15 16 17	E E I I I	DES MOINES, IA DES MOINES, IA DES MOINES, IA OMAHA, NE OMAHA, NE OMAHA, NE					
	KDIN-HD KDIN-DT2 KDIN-DT2 KPTM-3 KPTM3-HD KPTM4 KPTM	12 13 14 15 16 17 18	E E I I I N	DES MOINES, IA DES MOINES, IA DES MOINES, IA OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE					
	KDIN-HD KDIN-DT2 KDIN-DT2 KPTM-3 KPTM3-HD KPTM4 KPTM KPTM-HD	12 13 14 15 16 17 18 19	E E 1 1 1 1 N N N	DES MOINES, IA DES MOINES, IA DES MOINES, IA OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE					
	KDIN-HD KDIN-DT2 KDIN-DT2 KPTM-3 KPTM3-HD KPTM4 KPTM KPTM-HD KPTM-HD	12 13 14 15 16 17 18 19 20	E E I I N N N N	DES MOINES, IA DES MOINES, IA DES MOINES, IA OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE					
	KDIN-HD KDIN-DT2 KDIN-DT2 KPTM-3 KPTM3-HD KPTM4 KPTM KPTM-HD KPTM-HD KPTM-DT2 KETV	12 13 14 15 16 17 18 19 20 21	E E I I N N N N N N N	DES MOINES, IA DES MOINES, IA DES MOINES, IA OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE					
	KDIN-HD KDIN-DT2 KDIN-DT2 KPTM-3 KPTM3-HD KPTM4 KPTM KPTM-HD KPTM-HD KPTM-DT2 KETV KETV HD	12 13 14 15 16 17 18 19 20 21 22	E E I I N N N N N N N N N	DES MOINES, IA DES MOINES, IA DES MOINES, IA OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE OMAHA, NE					

counting Period:	2021/2			FORM SA1-2E. PAG				
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM				
Name	INTERSTATE CABLE	VISION LLC		629				
	PRIMARY TRANSMITTERS:	TELEVISION	-					
G	carried by your cable syste	entify every television station (including em during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t	pt (1) stations carried only on a part	t-time basis under				
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(substitute program basis, a	(e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations of	.61(e)(2) and (4))]; and (2) certain st	tations carried on a				
		ules, regulations, or authorizations: re in space G—but do list it in space I (t n a substitute basis.	the Special Statement and Progran	n Log)—if the				
	basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W	 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. <i>Do not</i> 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.							
		1	·					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KXVO-1	26		OMAHA, NE				
	KXVO-2	27	l	OMAHA, NE				
	KXVO-3	28	1 .	OMAHA, NE				

LEGAL NAME O								SYSTEM ID 6291
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cat					Н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t	y the sys be rece t the Co sign of he statio	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process	t the system's he system's FM ant his point, see pa	eadend, and (ź enna, during c ge (v) of the g	2) it can certain st eneral ir	be expected, ated intervals. astructions in the.	Primary Transmitters: Radio
signal, indicate Column 4: G	this by placing Give the station	g a chec n's locati	k mark in the "S/D" column. on (the community to which the the community with which the	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Peric							FORM	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF INTERSTATE CABLEV							SYSTEM ID# 62917
			.0					02917
	SUBSTITUTE CARRIAGI	-	-					
I	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 		ur cable syster	n carry, on a substitute ba	sis, any noni	network tele		
Program Log	broadcast by a distant sta	tion?				L	YES	× NO
	Note: If your answer is "No	," leave the	e rest of this pa	ge blank. If your answer is	s "Yes," you i	must comp	lete the prog	gram
	log in block 2. 2. LOG OF SUBSTITUTE		MO					
	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: 76ers 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. 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 <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was separate 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 in the substitute of period; enter the letter "P" if the listed program was substituted for programming that your system							
	SI	WHEN SUBSTITUTE CARRIAGE OCCURRED		7. REASON FOR				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN		5. MONTH AND DAY		TIMES — TO	DELETION
							_	
								··
								··
							<u> </u>	
							<u> </u>	··
							<u> </u>	
							_	
							_	
							_	
							_	
			<u> </u>					<u>†</u>

Accounting Period:	2021/2	FORM SA1-2	2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYS	TEM ID#
Name	INTERSTATE CABLEVISION LLC		62917
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er 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 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 amount, se	12.60 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 \$ • 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 th accounting period is \$52.00.	iis 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 \$137,10)0)	
	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		0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	500)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	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 #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more tables and the paper SA1-2 form and the Excel instructions tab for more tables and tables are tables as the paper SA1-2 form and the Excel instructions tab for more tables are tables as tables are tables as tables as tables as tables are tables as tables as tables are tables as tables as tables are tables as tables as tables as tables are tables as tables as tables are tables as tables are tables as tables are tables as tables as tables are tables as		

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: INTERSTATE CABLEVISION LLC	SYSTEM ID# 62917
M 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 on which the cable system carried television broadcast stations and nonbroadcast services .	26 248
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name JENNIFER GARRELS Telephone	641-765-4201
	Address 105 N. WEST ST. PO BOX 229 (Number, street, rural route, apartment, or suite number) TRURO, IA 50257-0229 (City, town, state, zip)	
	Email jgarrels@omnitel.biz Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereiare 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)] 	system as identified mer of the cable system
	X /s/ Josh Hveem 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: Josh Hveem Title: Chief Operating Officer (Title of official position held in corporation or partnership)	
	Date: February 15, 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 filing, a determination that would be made by a court of law.

TERSTATE CABLEVISION LLC 629 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Image: Concerning C	counting Period: 2	2021/2	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Vewer Act of 1988 amended Tile 17, section 111(0)(1)(A), of the Copyright Act by adding the foi- lowing sentence: " " " determining the total number of subacribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary throadcast transmitters, the system shall not include sub- scheme and mounts of cluster receiving secondary transmissions prove information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. Unrig the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carrier to satellite carrier(s) below	GAL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM ID#
The Statellise Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- tioning sentence: a service of providing secondary transmissions operation to deat transmitters, the system shall include sub- servicers and amounts collected from subscribers and the gross amounts paid to the cable system for the basic concerning of providing secondary transmissions operation to deat transmitters, the system shall include sub- servicers 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 inceated in the paper SA1-2 form. Interest Assessment INTEREST ASSESSMENT You must complete this worksheed for those royalty payments submitted as a result of a late payment or underpayment. For more plantation of interest rates and enter the sum here Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here *	ITERSTATE CA	ABLEVISION LLC	62917
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? Image: The total here and list the satellite carrier(s) below. \$ No Image: The total here and list the satellite carrier(s) below. \$ Image: The total here and list the satellite carrier(s) below. \$ Image: The total here and list the satellite carrier(s) below. \$ Interest ASSESSMENT Name You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: The amount of late payment or underpayment. Line 1 Enter the amount of late payment or underpayment.	The Satellite He lowing sentence "In deter service	ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: mining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-	- Special Statement Concerning Gross
made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below\$ Name Maing Address Line 1 Enter the amount of late payment or underpayment. Not Si bus douZ24 <td></td> <td></td> <td></td>			
VES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Maling Address Marine INTEREST ASSESSMENT Notestheet for those royally 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. Interest Assessme Line 1 Enter the amount of late payment or underpayment .	-		
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x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	Line 2 Multiply	· · · · · · · · · · · · · · · · · · ·	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	Line 3 Multiply	· · ·	
To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.		L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
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