This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
11/11/2020	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optional - see instructions)					
Accounting Period							
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.					
Owner		List any other name or names under which the owner conducts the business of the cable system.					
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.					
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		COON RAPIDS MUNICIPAL CABLE SYSTEM					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		123 3RD AVENUE SOUTH; PO BOX 207 (Number, street, rural route, apartment, or suite number)					
		COON RAPIDS, IA 50058 (City, town, state, zip)					
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.					
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 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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:		FORM SA1-2E. PAGE 1b.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	COON RAPIDS MUNICIPAL CABLE SYSTEM	0				
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.					
	CITY OR TOWN	STATE				
First Community	COON RAPIDS	IOWA				
Add Rows as Necessary						

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

COON RAPIDS MUNICIPAL CABLE SYSTEM

SYSTEM ID#

#UI IVI I

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

OCK 1	BLOCK 2			
NO. OF	DATE	CATEGORY OF SERVICE	NO. OF	RATE
SOBSCRIBERS	IVAIL	CATEGORY OF SERVICE	SUBSCRIBERS	IVAIL
28	74.95	Expanded Bundle	44	73.00
		Family Choice Bundle	283	73.05
21	74.95			
		Nursing Home	33	14.95
	NO. OF SUBSCRIBERS 28	NO. OF SUBSCRIBERS RATE 28 74.95	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 28 74.95 Expanded Bundle Family Choice Bundle 21 74.95	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS 28 74.95 Expanded Bundle 44 Family Choice Bundle 283

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

		BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	(CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	17.95	Motel, hotel		P	Pay Channel (C-Max)	14.95
 Pay cable—add'l channel 	11.00	Commercial	20.00			
Fire protection		• Pay cable		P	Pay additional	14.00
•Burglar protection		 Pay cable-add'l channel 				
Installation: Residential		Fire protection				
• First set	20.00	Burglar protection				
Additional set(s)		Other services:				
• FM radio (if separate rate)		Reconnect	30.00			
Converter		Disconnect				
		Outlet relocation	20.00			
		Move to new address	20.00			

accounting Period: 2020/1 FORM SA1-2E. PAGE 3. SYSTEM ID# EGAL NAME OF OWNER OF CABLE SYSTEM Name COON RAPIDS MUNICIPAL CABLE SYSTEM n General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under G 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 Primary Transmitters Television ubstitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations ca pasis under specific FCC rules, regulations, or authorizations:

Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe pasis. For further information concerning substitute basis stations, see page (y) of the general instructions

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each nutlicast 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 noncommercia 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 3. TYPE OF STATION 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 4. LOCATION OF STATION woi 5 DES MOINES, IOWA KDSM 17 Ν DES MOINES, IOWA KCCI DES MOINES, IOWA 8 KDIN 11 JOHNSTON, IOWA WHO 13 DES MOINES, IOWA KCWI 23 ANKENY, IOWA KDSM DT 17.1 DES MOINES, IOWA WOI DT DES MOINES, IOWA KCCI DT 8.1 DES MOINES, IOWA NBC DT 13.1 DES MOINES, IOWA KDIN DT 11.1 JOHNSTON, IOWA cw 23.1 ANKENY, IOWA LAFF 5.2 DES MOINES, IOWA GRIT 5.3 DES MOINES, IOWA COZI 5.4 DES MOINES, IOWA ME TV 8.2 DES MOINES, IOWA HNI DES MOINES, IOWA 8.3 IPTV KIDS JOHNSTON, IOWA 11.2 IPTV WORLD JOHNSTON, IOWA 11.3 IPTV SD3 11.4 JOHNSTON, IOWA COMET 17.2 DES MOINES, IOWA KDSM CHARGE! DES MOINES, IOWA 17.3 TBD DES MOINES, IOWA 17.4 KDMI 19.1 DES MOINES, IOWA Ν **ESCAPE** ANKENY, IOWA 23.2 BOUNCE ANKENY, IOWA 23.3 Ν DES MOINES, IOWA WHO WEATHER 13.2 N

U.S. Copyright Office

WHO ANTENNA TV

WHO NBCSD

QUEST

13.3

13.4

23.4

DES MOINES, IOWA

DES MOINES, IOWA

ANKENY, IOWA

Ν

SYSTEM ID#

COON RAPIDS MUNICIPAL CABLE SYSTEM

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
							
	 						
	 						
							
							
							
	T						
						l	
	T						
	T						
						<u> </u>	

od: 2020/1						FORI	M SA1-2E. PAGE 5
LEGAL NAME OF OWNER OF			M				SYSTEM ID#
SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUT In General: List each subs clear. If you need more spa	E: SPECIA tify every no accounting p ning that mu T CONCER riod, did you ation? b", leave the E PROGRA titute progra ace, please	AL STATEME nnetwork televi period, under sp est be included RNING SUBS ur cable syster e rest of this pa AMS am on a separ add additional	int AND PROGRAM LO ision program, broadcast by pecific present and former F in this log, see page (v) of the TITUTE CARRIAGE in carry, on a substitute bath age blank. If your answer is	y a distant sta FCC rules, reg the general in asis, any noni s "Yes," you i	pulations, o structions i network te must comp ossible, if	r authorization the paper S levision prog YES plete the prog	tem carried on a ns. For a further A1-2 form. ram NO gram
period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program	a distant sta egulations, ories like "mo . Bulls." m was broa sign of the adcast stati nath and dai inth and dai vive "5/7." les when th . Example: ter "R" if the and regulat mming that	tion and that yor authorization by a consideration broadcon's location (from your synthem of the control of the	our cable system substitutions. See page (v) of the ge etball." List specific prograter "Yes." Otherwise enter casting the substitute prograthe community to which the community with which the stem carried the substitute or carried the substitute or carried by a system from 6:0° m was substituted for progluring the accounting period	ted for the properties of the program. Up the program of the program of the program of the program of the properties of	ogramming tions for full example, " censed by lentified). se numera m. List the 6:28:30 p.n. t your syst letter "P" if s and regu	g of another rther informa I Love Lucy" the FCC or, als, with the retimes accured in should be seen was request the listed properties.	station tion. or in nonth ately
1. TITLE OF PROGRAM	SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S YES OF NO. CALL SIGN. 4. STATION'S LOCATION.				WHEN SUBSTITUTE CARRIAGE OCCURRED 5. MONTH 6. TIMES AND DAY FROM — TO		
	LEGAL NAME OF OWNER OF COON RAPIDS MUNIC SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	LEGAL NAME OF OWNER OF CABLE SYSCOON RAPIDS MUNICIPAL CA SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every no substitute basis during the accounting pexplanation of the programming that municipal explanation of the programming that explanation of the programming that the call sign of the column 1: Give the title of every not period, was broadcast by a distant state under certain FCC rules, regulations, no not use general categories like "mo" ("NBA Basketball: 76ers vs. Bulls." Column 1: Give the title of every not period, was broadcast by a distant state under certain FCC rules, regulations, no not use general categories like "mo" ("NBA Basketball: 76ers vs. Bulls." Column 3: Give the call sign of the Column 3: Give the broadcast statif the case of Mexican or Canadian statification of the column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the tothe nearest five minutes. Example: stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the tothe delete under FCC rules and regulat was substituted for programming that effect on October 19, 1976.	LEGAL NAME OF OWNER OF CABLE SYSTEM: COON RAPIDS MUNICIPAL CABLE SYSTE SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork televisubstitute basis during the accounting period, under spexplanation of the programming that must be included 1. SPECIAL STATEMENT CONCERNING SUBS • During the accounting period, did your cable systeme broadcast by a distant station? Note: If your answer is "No", leave the rest of this pallog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separclear. If you need more space, please add additional Column 1: Give the title of every nonnetwork teleperiod, was broadcast by a distant station and that yunder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, entrolumn 3: Give the call sign of the station broadce Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7." Column 6: State the times when the substitute proto the nearest five minutes. Example: a program can stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LO In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of t 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute be broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer i log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitu under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute prog Column 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which th Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for prog to delete under FCC rules and regulations in effect during the accounting peric was substituted for programming that your system was permitted to delete und effect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant sta substitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general in 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonibroadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," your log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever proders. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") to period, was broadcast by a distant station and that your cable system substituted for the prunder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction not use general categories like "movies" or "basketball." List specific program titles, for a "NBA Basketball: Tôers 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 5: Give the month and day when your system carried by your cable system to the case of Mexican or Canadian stations, if any, the community with which the station is little case of Mexican or Canadian stations, if any, the community with which the station is little case of Mexican or Canadian stations, if any, the community with which the station is little case of Mexican or Canadian stations, if any, the community with which the station is little case of Mexican or Canadian stations, if any, the community with which the station is little column 5: Give the month and day when your system carried by a system from 6:01:15 p.m. to stat	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that y substitute basis during the accounting period, under specific present and former FCC rules, regulations, o explanation of the programming that must be included in this log, see page (v) of the general instructions if 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE **During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork te broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if 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 period, was broadcast by a distant station and that your cable system substituted for the programmin under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for fu Do not use general categories like "movies" or "basketball." List specific program titles, for example, ""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. Use numera first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.r. stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your syst to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if was substituted for programming that your syst to delete unde	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable syssubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizatio explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper S 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television prog broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prog log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning 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 account period, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informa Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" "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, the case of Mexican or Canadian stations, if any, the community with which the station is located by the FCC or, the case of Mexican or Canadian stations, if any, the community with which the station is located five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. sho

Accounting Period:	2020/1	FORM SA	A1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COON RAPIDS MUNICIPAL CABLE SYSTEM	S	YSTEM ID# 0			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (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.	mission services amount, se	3,517.35			
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	oss receipts)			
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 \$263,800 • 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.					
	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 Line 1. Royalty fee for accounting period	nis six-month				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00			
	Line 2. Interest charge. Lines the amount from line 4, space Q, page 0	-	0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	•				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)				
	1. Base amount under statutory formula					
	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	68,517.35				
	5. Enter the amount from line 3	95,282.65				
	6. Subtract line 5 from line 4	73,234.70				
	7. Multiply line 6 by .005 (enter figure here)	\$	366.17			
	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	\$	366.17			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)				
	1. Enter the amount of gross receipts from space K					
	Enter the amount of gross receipts from space K					
	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					
	7. TOTAL ROTALTTTLL PATABLE FOR ACCOUNTING PLRIOD. Add lines 4, 3, and 0					
	FILING FEE AND TOTAL REMITTANCE DUE					
Filing Fee and Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	366.17				
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	\$	386.17			
	EFT Trace # or TRANSACTION ID # 26QEDP5A					
	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:	2020/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER COON RAPIDS MUNI	OF CABLE SYSTEM:		SYSTEM ID# 0
M Channels	to its subscribers, and (2) 1. Enter the total numbe system carried televisi 2. Enter the total numbe on which the cable sys	2) the cable system's total nuer of channels on which the case of activated channels of the carried television broads	cast stations	21
N Individual to	INDIVIDUAL TO BE CO		FORMATION IS NEEDED (Identify an individual to whom	
Be Contacted for Further Information	Name Kari	Woodard	Telephone 712-	999-2225
	(Number	3rd Avenue South er, street, rural route, apartment, or n Rapids, IA 50058 own, state, zip) kari.woodard@crmu.r		
O Certification	Owner other (Agent of own in line 1 of X (Officer or pain line 1 of Y I have examined the sta	than corporation or partners Than corporation or partners The other than corporation of a space B and that the owner is artner) I am an officer (if a confispace B. The other than corporation of a space B. The other than corporation or partners are than corporation of a space B. The other than corporation or partners are the corporation or partners are than corporation or partners are than corporation or partners ar	rship) I am the owner of the cable system as identified in line 1 of space B; or or partnership) I am the duly authorized agent of the owner of the cable systems not a corporation or partnership; or reporation) or a partner (if a partnership) of the legal entity identified as owner of y declare under penalty of law that all statements of fact contained herein ledge, information, and belief, and are made in good faith.	
		Typed or printed name	signature using an "/s/ signature" (e.g., /s/ John Smith)	

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.

ounting Period: 2020/1	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
OON RAPIDS MUNICIPAL CABLE SYSTEM	0
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? NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 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	
** 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.	
Owner Address	
ID number First community served Accounting period	

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