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								
07/17/2023	\$								
	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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
Accounting	Period 1 ≃ January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions)
Period	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
Į ſ	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
	LA MOTTE TELEPHONE COMPANY, INC.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	그는 그는 그렇게 하셨다면 가장 나는 그는 그들은 그를 가장하는 것이 없다면 하는데 다른데 다른데 되었다면 하는데 되었다면 되었다면 하는데 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO BOX 8 (Number, street, rural route, apartment, or suite number)
	LA MOTTE, IA 52054 (City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM: 63050
	MAILING ADDRESS OF CABLE SYSTEM:
	2 PO BOX 8 (Number, street, rural route, apartment, or suite number)
	LA MOTTE, IA 52054 (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 fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:				FORM SA1-2E. PA
Name	LA MOTTE TELEPHONE					
		e community served by the cab	le system. A "community"	is the same as a "co	mmunity unit" as de	fined in FCC rules
D		ity or municipal entity (includir				
ט	unincorporated areas)." 47 C.	F.R. 76.5(dd). The first commu	inity that you list will serve	as a form of system	identification herea	fter known as the
	community." Please use it as t	the first community on all futur	re filings.			
Area	Note: Entities and properties s	such as hotels, apartments, con	dominiums, or mobile hom	ne parks should be re	ported in parenthes	es below the ide
Served	city.	·				
		CITY OR TOWN			STATE	
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Accounting	Period:	2020/

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

LA MOTTE TELEPHONE COMPANY, INC.

23 Toecember

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.

BLO	OCK 1	BLOCK 2						
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBE	RS RATE				
Residential:								
 Service to first set 	138	98.95	BASIC	19 39.00				
 Service to additional set(s) 			BASIC PLUS	30 84.95				
FM radio (if separate rate)	rest in the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BASIC PLUS EXPANDED	86 98.95				
Motel, hotel	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		COMMERCIAL	3 195.00				
Commercial								
Converter	1.3 %							
Residential	2000 2000							
 Non-residential 								

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	.4	CATEGORY (OF SERVICE	RATE
Continuing Services:		Installation: Non-residential					
Pay cable		Motel, hotel	. 7				
Pay cable—add'l channel		Commercial	1.5		F 1.5.		
Fire protection		• Pay cable					
Burglar protection		Pay cable-add'l channel			E. P.A.		
Installation: Residential	Jay.	Fire protection					
First set	in the	Burglar protection					
- Additional set(s)	n galakan aga La Ringi an ti	Other services:					
FM radio (if separate rate)		Reconnect	4.,		4		
Converter		Disconnect	*		+ - *	. **	
		Outlet relocation					
	18,74	Move to new address					
	34				4.5		

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

LA MOTTE TELEPHONE COMPANY, INC.

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1 CALL SIGN 2. B CAST CHANNEL NUMBER 4 LOCATION OF STATION KGAN 2.2.2.2.3 CEDAR RAPIDS IOWA Ň WHBF Ν ROCK ISLAND ILLINOIS 26 KGCW Ν DAVENPORT IOWA WQAD 8,8.2,8.3,8.4 Ν **MOLINE ILLINOIS KCRG** N 9,9.2,9.3,9.4,9.5 **CEDAR RAPIDS IOWA KLJB** 18 DAVENPORT IOWA **KWKB** 20 I **IOWA CITY IOWA** WQPT 13,24.2 JOHNSTON IOWA Ε **KWWL** 7,7.2,7.3,7.4 N WATERLOO IOWA **KPXR** 48.1, 48.3 i **CEDAR RAPIDS IOWA** KWQC* 6.6.4.6.5 N **DAVENPORT IOWA WGN AMERICA** 36 CHICAGO ILLINOIS 143 KFPX 39.1.39.2 **NEWTON IOWA** IPTV 11,11.2,11.3,11.4 Ε JOHNSTON IOWA **KFXA** CEDAR RAPIDS IOWA 过温度的基础设 3 4 Oak

Add Rows as Necessary

Acco	untina	Period:	2020/1
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FORM SA1-2E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

LA MOTTE TELEPHONE COMPANY, INC.

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.

Η

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
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	od: 2020/1					F	ORM SA1-2E, PAGE 5				
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:			. "	SYSTEM ID				
Name	LA MOTTE TELEPHON	IE COMP	ANY, INC.				C				
_	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	NT AND PROGRAM LOG		<u> </u>					
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	During the accounting per	iod, did you	ur <mark>cable s</mark> ysten	n carry, on a substitute bas	sis, any nonne	etwork television prog	gram				
Statement and Program Log	broadcast by a distant stat	ion?			-	YES	XNO				
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer is	"Yes," you m	ust complete the pro	gram				
	log in block 2. 2. LOG OF SUBSTITUTE										
	Column 3: Give the call Column 4: Give the broad	ies like "mo Bulls." n was broa sign of the adcast stati	ovies" or "bask dcast live, ente station broadc on's location (t	etball." List specific progra er "Yes." Otherwise enter " asting the substitute progr	m titles, for e No." am.	xample, "I Love Lucy	or ·				
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: LA MOTTE TELEPHONE COMPANY, INC.	S'	YSTEM II
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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 (viii) 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, see	5,500.00 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 \$ 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 to accounting period is \$52.00	nis 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. 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		
	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 \$52)	7,600)	
	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		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	·	
	FILING FEE AND TOTAL REMITTANCE DUE		•
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Total Remittance Due	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 Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n		

Accounting Period:	2020/1 FORM S	A1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: LA MOTTE TELEPHONE COMPANY, INC.	SYSTEM ID#
M 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 and nonbroadcast services.	
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name JOANNE GREGORICH Telephone 563-773-2213	11 M2 T + 1
Information	Address PO BOX 8 (Number, street, rural route, apartment, or suffer number) LA MOTTE IA 52054	
	(City, town, state, zip) Email joanne@lamotte-telco.com. Fax (optional	Chancella and a stage of the st
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, but only one, of the boxes.) [Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system 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 herein	
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/JoAnne Gregorich	
	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: JOANNE-GREGORICH Title: GENERAL MANAGER	
	(Title of official position held in corporation or partnership) Date: 10/30/2020	· · · · · · · · · · · · · · · · · · ·

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.

					•					*
Acc	ounting Period: 2020/1									FORM SA1-2E. PAGE 8.
LEG	AL NAME OF OWNER OF CA	ABLE SYS	TEM:							SYSTEM ID#
LA	MOTTE TELEPHONE	COMP	ANY, I	NC.						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									
	YES. Enter the total Name Mailing Address	here and	list the s	satellite	carrier(s) belo	Name Mailing Address				
	INTEREST ASSESS	EMENIT								
	You must complete this For an explanation of inter-	erest ass	essment	, see pa	ge (viii) of the	e general instruction	s located in the		. •	Q Interest Assessment
_	Line 2 Multiply line 1 by	the intere	est rate*	and ent	er the sum h	ere		x	- days	_
	Line 3 Multiply line 2 by	the numl	ber of da	ys late a	and enter the	sum here	· · · · · · · · <u> </u>	× 0.	- 00274	
	Line 4 Multiply line 3 by in space L, (page					block 3 line 6	. <u>\$</u>	(interes	st charge)	_
	* To view the interest contact the Licensi ** This is the decima NOTE: If you are filing th	ng Divisio I equivale	on at (20 ent of 1/3	2) 707-8 65, whic	150 or licens	sing@copyright.gov. est assessment for o	one day late.			
	list below the owner, add			_		-			-	
	Owner Address	2								
	ID number					***************************************				
	First community served	***************************************			. 1895 3385	·		2 2 ***********************************	***************************************	
	Accounting period									

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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.

REMITTANCE #:

C	Cable Worksheet	Total amount of remittance	Number of SAs rec'd		in	Initials	
		Date of remittance	Check EFT		FILING FEES		
Cable ID #					Amount	Initials	
Examined by	Reviewed by	Date examination completed	Allocation	number			
Space A Accounting Period	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jui-Dec period) No spaces)						
	Letter sent Information received						
	Accepted Phone call/Date/Contact						
Space B Owner							
	Letter sent Info			information received			
	Accepted Phone call/Date/Contact						
Space D Area Served						İ	
	Letter sent	. [Information reco	eived			
	Accepted Phone call/Date/Contact						
Space E Secondary Transission							
Service Subscribers:	Letter sent Information received			eived			
and Rates	Accepted Phone call/Date/Contact						
Space G Primary Transmitters:							
Television	Letter sent	Information received					
	☐ Accepted ☐ Phone call/Date/Cont			/Contact			
Space H Primary Transmitters:							
Radio	Accepted		Phone call/Date	/Contact			
	·				Space I Substitu	ute	

Carriage