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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

## **SA1-2E** Short Form

by email to:

Return completed workbook

		ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Syste	ems (S	Short Form)			
General instru	uctions	are located	08/31/20	\$	For additional information, contact the U.S. Copyright
-			00/01/20		Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this	WORKDOOK		ALLOCATION NUMBER	
				11	1
Α	ACCO	DUNTING PERIOD COVERED I	BY THIS STATEMENT: (YY	YY/(Period))	
		2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional -	see instructions)	
Accounting Period			1		
		Instructions			
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		ary of another corporation, give the full cor	porate title
Owner		List any other name or names under which	n the owner conducts the business of the	e cable system.	
		If there were different owners during the a single statement of account and royalty fe	<b>.</b>	e last day of the accounting period should sing period.	ubmit a
		Check here if this is the system's first filing	g. If not, enter the system's ID number as	signed by the Licensing Division.	63194
		LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM		
		COOPERATIVE TELEPHONE EXCHA	ANGE		
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		425 PARKER ST PO BOX 9 (Number, street, rural route, apartment, or suite no			
		STANHOPE IA 50246-0095 (City, town, state, zip)			
•	INSTR	RUCTIONS: In line 1. give any busin	ess or trade names used to identi	ify the business and operation of the	system unless these
С				system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(City, town, state, zip code)			
-				personally identifying information (PII) reque	
torm in order to pro	ocess you	r statement of account. PII is any personal in	tormation that can be used to identify or to	race an individual, such as name, address an	d telephone

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П

AMOUNT

DATE RECEIVED

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	COOPERATIVE TELEPHONE EXCHANGE	63194
D	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing:	nunity" is the same as a "community unit" as defined in FCC rules: d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mob	
Served	identified city.	
	CITY OR TOWN	STATE
First	STANHOPE	IA
Community	KAMRAR	IA
dd Rows as Necessary		

	1							FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						SYS	
	COOPERATIVE TELEPH	HONE EXCH	IANGE						6319
_	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRIB	ERS AND R	ATES				
E	In General: The information in s								
Coordon	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period				-		those exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondar	y transmission	service.	n general, yc	ou can con	npute the numb	er of subsc	ribers in	
Rates	each category by counting the n			•••		•		charged	
	separately for the particular serv Rate: Give the standard rate of							ne and the	
	unit in which it is generally billed	-	-	•			-		
	category, but do not include disc	· ·	,				is within a		
	Block 1: In the left-hand block	•		•					
	systems most commonly provide							0,	
	that applies to your system. Not								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system						e different f	rom those	
	printed in block 1 (for example, t					,		, <b>U</b>	
	with the number of subscribers a	and rates, in the	e right-ha	nd block. A t	wo- or thre	ee-word descript	tion of the s	service is	
	sufficient.	DCK 1					BLOCK	(2	
		NO. OF		B 4 7 5				NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI
			200	74.05					
	Service to first set		289	71.95					
	Service to additional set(s)		444	5.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		Nemice		e				
_	In General: Space F calls for ra					all your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t	hose services	, that are r	ot offered in	combinatio	on with any sec	ondary trar	smission	
	service for a single fee. There are	•			•				
Services Other Than	furnished at cost or (2) services								
Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually L	meu. n any ra	ales are ci	nargeu on a var	lable per-p	logram basis,	
ransmissions:	Block 1: Give the standard rat		he cable	system for ea	ach of the	applicable servi	ces listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a		•		ished. List	t these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and includ	de the rat	e for each.			1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ion: Non-res	idential		DDDDAU		
				l, hotel			PREMI	UMS	4 - 0
	• Pay cable		<ul> <li>Com</li> </ul>	mercial			HBO		17.9
	• Pay cable • Pay cable—add'l channel		-				CINEM	A Y	
	Pay cable     Pay cable—add'l channel     Fire protection		• Pay o				01101-		12.9
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>		• Pay o	cable-add'l ch	nannel		SHOW	ΓIME	12.9 17.9
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>		• Pay o • Fire	cable-add'l ch protection			STARZ	ГІМЕ	12.9 17.9 14.9
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	25.00	• Pay o • Fire p • Burg	cable-add'l ch protection ar protection			STARZ	ΓIME	12.9 17.9 14.9
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>		• Pay o • Fire	cable-add'l ch protection ar protection			STARZ	ГІМЕ	12.9 17.9
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>		• Pay o • Fire p • Burg	cable-add'l ch protection ar protection prvices:		5.00	STARZ	ГІМЕ	12.9 17.9 14.9
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Pay o • Fire p • Burg Other se • Reco	cable-add'l ch protection ar protection prvices:		5.00	STARZ	ГІМЕ	12.9 17.9 14.9
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Pay o • Fire ( • Burg Other se • Reco • Disco	cable-add'l ch protection ar protection p <b>rvices:</b> nnect		5.00	STARZ	ГІМЕ	12.9 17.9 14.9

Namo	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTE
Name	COOPERATIVE TELE	PHONE EXCHANGE		63
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system FCC rules and regulations i	entify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	(1) stations carried only on a part- ne carriage of certain network progr	time basis under ams [sections
Primary ansmitters:		(e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain sta	ations carried on a
Television	Substitute Basis Stations	s: With respect to any distant stations ca	arried by your cable system on a su	bstitute program
		ules, regulations, or authorizations: re in space G—but do list it in space I (th	ne Special Statement and Program	Loa)—if the
	station was carried only on	n a substitute basis.		
		also in space I, if the station was carried on concerning substitute basis stations, s		
	Column 1: List each station	on's call sign. <i>Do not</i> report origination p	program services such as HBO, ESI	PN, etc. Identify each
	"WETA-2" as the same on t	d with a station according to its over-the- the form.	-air designation. For example, rep	ort multistream
	Column 2: Give the channed	nel number the FCC assigned to the telev	vision station for broadcasting over	the air in its community
		VRC is channel 4 in Washington, D.C. h case whether the station is a network s	station, an independent station, or a	a noncommercial
		ering the letter "N" (for network), "N-M" (f ), "E" (for noncommercial educational), or		
	For the meaning of these te	erms, see page (iv) of the general instruc	ictions in the paper SA1-2 form.	,
		on of each station. For U.S. stations, list t adian stations, if any, give the name of th	•	
	FUC. FUL WEARCAIL OF CARLA	Uldit Stations, it any, give the name of th	le community with which the states	l Is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDMI	56.1		DES MOINES, IA
	KDMI	56.3	I-M	DES MOINES, IA
	WOIDT	5.1	N	AMES/DES MOINES, IA
	WOID2	5.2	N-M	AMES/DES MOINES, IA
Rows as Necessary	WOID3	5.3	N-M	AMES/DES MOINES, IA
	WOID4	5.4	N-M	AMES/DES MOINES, IA
	KCCIDT	8.1	Ν	DES MOINES, IA
	KCCIDT2	8.2	N-M	DES MOINES, IA
	KCCIDT3	8.3	N-M	DES MOINES, IA
	IPTVDT	11.1	E	DES MOINES, IA
	IPTVD2	11.2	E-M	DES MOINES, IA
	IPTVD3	11.3	E-M	DES MOINES, IA
	IPTVD4	11.4	E-M	DES MOINES, IA
	WHODT	13.1	N	DES MOINES, IA
		10.1	IN IN	
		13.2	NI M	
	WHOD2	13.2	N-M	DES MOINES, IA
	WHOD3	13.3	N-M	DES MOINES, IA DES MOINES, IA
	WHOD3 WHOD4	13.3 13.4	N-M N-M	DES MOINES, IA DES MOINES, IA DES MOINES, IA
	WHOD3 WHOD4 KKDSMDT	13.3 13.4 17.1	N-M N-M I	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA
	WHOD3 WHOD4 KKDSMDT KDSMDT2	13.3 13.4 17.1 17.2	N-M N-M I I-M	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA
	WHOD3 WHOD4 KKDSMDT KDSMDT2 KDSMDT3	13.3 13.4 17.1 17.2 17.3	N-M N-M I I-M I-M	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA
	WHOD3 WHOD4 KKDSMDT KDSMDT2 KDSMDT3 KDSMDT4	13.3 13.4 17.1 17.2 17.3 17.4	N-M N-M I I-M I-M I-M	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA
	WHOD3 WHOD4 KKDSMDT KDSMDT2 KDSMDT3 KDSMDT4 KCWIDT	13.3 13.4 17.1 17.2 17.3 17.4 23.1	N-M N-M I I-M I-M I-M I I	DES MOINES, IA DES MOINES, IA
	WHOD3 WHOD4 KKDSMDT KDSMDT2 KDSMDT3 KDSMDT4	13.3 13.4 17.1 17.2 17.3 17.4	N-M N-M I I-M I-M I-M	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA

	LEGAL NAME OF OWNER (			SYSTEM
Name				63
	PRIMARY TRANSMITTERS			
G	• •	dentify every television station (including tem during the accounting period, <i>excep</i>	•	,
Ŭ		s in effect on June 24, 1981, permitting the		
Primary	0	I(e)(2) and (4), or 76.63 (referring to 76.6	0 1 0	
ransmitters:		as explained in the next paragraph.		
Television		<b>ns:</b> With respect to any distant stations ca	rried by your cable system on a s	ubstitute program
		rules, regulations, or authorizations: ere in space G—but do list it in space I (tl	e Special Statement and Program	n Log)—if the
	station was carried only of			
		d also in space I, if the station was carried		
		tion concerning substitute basis stations,		
		on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	0	
	"WETA-2" as the same or	5		port industream
		nel number the FCC assigned to the tele	vision station for broadcasting ove	er the air in its community
		WRC is channel 4 in Washington, D.C.		
		ch case whether the station is a network itering the letter "N" (for network), "N-M" (	, I ,	
		t), "E" (for noncommercial educational), c		
	· · · ·			
		terms, see page (iv) of the general instru	ctions in the paper SA1-2 form.	,
	Column 4: Give the locat	ion of each station. For U.S. stations, list	ctions in the paper SA1-2 form. the community to which the statio	n is licensed by the
	Column 4: Give the locat		ctions in the paper SA1-2 form. the community to which the statio	n is licensed by the
	Column 4: Give the locat	ion of each station. For U.S. stations, list	ctions in the paper SA1-2 form. the community to which the statio	n is licensed by the
	Column 4: Give the locat	ion of each station. For U.S. stations, list	ctions in the paper SA1-2 form. the community to which the statio	n is licensed by the
	<b>Column 4:</b> Give the locat FCC. For Mexican or Can	ion of each station. For U.S. stations, list nadian stations, if any, give the name of t	ctions in the paper SA1-2 form. the community to which the statio ne community with which the statio	n is licensed by the on is identified.
	Column 4: Give the locat FCC. For Mexican or Can 1. CALL SIGN	ion of each station. For U.S. stations, list nadian stations, if any, give the name of the	ctions in the paper SA1-2 form. the community to which the statio ne community with which the statio	on is licensed by the con is identified.  4. LOCATION OF STATION
	Column 4: Give the locat FCC. For Mexican or Can 1. CALL SIGN KFPX	ion of each station. For U.S. stations, list hadian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 39.1	ctions in the paper SA1-2 form. the community to which the statio ne community with which the static <b>3. TYPE OF STATION</b>	4. LOCATION OF STATION DES MOINES, IA
	Column 4: Give the locat FCC. For Mexican or Can 1. CALL SIGN KFPX KFPX	ion of each station. For U.S. stations, list nadian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 39.1 39.2	ctions in the paper SA1-2 form. the community to which the statio ne community with which the statio 3. TYPE OF STATION I I-M	An is licensed by the con is identified.  4. LOCATION OF STATION DES MOINES, IA DES MOINES, IA
	Column 4: Give the locat FCC. For Mexican or Can 1. CALL SIGN KFPX KFPX	ion of each station. For U.S. stations, list nadian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 39.1 39.2	ctions in the paper SA1-2 form. the community to which the statio ne community with which the statio 3. TYPE OF STATION I I-M	An is licensed by the con is identified.  4. LOCATION OF STATION DES MOINES, IA DES MOINES, IA
	Column 4: Give the locat FCC. For Mexican or Can 1. CALL SIGN KFPX KFPX	ion of each station. For U.S. stations, list nadian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 39.1 39.2	ctions in the paper SA1-2 form. the community to which the statio ne community with which the statio 3. TYPE OF STATION I I-M	An is licensed by the con is identified.  4. LOCATION OF STATION DES MOINES, IA DES MOINES, IA

EGAL NAME OF			EXCHANGE					SYSTEM I 631
	every radio s	tation ca	rried on a separate and discre					Н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically process ( mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0		C. LE DION		5,0		
							·	

Accounting Perio	od: 2020/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	COOPERATIVE TELE	PHONE EX	XCHANGE					63194
	SUBSTITUTE CARRIAG							
1					-			
	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					ne general in			
Special	1. SPECIAL STATEMEN	-			_:			
Statement and	<ul> <li>During the accounting per</li> </ul>	-	ur cable syster	n carry, on a substitute ba	isis, any noni		vision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pa	ige blank. If your answer i	s "Yes," you i	must comple	ete the prog	gram
	log in block 2.							-
	2. LOG OF SUBSTITUTI	E PROGRA	MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if th	eir meaning	g is
	clear. If you need more spa							-
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			ciball. List specific progra		champic, Ti		01
	-		dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
				the community to which th			ne FCC or,	in
	the case of Mexican or Car			stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		when your sy		e program. O		, with the f	nonun
			e substitute pr	ogram was carried by you	r cable syste	m. List the t	imes accura	ately
	to the nearest five minutes.							5
	stated as "6:00-6:30 p.m."	"D":(1)						
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your oyotoin n			o ana rogala		
								1
						N SUBSTI		
	S		E PROGRAM		CARRI	AGE OCCL		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM -	MES – TO	DELETION
		103 01 10	O/LE OIOIN		AND DAT	TROM	10	
						-	_	
						_	_	
								·
						-		
						_	_	
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						_	-	
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								1
						1		1

Accounting Period:	<b>2020/1</b> FORM SA1-2E. PA	GE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM COOPERATIVE TELEPHONE EXCHANGE 63	ID# 194
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	
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 \$263,80( • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( 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 this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	0
	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 \$137,100)	
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K \$ 154,570.98	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K \$ 154,570.98	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	1
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ 226.7	1
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	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) \$ 226.71	
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 \$ 246.7	1
	EFT Trace # or TRANSACTION ID # 26F9572F	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COOPERATIVE TELEPHONE EXCHANGE	SYSTEM ID# 63194
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	28 319
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		515-826-3206
	Address 425 PARKER ST PO BOX 95 (Number, street, rural route, apartment, or suite number) STANHOPE IA 50246-0095 (City, town, state, zip)	
	Email cooptelx@netins.net Fax (optional) 515-826-320	0
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>	system as identified mer of the cable system
	X       /s/ Roger F. Anderson         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: Roger F. Anderson Title: General Manager (Title of official position held in corporation or partnership)	
	Date: 08/27/2020	

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.

unting Period: 2020/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
OPERATIVE TELEPHONE EXCHANGE	631
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul>	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name 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.	Q
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