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	HT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	<ul> <li>coplicsoa@copyright.gov</li> </ul>
Cable Syste	ems (Short Form)			
		10/7/0000	\$	For additional information, contact the U.S. Copyright
-	uctions are located of this workbook	10/5/2020		Office Licensing Division at: Tel: (202) 707-8150
			ALLOCATION NUMBER	-
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
		٦		
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	I - see instructions)	
Accounting		<b>_</b>		
Period				
	Instructions:	4h	atilitan af an all an anna an tir a star all a fall	
В	Give the full legal name of the owner of title of the subsidiary, not that of the pa		sidiary of another corporation, give the full of	corporate
Owner	List any other name or names under whi	ich the owner conducts the business of	the cable system.	
				el e ultrasite e
	single statement of account and royalty		the last day of the accounting period should nting period.	a submit a
	DMCA Check here if this is the system's first fili	ng. If not, enter the system's ID numbe	r assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAILIN	NG ADDRESS OF CABLE SYSTEM	1	
	Local Internet Service Company, I	nc.		
	BUSINESS NAME(S) OF OWNER C	OF CABLE SYSTEM (IF DIFFEREN	Т)	
	LISCO			
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	1680 Hwy 1, Suite 1500	number)		
	Fairfield, IA 52556	number)		
	(City, town, state, zip)			
С	<b>INSTRUCTIONS:</b> In line 1, give any bus names already appear in space B. In line		, , , , , , , , , , , , , , , , , , , ,	5
System	IDENTIFICATION OF CABLE SYSTEM:			
	1			
	MAILING ADDRESS OF CABLE SYSTE	И:		
	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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Local Internet Service Company, Inc.	
	Instructions: List each separate community served by the cable system. A	Community" is the same as a "community unit" as defined in FCC rule
P	"a separate and distinct community or municipal entity (including unincor	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community	
	as the "first community." Please use it as the first community on all future	
	Note: Entities and properties such as hotels, apartments, condominiums,	
Area	identified city.	
Served		
		07475
<b>F</b> 1	CITY OR TOWN Fairfield	IA STATE
First		
Community	Libertyville	IA
Add Rows as Necessary		

	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM ID
	Local Internet Service (	Company, li	ıc.						
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCF	RIBERS AND R	ATES				
E	In General: The information in s								
<u> </u>	system, that is, the retransmission	on of television	and ra	dio broadcasts	by your sy	/stem to subscri	bers. Give	information	
Secondary Transmission	about other services (including particular about other services (including particular about the second particular						inose exist	ing on the	
Service: Sub-	Number of Subscribers: Bot	•				,	ble system	, broken	
scribers and	down by categories of secondar	, y transmission	service	e. In general, yo	u can con	npute the numbe	er of subsc	ribers in	
Rates	each category by counting the n							charged	
	separately for the particular server <b>Rate:</b> Give the standard rate of					•	,	ro and the	
	unit in which it is generally billed	-					-		
	category, but do not include disc				iny stands		5 within a		
	Block 1: In the left-hand block	in space E, th	e form	lists the catego	ries of sec	ondary transmis	sion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. <b>Not</b> categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	-							
	printed in block 1 (for example, t					,		, 0	
	with the number of subscribers a sufficient.	and rates, in th	e ngni-	nand Diock. A li	wo- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIB	EKS	RATE	CAT	EGORT OF SEI	<b>VICE</b>	SUBSCRIBERS	RAIE
	Service to first set		526	\$80/mth	Local			27	\$30/n
	Service to additional set(s)		514		_	led Basic		499	\$80/m
	• FM radio (if separate rate)		514	\$J/IIII	слран				φ00/Π
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	Non residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATE	s				
F	In General: Space F calls for ra	te (not subscril	ber) inf	ormation with re	espect to a	Il your cable sys	stem's serv	rices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There al furnished at cost or (2) services	•			0				
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the			, ,		U		0	
Fransmissions:	Block 1: Give the standard ra			•					
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) description				SHEU. LISU	these other ser			
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable		• Mo	otel, hotel			100/100	M Internet incl	\$70
	• Pay cable—add'l channel		• Cc	ommercial			Local +	LD Phone	\$2
	Fire protection		• Pa	y cable					
	•Burglar protection			, iy cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set	-	• Bu	irglar protection					
	<ul> <li>Additional set(s)</li> </ul>	-		services:					
	• FM radio (if separate rate)			econnect		\$30			
	· · · · · · · · · · · · · · · · · · ·								••••••
	Converter		• Dis	sconnect					
	• Converter			sconnect utlet relocation		ICB			
	• Converter		• 0ι		ess	ICB -			

		E CADI E OVOTEM.		SYSTEM
Name	LEGAL NAME OF OWNER O			SYSTEM
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part ac carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a s the Special Statement and Program d both on a substitute basis and al see page (v) of the general instru- rogram services such as HBO, ES i-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde or "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	t-time basis under grams [sections tations carried on a substitute program m Log)—if the lso on some other ictions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KGAN	2	N-M	Cedar Rapids, Iowa
	KCRG	3	N-M	Cedar Rapids, Iowa
	KPXR	4	I-M	
ows as Necessary				Cedar Rabids, Iowa
ows as Necessary	IPTV	11	I-M	Cedar Rapids, Iowa
ows as Necessary				lowa City, Iowa Waterloo, Iowa
ows as Necessary	IPTV	11	I-M	lowa City, Iowa Waterloo, Iowa
ows as Necessary	IPTV KWWL	11 7	I-M N-M	Iowa City, Iowa Waterloo, Iowa Kirksville, MO - Ottumwa, IA
ows as Necessary	IPTV KWWL KYOU	11 7 8	I-M N-M N-M	Iowa City, Iowa Waterloo, Iowa Kirksville, MO - Ottumwa, IA Cedar Rapids, Iowa
ows as Necessary	IPTV KWWL KYOU KGAN-2	11 7 8 20	I-M N-M N-M N-M	Iowa City, Iowa Waterloo, Iowa Kirksville, MO - Ottumwa, IA Cedar Rapids, Iowa Cedar Rapids, Iowa
tows as Necessary	IPTV KWWL KYOU KGAN-2 KCRG-2	11 7 8 20 15	I-M N-M N-M N-M N-M	Iowa City, Iowa Waterloo, Iowa Kirksville, MO - Ottumwa, IA Cedar Rapids, Iowa
tows as Necessary	IPTV KWWL KYOU KGAN-2 KCRG-2 KCRG-3	11 7 8 20 15 16	I-M N-M N-M N-M N-M N-M	Iowa City, Iowa Waterloo, Iowa Kirksville, MO - Ottumwa, IA Cedar Rapids, Iowa Cedar Rapids, Iowa Cedar Rapids, Iowa
ows as Necessary	IPTV KWWL KYOU KGAN-2 KCRG-2 KCRG-3 KWWL-2	11 7 8 20 15 16 17	I-M N-M N-M N-M N-M N-M N-M	lowa City, Iowa Waterloo, Iowa Kirksville, MO - Ottumwa, IA Cedar Rapids, Iowa Cedar Rapids, Iowa Cedar Rapids, Iowa Waterloo, Iowa
ows as Necessary	IPTV KWWL KYOU KGAN-2 KCRG-2 KCRG-3 KWWL-2 KWWL-3	11 7 8 20 15 16 17 19	I-M N-M N-M N-M N-M N-M N-M N-M	lowa City, Iowa Waterloo, Iowa Kirksville, MO - Ottumwa, IA Cedar Rapids, Iowa Cedar Rapids, Iowa Cedar Rapids, Iowa Waterloo, Iowa Waterloo, Iowa
iows as Necessary	IPTV KWWL KYOU KGAN-2 KCRG-2 KCRG-3 KWWL-2 KWWL-2 KWWL-3 KYOU-NBC15.2	11 7 8 20 15 16 17 19 6	I-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	lowa City, Iowa Waterloo, Iowa Kirksville, MO - Ottumwa, IA Cedar Rapids, Iowa Cedar Rapids, Iowa Cedar Rapids, Iowa Waterloo, Iowa Waterloo, Iowa Ottumwa, IA
ows as Necessary	IPTV KWWL KYOU KGAN-2 KCRG-2 KCRG-3 KWWL-2 KWWL-3 KYOU-NBC15.2 KYOU-CW15.4	11 7 8 20 15 16 17 19 6 21	I-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	lowa City, Iowa Waterloo, Iowa Kirksville, MO - Ottumwa, IA Cedar Rapids, Iowa Cedar Rapids, Iowa Cedar Rapids, Iowa Waterloo, Iowa Waterloo, Iowa Ottumwa, IA Ottumwa, IA
ows as Necessary	IPTV KWWL KYOU KGAN-2 KCRG-2 KCRG-3 KWWL-2 KWWL-3 KWWL-3 KYOU-NBC15.2 KYOU-CW15.4 KYOU GRIT	11 7 8 20 15 16 17 19 6 21 22	I-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	Iowa City, Iowa         Waterloo, Iowa         Kirksville, MO - Ottumwa, IA         Cedar Rapids, Iowa         Cedar Rapids, Iowa         Cedar Rapids, Iowa         Waterloo, Iowa         Waterloo, Iowa         Ottumwa, IA         Ottumwa, IA         Ottumwa, IA         Ottumwa, IA
tows as Necessary	IPTV KWWL KYOU KGAN-2 KCRG-2 KCRG-3 KWWL-2 KWWL-2 KWWL-3 KYOU-NBC15.2 KYOU-NBC15.4 KYOU GRIT KYOU GRIT KYOUDT3	11         7         8         20         15         16         17         19         6         21         22         26	I-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	Iowa City, Iowa         Waterloo, Iowa         Kirksville, MO - Ottumwa, IA         Cedar Rapids, Iowa         Cedar Rapids, Iowa         Cedar Rapids, Iowa         Waterloo, Iowa         Waterloo, Iowa         Ottumwa, IA
tows as Necessary	IPTV KWWL KYOU KGAN-2 KCRG-2 KCRG-3 KWWL-2 KWWL-3 KYOU-NBC15.2 KYOU-CW15.4 KYOU GRIT KYOUDT3 KYOUDT6	11         7         8         20         15         16         17         19         6         21         22         26         29	I-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	Iowa City, Iowa         Waterloo, Iowa         Kirksville, MO - Ottumwa, IA         Cedar Rapids, Iowa         Cedar Rapids, Iowa         Cedar Rapids, Iowa         Cedar Rapids, Iowa         Waterloo, Iowa         Waterloo, Iowa         Ottumwa, IA         Ottumwa, IA
tows as Necessary	IPTV KWWL KYOU KGAN-2 KCRG-2 KCRG-3 KWWL-2 KWWL-3 KYOU-NBC15.2 KYOU-NBC15.2 KYOU-CW15.4 KYOU GRIT KYOUDT3 KYOUDT3 KYOUDT6 IPTV LEARNS	11         7         8         20         15         16         17         19         6         21         22         26         29         12	I-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	Iowa City, IowaWaterloo, IowaKirksville, MO - Ottumwa, IACedar Rapids, IowaCedar Rapids, IowaCedar Rapids, IowaWaterloo, IowaWaterloo, IowaOttumwa, IAOttumwa, IAOttumwa, IAOttumwa, IAOttumwa, IAOttumwa, IAOttumwa, IAIottumwa, IAIowa City, Iowa

Accounting P							FORM	M SA1-2E. PAGE
LEGAL NAME OF Local Interne								SYSTEM I
	t every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					Н
receivable if (1) on the basis of r For detailed info paper SA1-2 for <b>Column 1</b> : Id <b>Column 2:</b> S	it is carried by monitoring, to prmation abou m. lentify the call tate whether t	/ the sys be recei t the Cc sign of e he static	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM.	t the system's he system's FM ante his point, see pa	adend, and (2 nna, during c ge (v) of the g	!) it can ertain st eneral ii	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
signal, indicate t <b>Column 4:</b> G	this by placing ive the statior	a checl n's locati	nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
-			No radio stations carried					

-	od: 2020/1						FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
name	Local Internet Service	Company	y, Inc.					
_	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LC	G			
	In General: In space I, ident							
	substitute basis during the a							
Substitute Carriage:	explanation of the program				ne general ins	structions in ti	ne paper S	A1-2 form.
Special	<ol> <li>SPECIAL STATEMEN</li> <li>During the accounting pe</li> </ol>	-			eie anv nonr	network telev	ision prog	ram
Statement and	broadcast by a distant sta	•	ui cable systel	in carry, on a substitute ba	1515, ariy 11011		- · ·	
Program Log	,				(D. /		YES	X NO
	Note: If your answer is "No log in block 2.	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	must complet	e the proo	gram
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograt <b>Column 3:</b> Give the call <b>Column 4:</b> Give the bro the case of Mexican or Cal <b>Column 5:</b> Give the mon first. Example: for May 7 gi <b>Column 6:</b> State the tim to the nearest five minutes stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the lett to delete under FCC rules was substituted for prograf	ace, please of every not a distant stat egulations, of ries like "mo . Bulls." m was broa sign of the adcast station nadian station nth and day ive "5/7." nes when tho . Example: a ter "R" if the and regulation mming that y	add additiona onnetwork tele tion and that y or authorizatio ovies" or "bask dcast live, ent station broadd on's location ( ons, if any, the v when your sy e substitute pr a program car e listed program ions in effect of	I rows to the tables. evision program ("substitute your cable system substitut ns. See page (v) of the ge ketball." List specific progra er "Yes." Otherwise enter casting the substitute prog the community to which the e community with which the ystem carried the substitute rogram was carried by you ried by a system from 6:0" m was substituted for prog during the accounting period	e program") ti ted for the pro neral instruct am titles, for e "No." ram. e station is lid e program. Us r cable system 1:15 p.m. to 6 ramming that od; enter the l	hat, during th ogramming o ions for furth example, "I L censed by th entified). se numerals, m. List the tir 5:28:30 p.m. s t your system letter "P" if th	e account f another er informa ove Lucy" e FCC or, with the r nes accur should be n was <i>requ</i> e listed pr	ting station ition. or in nonth ately <i>uired</i>
		•	your oyotoin n	as permitted to delete und	ter FCC rules	and regulation		
	effect on October 19, 1976			·		N SUBSTIT		
		UBSTITUT	E PROGRAM	1	WHE CARRI	N SUBSTIT	UTE RRED	7. REASON FOR
				1	WHE	N SUBSTIT	UTE RRED IES	7. REASON FO DELETION
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	л Л	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED 1ES	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	л Л	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED 1ES	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	л Л	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED 1ES	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	л Л	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED 1ES	
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	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	л Л	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED 1ES	
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	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	л Л	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED 1ES	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	л Л	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED 1ES	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	л Л	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED 1ES	

Accounting Period:	2020/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Local Internet Service Company, Inc.	
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 transmic (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 service
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ <ul> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul> </li> </ul>	\$263,80(
	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 t accounting period is \$52.00	his six-month
	Line 1. Royalty fee for accounting period	
	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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)
	1. Base amount under statutory formula   \$   263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)
	1. Enter the amount of gross receipts from space K \$ 264,260.00	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	4.60
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$	1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 1,323.60
	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)	1,323.60
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	\$ 1,343.60
	EFT Trace # or TRANSACTION ID #	
	<b>Important:</b> 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 OF CABLE SYSTEM: Local Internet Service Company, Inc.	SYSTEM ID#
<b>M</b> 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	 
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	Name David Magill Telephone	641-209-7104
	Address 1680 Hwy 1, Suite 1500 (Number, street, rural route, apartment, or suite number) Fairfield, IA 52556 (City, town, state, zip)	
	Email dmagill@liscocorp.com Fax (optional) 641-209-95	94
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</li> <li>(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</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as o 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 here 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>	e B; or e system as identified wner of the cable system
	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:       David L. Magill         Title:       VP Administration & Legal         (Title of official position held in corporation or partnership)	
	Date: October 2, 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 fing, a determination that would be made by a court of law.

-	020/1		FORM SA1-2E. PAGE
AL NAME OF OWN	ER OF CABLE SYSTEM:		SYSTEM
al Internet Se	rvice Company, Inc.		
The Satellite Ho lowing sentence "In deterr service o scribers a	nining the total number of subscribers and the gross amounts paid f providing secondary transmissions of primary broadcast transmit and amounts collected from subscribers receiving secondary trans	the Copyright Act by adding the fol- I to the cable system for the basic ters, the system shall not include sub- missions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
For more information formation Formation Formation Formation Formation Formation Formation Formation Formation	ation on when to exclude these amounts, see the note on page (vi per SA1-2 form.	i) of the general instructions	
made by satellite	unting period, did the cable system exclude any amounts of gross e carriers to satellite dish owners?	receipts for secondary transmissions	
X NO	the total here and list the satellite carrier(s) below	\$	
Name Mailing Address	Name Mailing Address		
INTEREST A	SSESSMENT		
You must compl			
•	ete this worksheet for those royalty payments submitted as a resul on of interest assessment, see page (viii) of the general instructior		Q
For an explanati		s located in the paper SA1-2 form. <b>\$ 1,299.0</b>	Q Interest Assessme
For an explanati	on of interest assessment, see page (viii) of the general instruction	ns located in the paper SA1-2 form. \$ 1,299.0 x 0%	Q Interest Assessme
For an explanati	on of interest assessment, see page (viii) of the general instruction	ns located in the paper SA1-2 form. \$ 1,299.0 x 0%  x 32 days	Q Interest Assessme
For an explanati Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply	on of interest assessment, see page (viii) of the general instruction e amount of late payment or underpayment	ns located in the paper SA1-2 form. \$ 1,299.0 x 0%  x 32 days  x 0.00274 	Q Interest Assessme
For an explanati Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the	on of interest assessment, see page (viii) of the general instruction e amount of late payment or underpayment	Image: solution of the paper SA1-2 form.         Image: solution of the paper SA1-2 form.	Q Interest Assessme
For an explanati Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are	on of interest assessment, see page (viii) of the general instruction e amount of late payment or underpayment	Image: solution of the paper SA1-2 form.         Image: solution of the paper SA1-2 form.	Q Interest Assessme
For an explanati Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are	on of interest assessment, see page (viii) of the general instruction e amount of late payment or underpayment	Image: solution of the paper SA1-2 form.         Image: solution of the paper SA1-2 form.	Q Interest Assessme
For an explanati Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the ow	on of interest assessment, see page (viii) of the general instruction e amount of late payment or underpayment	Image: solution of the paper SA1-2 form.         Image: solution of the paper SA1-2 form.	Q Interest Assessme

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