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

Bits DATE RECEIVED AMOUNT Constant of the U.S. Copyright Cable Systems (Short Form) General instructions are located in the first tab of this workbook 10/30/20 \$ ALLOCATION NUMBER Por additional information, constant fire U.S. Copyright Other U.S. Copyright O	STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
Cable Systems (Short Form) Image: Cable System (Short Form) <td< td=""><th></th><td></td><td>DATE RECEIVED</td><td>AMOUNT</td><td>-</td></td<>			DATE RECEIVED	AMOUNT	-
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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.

Nerre	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	CORN BELT TELEPHONE CO INC	6
D	Instructions: List each separate community served by the cable system. A "community" "a separate and distinct community or municipal entity (including unincorporated comm discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	" is the same as a "community unit" as defined in FCC ru munities within unincorporated areas and including sing will serve as a form of system identification hereafter kn
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	ne parks should be reported in parentheses below the
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F Services Other Than Secondary ransmissions: SERVICES OTHER TI In General: Space F or not covered in space E service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a single fee furnished at cost or (2) amount of the charge a service for a si	BLOC BLOC RVICE	nd rates, in the CK 1 NO. OF SUBSCRIBE	e right-har	RATE	wo- or thre	e-word descript	tion of the BLOC	service is	RATI	
Sufficient. CATEGORY OF SE Residential: Service to first set Service to additional FM radio (if separated Motel, hotel Commercial Converter • Residential • Non-residential • Secondary • Rates Block 1: Give the stat Block	BLOO ERVICE	CK 1 NO. OF SUBSCRIBE	ERS 2,642	RATE		·	BLOC	K 2 NO. OF	RATI	
Residential: • Service to first set • Service to additional • FM radio (if separated Motel, hotel Commercial Converter • Residential • Non-residential • Non-residentis	ERVICE	NO. OF SUBSCRIBE	2,642		CATE	EGORY OF SEI		NO. OF	RATI	
Residential: • Service to first set • Service to additional • FM radio (if separated Motel, hotel Commercial Converter • Residential • Non-residential • Non-residentis	al set(s)	SUBSCRIBE	2,642		CATE	EGORY OF SEI	RVICE		RATI	
Residential: • Service to first set • Service to additional • FM radio (if separated Motel, hotel Commercial Converter • Residential • Non-residential • Non-residentis	al set(s)		2,642			GORY OF SEI	RVICE	SUBSCRIBERS	RATI	
 Service to first set Service to additional FM radio (if separated Motel, hotel Commercial Converter Residential Non-residential Non-residential Services Other Than Secondary ransmissions: Rates 	` ′	2	<i>.</i>	102.50						
 Service to additional FM radio (if separated Motel, hotel Commercial Converter Residential Non-residential Non-residential Services Other Than Secondary ransmissions: Rates 	` ′		<i>.</i>	102.50						
 FM radio (if separat Motel, hotel Commercial Converter Residential Non-residential Non-residential Services Other Than Secondary ransmissions: Rates SERVICES OTHER TI In General: Space F of not covered in space E service for a single fee furnished at cost or (2) amount of the charge a enter only the letters "F Block 1: Give the stat Block 2: List any ser listed in block 1 and fo brief (two- or three-work) Converter Block 1 and for brief (two- or three-work) 	` ′		12							
Motel, hotel Commercial Converter • Residential • Non-residential • Non-residential • Non-residential • Non-residential • Residential • Non-residential • Non-residenta • Non-residential	ite rate)		12					_	шиц.	
Commercial Converter • Residential • Non-residential • Non-residential • Non-residential • Non-residential • Residential • Non-residential • Instance • Instance • Instance <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>6</td> <td>###</td>								6	###	
Converter • Residential • Non-residential • Non-residential • Non-residential • Non-residential • Residential • Non-residential • Residential • Non-residential • Instance • Instance • Instance • Instance			12	506.20	NURSI	NG HOME		6	###1	
Residential Non-residential Non-residential Non-residential SERVICES OTHER TI In General: Space F or not covered in space E service for a single fee furnished at cost or (2) amount of the charge a enter only the letters "F Block 1: Give the sta Block 2: List any ser listed in block 1 and fo brief (two- or three-wore			174	102.50						
Non-residential Services Other Than Secondary ransmissions: Rates Attribute Non-residential SERVICES OTHER TI In General: Space F or not covered in space E service for a single fee furnished at cost or (2) amount of the charge a enter only the letters "F Block 1: Give the sta Block 2: List any see listed in block 1 and fo brief (two- or three-wore										
F SERVICES OTHER TI Services In General: Space F on to covered in space F or service for a single fee furnished at cost or (2) amount of the charge a enter only the letters "F Block 1: Give the states Block 1: Give the states Block 2: List any see listed in block 1 and for brief (two- or three-word)										
F In General: Space F cont covered in space F covered in space F cont covered in space F co										
F In General: Space F cont covered in space F covered in space F cont covered in space F cont covered in space F covered in space			Newlee					•		
Services not covered in space E service for a single fee furnished at cost or (2) amount of the charge a enter only the letters "F Block 1: Give the sta Block 2: List any ser listed in block 1 and fo brief (two- or three-work)						Il vour cable sv	stem's ser	vices that were		
Services Other Than Secondary ransmissions: Rates Hurnished at cost or (2) amount of the charge a enter only the letters "F Block 1: Give the sta Block 2: List any ser listed in block 1 and fo brief (two- or three-wor			,		-					
Other Than Secondary ransmissions: Rates Autor Rates Block 1: Give the sta Block 2: List any ser listed in block 1 and fo brief (two- or three-wor			,		0		0 (,		
Secondary ransmissions: Rates enter only the letters "F Block 1: Give the sta Block 2: List any ser listed in block 1 and fo brief (two- or three-wor	,									
ransmissions: Rates Block 1: Give the sta Block 2: List any ser listed in block 1 and fo brief (two- or three-wor	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis,									
Rates Block 2: List any set listed in block 1 and fo brief (two- or three-wor	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									
brief (two- or three-wor	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.									
		BLOC	CK 1					BLOCK 2		
CATEGORT OF SERV	/ICE	RATE (CATEGC	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE	
Continuing Services:	:	li li	Installati	ion: Non-res	sidential					
• Pay cable			 Motel 	el, hotel		59.95				
 Pay cable—add'l ch 	hannel		 Comr 	mercial		59.95				
Fire protection			• Pay c	cable						
 Burglar protection 			• Pay c	cable-add'l cl	hannel					
Installation: Resident			• Fire p	protection						
• First set	tial		• Bural	lar protection	l					
 Additional set(s) 	tial	59.95	Dargi							
• FM radio (if separat	tial		Other se	-						
Converter			-	ervices:		35.00				
			Other se	ervices:		35.00				
			Other se • Reco • Disco	ervices:		35.00 50.00				

	LEGAL NAME OF OWNER OF	- CABLE SYSTEM:		SYSTEM				
Name	CORN BELT TELEPHO			6				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	 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 <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) 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 identified. 							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	κτιν	4	N	SIOUX CITY, IA				
	WOI	5	N	AMES, IA				
Rows as Necessary	КРТН	44	N	SIOUX CITY, IA				
	кссі	8	N	DES MOINES, IA				
	KCAU	9	N	SIOUX CITY, IA				
	KTIN	11	E	FORT DODGE, IA				
	KMEG	14	N	SIOUX CITY, IA				
	KTIV HD	4.1	N	SIOUX CITY, IA				
	KTIV CW	4.2	N-M	SIOUX CITY, IA				
	KTIV METV	4.3	N-M	SIOUX CITY, IA				
	KTIV COURT TV	4.4	N-M	SIOUX CITY, IA				
	КРТН НД	44.1	N	SIOUX CITY, IA				
	KPTH THIS	44.2	N-M	SIOUX CITY, IA				
	KPTH CHARGE	44.3	N-M	SIOUX CITY, IA				
	KPTH STADIUM	44.4	N-M	SIOUX CITY, IA				
	WOI HD	5.1	N	AMES, IA				
	KMEG HD	14.1	N	SIOUX CITY, IA				
		14.2	N-M	SIOUX CITY, IA				
	KMEG TBD TV	17.4						
	KMEG TBD TV KMEG COMET TV	14.3	N-M	SIOUX CITY, IA				
			N-M E					
	KMEG COMET TV	14.3		SIOUX CITY, IA FORT DODGE, IA FORT DODGE, IA				
	KMEG COMET TV KTIN HD	14.3 21.1	E	FORT DODGE, IA				

ounting Period:	: 2020/1			FORM SA1-2E. PA		
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM		
Name	CORN BELT TELEPHONE CO INC					
	PRIMARY TRANSMITTERS:	TELEVISION				
G	carried by your cable syste	entify every television station (including tra m during the accounting period, <i>except</i> (1) stations carried only on a par	t-time basis under		
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC m • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and b basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these te	also in space I, if the station was carried I on concerning substitute basis stations, so n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	e)(2) and (4))]; and (2) certain s ried by your cable system on a s Special Statement and Program both on a substitute basis and al ee page (v) of the general instru- ogram services such as HBO, Es air designation. For example, re sion station for broadcasting over ation, an independent station, or r network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form.	tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).		
		dian stations, if any, give the name of the	,	,		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		
	KCAU ESCAPE	9.2	N-M	SIOUX CITY, IA		
		0.2				
	KCAU BOUNCE TV	9.3	N-M	SIOUX CITY, IA		
	KCAU BOUNCE TV					
	KCAU LAFF WOI LAFF	9.3 9.4 5.2	N-M N-M N-M	SIOUX CITY, IA SIOUX CITY, IA AMES, IA		
	KCAU LAFF	9.3 9.4	N-M N-M	SIOUX CITY, IA SIOUX CITY, IA		

CORN BELT	TELEPHO	NE CO	INC					SYSTEM I 69
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether the the radio stati this by placing sive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check h'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. on is AM or FM. nal was electronically process k 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 this point, see par ed by the cable s he station is licens	adend, and (2 nna, during cr ge (v) of the g ystem as a se sed by the FC	ertain sta eneral ir eneral ir	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
		0.0						
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2020/1 LEGAL NAME OF OWNER OF		EW·						SYSTEM ID#
Name	CORN BELT TELEPHO								6925
	SUBSTITUTE CARRIAG	E: SPECIAL	STATEME	NT AND PROGRAM	_OG				
I		by a <i>distant</i> station, that your cable system carried of FCC rules, regulations, or authorizations. For a furt							
Substitute			the general instructions in the paper SA1-2 form.						
Carriage:	1. SPECIAL STATEMEN	T CONCERN	NING SUBS	TITUTE CARRIAGE					
Special Statement and	 During the accounting per 	riod, did your o	cable syster	m carry, on a substitute	basis, any nor	nnetwork te	elevis	ion prog	ram
Program Log	broadcast by a distant sta	ation?						YES	× NO
	Note: If your answer is "No	o", leave the re	est of this pa	ige blank. If your answe	r is "Yes," you	must com	plete	the prog	gram
	log in block 2. 2. LOG OF SUBSTITUTI		10						
	In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categoo "NBA Basketball: 76ers vs. Column 2: If the prograu Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes.	ace, please ad e of every nonr a distant station egulations, or a ries like "movia . Bulls." m was broadc sign of the sta adcast station nadian stations nth and day w ive "5/7."	dd additional network tele on and that y authorization ies" or "bask cast live, ente cation broadc n's location (f is, if any, the yhen your sy substitute pro-	rows to the tables. vision program ("substit our cable system substi ns. See page (v) of the etball." List specific pro- er "Yes." Otherwise entor sasting the substitute pro- the community to which a community with which stem carried the substit ogram was carried by y	ute program") tuted for the p general instruc gram titles, for er "No." ogram. the station is the station is tute program. I our cable syst	that, during rogrammin ctions for fu example, licensed by dentified). Jse numer em. List the	g the ig of a urther "I Lov / the als, w e time	account another s informa /e Lucy" FCC or, vith the n	ing station tion. or in nonth
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulation mming that you	sted progran ns in effect d	n was substituted for pr luring the accounting pe	ogramming the riod; enter the	e letter "P" i	f the	was <i>requ</i> listed pro	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulation mming that you	isted program ns in effect d our system w	n was substituted for pr luring the accounting pe as permitted to delete u	ogramming the riod; enter the nder FCC rule WH	e letter "P" i	if the ulation	was <i>requ</i> listed pro ns in TE	ogram 7. REASON FOR
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	isted program ns in effect d our system w	n was substituted for pr luring the accounting pe as permitted to delete u	ogramming the riod; enter the nder FCC rule WH CARF 5. MONTH	EN SUBS	if the ulation	was requ listed pro ns in TE RED	ogram
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	isted program ns in effect d our system w PROGRAM . STATION'S	n was substituted for producing the accounting perator as permitted to delete u	ogramming the riod; enter the nder FCC rule WH CARF 5. MONTH	EN SUBS	if the ulation TITU ^T CUR	was requ listed pro ns in TE RED IS	ogram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	isted program ns in effect d our system w PROGRAM . STATION'S	n was substituted for producing the accounting perator as permitted to delete u	ogramming the riod; enter the nder FCC rule WH CARF 5. MONTH	EN SUBS	if the ulation TITU ^T CUR	was requ listed pro ns in TE RED IS	ogram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	isted program ns in effect d our system w PROGRAM . STATION'S	n was substituted for producing the accounting perator as permitted to delete u	ogramming the riod; enter the nder FCC rule WH CARF 5. MONTH	EN SUBS	if the ulation TITU ^T CUR	was requ listed pro ns in TE RED IS	ogram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	isted program ns in effect d our system w PROGRAM . STATION'S	n was substituted for producing the accounting perator as permitted to delete u	ogramming the riod; enter the nder FCC rule WH CARF 5. MONTH	EN SUBS	if the ulation TITU ^T CUR	was requ listed pro ns in TE RED IS	ogram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	isted program ns in effect d our system w PROGRAM . STATION'S	n was substituted for producing the accounting perator as permitted to delete u	ogramming the riod; enter the nder FCC rule WH CARF 5. MONTH	EN SUBS	if the ulation TITU ^T CUR	was requ listed pro ns in TE RED IS	ogram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	isted program ns in effect d our system w PROGRAM . STATION'S	n was substituted for producing the accounting perator as permitted to delete u	ogramming the riod; enter the nder FCC rule WH CARF 5. MONTH	EN SUBS	if the ulation TITU ^T CUR	was requ listed pro ns in TE RED IS	ogram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	isted program ns in effect d our system w PROGRAM . STATION'S	n was substituted for producing the accounting perator as permitted to delete u	ogramming the riod; enter the nder FCC rule WH CARF 5. MONTH	EN SUBS	if the ulation TITU ^T CUR	was requ listed pro ns in TE RED IS	ogram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	isted program ns in effect d our system w PROGRAM . STATION'S	n was substituted for producing the accounting perator as permitted to delete u	ogramming the riod; enter the nder FCC rule WH CARF 5. MONTH	EN SUBS	if the ulation TITU ^T CUR	was requ listed pro ns in TE RED IS	ogram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	isted program ns in effect d our system w PROGRAM . STATION'S	n was substituted for producing the accounting perator as permitted to delete u	ogramming the riod; enter the nder FCC rule WH CARF 5. MONTH	EN SUBS	if the ulation TITU ^T CUR	was requ listed pro ns in TE RED IS	ogram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	isted program ns in effect d our system w PROGRAM . STATION'S	n was substituted for producing the accounting perator as permitted to delete u	ogramming the riod; enter the nder FCC rule WH CARF 5. MONTH	EN SUBS	if the ulation TITU ^T CUR	was requ listed pro ns in TE RED IS	ogram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	isted program ns in effect d our system w PROGRAM . STATION'S	n was substituted for producing the accounting perator as permitted to delete u	ogramming the riod; enter the nder FCC rule WH CARF 5. MONTH	EN SUBS	if the ulation TITU ^T CUR	was requ listed pro ns in TE RED IS	ogram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	isted program ns in effect d our system w PROGRAM . STATION'S	n was substituted for producing the accounting perator as permitted to delete u	ogramming the riod; enter the nder FCC rule WH CARF 5. MONTH	EN SUBS	if the ulation TITU ^T CUR	was requ listed pro ns in TE RED IS	ogram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	isted program ns in effect d our system w PROGRAM . STATION'S	n was substituted for producing the accounting perator as permitted to delete u	ogramming the riod; enter the nder FCC rule WH CARF 5. MONTH	EN SUBS	if the ulation TITU ^T CUR	was requ listed pro ns in TE RED IS	ogram 7. REASON FO
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Accounting Period:	2020/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CORN BELT TELEPHONE CO INC			\$	BYSTEM ID# 6925
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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	ystem's se n of how to	condary transm o compute this a	ission service amount, see \$ 24	
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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in DLOCK 1, CDOCE DECEMPT.	out less that oformation	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				
	Line 1. Royalty ree for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula		263,800.00		
	2. Enter amount of gross receipts from space K		248,970.76		
	- · · · -		•		
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K			248,970.76	
	5. Enter the amount from line 3			14,829.24	
	6. Subtract line 5 from line 4			234,141.52	
	7. Multiply line 6 by .005 (enter figure here)				1,170.71
	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		\$	1,170.71
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but l	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			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DUI	E			
		_			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,170.71	
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			\$	1,190.71
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CORN BELT TELEPHONE CO INC	SYSTEM ID 692
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the call to its subscribers, and (2) the cable system's total number of activated channels 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	29
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEE we can contact about this statement of account.)	DED (Identify an individual to whom
for Further Information	Name EMILY SWENSEN	Telephone 712-664-2221
	Address 108 MAIN ST PO BOX 445 (Number, street, rural route, apartment, or suite number) WALL LAKE, IA 51466 (City, town, state, zip)	
	Email CBTELCO@NETINS.NET	Fax (optional)
O Certification	 in line 1 of space B and that the owner is not a corporation or X (Officer or partner) I am an officer (if a corporation) or a partner in line 1 of space B. I have examined the statement of account and hereby declare under penalt are true, complete, and correct to the best of my knowledge, information, and [18 U.S.C., Section 1001(1986)] 	s.) of the cable system as identified in line 1 of space B; or e duly authorized agent of the owner of the cable system as identified partnership; or (if a partnership) of the legal entity identified as owner of the cable system (of law that all statements of fact contained herein belief, and are made in good faith. OTHERTON
	Date:	7/20/20

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.

ounting Period: 2020/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
RN BELT TELEPHONE CO INC	692
 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? YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	
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
xLine 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	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served 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 th 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.