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.

9-21-21

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

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))
	2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period	Barcode Data Filing Period (optional - see instructions)
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	FARMERS MUTUAL COOPERATIVE TELEPHONE COMPANY OF MOULTON IA BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO BOX 38 (Number, street, rural route, apartment, or suite number)
	MOULTON, IA 52572 (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 1 FARMERS MUTUAL COMMUNICATIONS
	MAILING ADDRESS OF CABLE SYSTEM:
	2 PO BOX 38 (Number, street, rural route, apartment, or suite number)
	MOULTON, IA 52572 (City, town, state, zip code)

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID					
Name	FARMERS MUTUAL COOPERATIVE TELEPHONE COMPANY OF	IOU 63172					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified						
Area Served	city.	home parks should be reported in parentheses below the identified					
001104							
First	CITY OR TOWN MOULTON	STATE IA					
Community	BLOOMFIELD	IA IA					
	UDELL	IA					
dd Rows as Necessary							

	FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID								
Name	FARMERS MUTUAL COOPERATIVE TELEPHONE COMPANY OF MOULTON IA								6317
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissi about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Not	SERVICE: SUB pace E should c on of television a bay cable) in spa d (June 30 or Dec n blocks in space y transmission se umber of billings ice at the rate in tharged for each . (Example: "\$20 counts allowed fo in space E, the e to their subscril	SCRIBEI over all c and radio ce F, not cember 3 E call fo ervice. In in that ca dicated— category //mth"). So or advanc form lists bers. Giv	RS AND R/ ategories o broadcasts here. All th 1, as the ca r the numb general, yc ategory (the not the num of service. ummarize a e payment. the catego e the numb	ATES f secondar by your sy e facts you ase may be er of subso bu can con a number of mber of se Include bo any standa vries of sec er of subs	ry transmission s ystem to subscril u state must be t e). cribers to the cat upute the numbe of persons or org ts receiving serv oth the amount o rd rate variations condary transmis cribers and rate	ervice of f pers. Give hose exist ole system r of subsc anizations ice). f the charg s within a p sion servi for each li	information ting on the ribers in charged ge and the particular rate ce that cable sted category	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	ble service to ac once again under has rate categor iers of services t	dditional s r "Service ies for se that inclue	ets would b to addition condary tra de one or m	be included al set(s)." Insmission hore secon	d in the count un service that are dary transmission	der "Servi different f ns), list th	ce to the from those em, together	
	BLO			BLOCK					
	CATEGORY OF SERVICE	NO. OF SUBSCRIBEF	25	RATE	CAT	EGORY OF SEF	VICE	NO. OF SUBSCRIBERS	RATI
	Residential:	CODOCINIDEI	10		0,11		NICE	CODOCIVIDENC	1011
	 Service to first set 		173	86.95					
	 Service to additional set(s) 		194	5.95					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions:	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.								
Rates					ISNED. LIST	these other serv			
Rates			the rate		ISNED. LIST	these other serv		BLOCK 2	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE	otion and include BLOCI	the rate K 1			RATE	CATEG	BLOCK 2 DRY OF SERVICE	RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	otion and include BLOCI RATE C	the rate K 1 ATEGOF	for each. RY OF SER n: Non-res	VICE	-	CATEG		RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	otion and include BLOCI RATE C	the rate K 1 CATEGOF nstallatio • Motel,	for each. RY OF SER n: Non-res hotel	VICE	-	CATEG		RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	otion and include BLOCI RATE C	the rate of K 1 CATEGOF • Motel, • Comm	for each. RY OF SER n: Non-res hotel ercial	VICE	-	CATEGO		RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	otion and include BLOCI RATE C	the rate of K 1 CATEGOF • Motel, • Comm • Pay ca	for each. RY OF SER n: Non-res hotel ercial ble	VICE idential	-	CATEGO		RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	otion and include BLOCI RATE C	the rate of K 1 CATEGOF • Motel, • Comm • Pay ca	for each. RY OF SER n: Non-res hotel ercial	VICE idential	-	CATEGO		RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	otion and include BLOCI RATE C	K 1 ATEGOF • Motel, • Comm • Pay ca • Pay ca	for each. RY OF SER n: Non-res hotel ercial ble	VICE idential	-	CATEGO		RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	otion and include BLOCI RATE C	the rate of K 1 ATEGOF • Motel, • Comm • Pay ca • Pay ca • Fire pr	for each. TOF SER n: Non-res hotel ercial ble ble ble-add'l cl	VICE idential	-	CATEGO		RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOCH RATE C	the rate of K 1 ATEGOF • Motel, • Comm • Pay ca • Pay ca • Fire pr	for each. RY OF SER n: Non-res hotel ercial ible ible-add'l cl otection r protection	VICE idential	-	CATEGO		RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOCH RATE C	the rate K 1 ATEGOF • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla	for each. RY OF SER n: Non-res hotel ercial ble ble-add'l cl otection r protection vices:	VICE idential	-	CATEGO		RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOCH RATE C	the rate of K 1 ATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser	for each. RY OF SER n: Non-res hotel ercial ble ble-add'l cl otection r protection vices: nect	VICE idential	-	CATEGO		RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOCH RATE C	the rate of K 1 ATEGOF Installatio • Motel, • Comm • Pay ca • Fire pr • Burgla Other ser • Recon • Discor	for each. RY OF SER n: Non-res hotel ercial ble ble-add'l cl otection r protection vices: nect	VICE idential	-	CATEGO		RAT

LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
FARMERS MUTUAL	COOPERATIVE TELEPHONE CO	MPANY OF MOULTON IA	63
PRIMARY TRANSMITTERS:	TELEVISION		
carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute program basis, a Substitute Basis Stations basis under specific FCC ru- Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information 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 enter (for independent multicast) For the meaning of these to Column 4: Give the location	ime basis under ams [sections itions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
ктуо	3.1	N	KIRKSVILLE MO/OTTUMWA IA
ктуо	3.2	Ν	KIRKSVILLE MO/OTTUMWA IA
кссі	8	N	DES MOINES IA
КССІ	8.1	Ν	DES MOINES IA
КССІ	8.2	N-M	DES MOINES IA
KDIN	11	I	DES MOINES IA
KDIN	11.1	I-M	DES MOINES IA
KDIN	11.2	I-M	DES MOINES IA
KDIN	11.3	I-M	DES MOINES IA
KDIN	11.4	I-M	DES MOINES IA
who	13	N	DES MOINES IA
who	13.1	N-M	DES MOINES IA
KDSM	17	N	DES MOINES IA
KDSM	17.1	N	DES MOINES IA
KDSM	17.2	N-M	DES MOINES IA
KDSM	17.3	N-M	DES MOINES IA
KDMI		N-M	DES MOINES IA
		N	DES MOINES IA
	FARMERS MUTUAL O PRIMARY TRANSMITTERS: In General: In space G, ide Carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(Substitute Passis Stations basis under specific FCC rules Substitute Basis Station her substitute program basis, as basis under specific FCC rule basis under specific FCC rule Not rule • Do not list the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these te Column 4: Give the location FCC. For Mexican or Canadia 1. CALL SIGN KTVO KCCI KCCI KCCI KDIN KDIN KDIN KDIN KDIN KDIN KDSM KDSM KDSM KDSM	LEGAL NAME OF OWNER OF CABLE SYSTEM: FARMERS MUTUAL COOPERATIVE TELEPHONE CO PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including tra carried by your cable system during the accounting period, except (1 FCC rules and regulations in effect on June 24, 1981, permitting the 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (refering to 76.61(substitute Dasis Stations: With respect to any distant stations carri- basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space — but do list it in space I (the station was carried only on a substitute basis stations, se Column 1: List each station's call sign. Do not report origination pro multicast stream associated with a station according to its over-the-a "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the televis of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network stat educational station, by entering the letter "N" (for network), "N-M" (for (for independent multicast), "E" (for noncomercial educational), of For the meaning of these terms, see page (iv) of the general instruct Column 4: Give the location of each station. For U.S. stations, list th FCC. For Mexican or Canadian stations, if any, give the name of the 1. CALL SIGN 2. B'CAST CHANNEL NUMBER KTVO 3.1 KTVO 3.2 KCCI 8.1 KCCI 8.2 KDIN	LEGAL NAME OF OWNER OF CABLE SYSTEM: FARMERS MUTUAL COOPERATIVE TELEPHONE COMPANY OF MOULTON IA PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power tere arried by your cable system during the accuration system) FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network progr. 76.58(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4)), rad (2) certain statisticity are perfected. These, regulations, or authorizations: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a subsist under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list til in space 1 (the Special Statement and Program station was carried only on a substitute basis stations, scenared only on a substitute basis. • List the station here, and also in space 1, if the station was carried both on a substitute basis and also basis. For further information concerning substitute basis stations for broadcasting over of license. For example, WCE is channel 4 in Washington. D.C. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over for idense for W.C. is channel 4 in Washington. B.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a educational station, by entering the letter TN (for network), TN-M (for network muticast), "T (for independent muticast)," E (for noncommercial educat For the meaning of these terms, see page (iv) of the general i

			YSTEM: ATIVE TELEPHONE CO			^		SYSTEM ID#
			ATTVE TELEPHONE CO			~		63172
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id	it is carried by monitoring, to prmation abou m. lentify the call	y the sys be recei It the Cc sign of e	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM.	the system's he system's FM ante	adend, and (2 nna, during ce) it can b ertain sta	e expected, ated intervals.	Primary Transmitters: Radio
signal, indicate Column 4: G	this by placing ive the station	g a chec n's locati	nal was electronically processe k 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	
				<u> </u>				

Accounting Perio	d: 2021/1						FOF	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	FARMERS MUTUAL C	OOPERA		IONE COMPANY OF	MOULTON	IA		63172
Substitute Carriage:	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	fy every nor ccounting pe ing that mus	nnetwork televisi eriod, under spe st be included in	<i>ion program,</i> broadcast by cific present and former FC this log, see page (v) of the	a <i>distant</i> static C rules, regula	ations, or au	uthorizations.	For a further
Special	1. SPECIAL STATEMENT					twork tolov	ision program	m
Statement and	 During the accounting per broadcast by a distant star 	-	r cable system	carry, on a substitute bas	as, any nonne			× .
Program Log	broadcast by a distant sta					ļ	YES	
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mi	ust complet	te the progra	im
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Lise abbreviations	wherever nos	sible if the	air meaning i	e
	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 categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the timu- to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	ce, please a of every no distant stat gulations, o ies like "mo Bulls." n was broad sign of the s adcast statio adian statio th and day ve "5/7." es when the Example: a er "R" if the and regulation ming that y	add additional r nnetwork televi ion and that you r authorizations vies" or "baske dcast live, enter station broadca on's location (the ons, if any, the of when your syst e substitute pro- a program carrie listed program ons in effect du	rows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the gen tball." List specific program r "Yes." Otherwise enter " sting the substitute progra the community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra- ring the accounting period	program") that ad for the prog- eral instructio m titles, for ex- No." am. e station is licer station is ider program. User cable system 15 p.m. to 6:2 amming that y d; enter the left	at, during th ramming o ns for furth ample, "I L nsed by th httified). httified). List the tir 28:30 p.m. s rour system ter "P" if th	he accounting of another state er information ove Lucy" or e FCC or, in with the mo- mes accurate should be n was <i>require</i> e listed prog	g ation n. nth ely
	effect on October 19, 1976.							
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH		TIMES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO	
							_	
							_	
							_	
							_	
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					-			

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FARMERS MUTUAL COOPERATIVE TELEPHONE COMPANY OF MOULTON IA	SI	/STEM ID# 63172
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral 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 an 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.	ission service mount, see	,026.00 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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	nis six-month	
	Line 1. Royalty fee for accounting period	\$	52.00 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)	00)	
	1. Base amount under statutory formula	,	
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	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 \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	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 DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	2. 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 # b09495ab25		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2021/1				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: TUAL COOPERATIVE TELE	PHONE COMPANY OF MOULTON IA	1	SYSTEM ID# 63172
M Channels	to its subscribe	• • • •	channels on which the cable system carrie tal number of activated channels during the		
					119
	on which the	al number of activated channels cable system carried television dcast services	broadcast stations		219
N Individual to Be Contacted		D BE CONTACTED IF FURTHE about this statement of account	R INFORMATION IS NEEDED (Identify ar .)	n individual to whom	
for Further Information	Name	TAMMY WHEELER		Telephone	641-642-3249
	Address	101 N MAIN STREET (Number, street, rural route, apartme MOULTON, IA 52572 (City, town, state, zip)	nt, or suite number)		
	Email	twheeler@netins.	net	Fax (optional 641-642-396	6
	CERTIFICATION	(This statement of account must	t be certified and signed in accordance with	h Copyright Office regulations)	
O Certification	• I, the undersign	ed, hereby certify that (Check one,	, but only one , of the boxes.)		
	(Owne	r other than corporation or par	tnership) I am the owner of the cable syster	n as identified in line 1 of space B	; or
	(Agen		on or partnership) I am the duly authorized owner is not a corporation or partnership; or	agent of the owner of the cable sy	ystem as identified
	X (Offic	er or partner) I am an officer (if a in line 1 of space B.	a corporation) or a partner (if a partnership) o	f the legal entity identified as own	er of the cable system
		te, and correct to the best of my k	reby declare under penalty of law that all stat snowledge, information, and belief, and are n		
		-	X /s/ Tammy S. Wheeler		
			nter an electronic signature on the line above inter signature using an "/s/ signature" (e.g., /		
		Typed or printed n	ame: Tammy S. Wheeler		
			General Manager of official position held in corporation or partnership)	
		Date:		7/16/21	

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.

scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	SYSTEM ID: 63172 P Special Statement Concerning Gross Receipts Exclusion
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 here and list the satellite carrier(s) below. Name Mailing Address Name Mailing Address You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	P Special Statement Concerning Gross
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	0
	<u>v</u>
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
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 \$	
(interest charge)	
* 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@copyright.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	

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