This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED AMOUNT							
7/4/2021	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
Accounting		20211 Barcode Data Filing Period (optional - see instructions)						
Period								
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner		List any other name or names under which the owner conducts the business of the cable system.						
		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						
		LPC LONG DISTANCE, INC.						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		PO BOX 185 (Number, street, rural route, apartment, or suite number)						
		LA PORTE CITY, IA 50651 (City, town, state, zip)						
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these						
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.						
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		MAILING ADDRESS OF CABLE SYSTEM:						
	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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2021/1						
		FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	LPC LONG DISTANCE, INC.	63526					
D	Instructions: List each separate community served by the cable system. A "com separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first					
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified in the i						
Served	city.						
	CITY OR TOWN	STATE					
First Community	MOUNT AUBURN	IA					
Add Rows as Necessary							

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63526

LPC LONG DISTANCE, INC.

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLOCK 1			BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:	3						
 Service to first set 	2		PREMIER PACKAGE	27	65.00		
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
		1					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO		BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		CINEMAX	16.00
 Pay cable—add'l channel 		Commercial		НВО	18.00
Fire protection		• Pay cable		SHOWTIME	17.00
•Burglar protection		Pay cable-add'l channel		STARZ	15.00
Installation: Residential		Fire protection			
• First set	124.95	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	29.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63526

LPC LONG DISTANCE, INC.

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCRG	9	N	CEDAR RAPIDS, IA
KFXA	27	l	CEDAR RAPIDS, IA
KGAN	51	N	CEDAR RAPIDS, IA
KPXR	47	l	CEDAR RAPIDS, IA
KRIN	35	Е	WATERLOO, IA
KWKB	25	l	IOWA CITY, IA
KWWF	22	l	WATERLOO, IA
KWWL	7	N	WATERLOO, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63526

FORM SA1-2E. PAGE 4.

LPC LONG DISTANCE, INC.

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		ļ					
							
							
		ļ					
		ļ					
							
		ļ					

Accounting Perio								FO	RM SA1-2E. PAGE 5.
Name	LPC LONG DISTANCE,		EM:						SYSTEM ID# 63526
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identiful substitute basis during the acceptantion of the programmi	y every non counting pe	network televisi riod, under spe	ion program, broadcast b	y a	rules, regula	ations, or au	uthorizations	. For a further
Carriage: Special Statement and Program Log	1. SPECIAL STATEMENT During the accounting periproadcast by a distant state Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, reponot use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call section of the case of Mexican or Cancolumn 5: Give the monofirst. Example: for May 7 give Column 6: State the time to the nearest five minutes.	CONCERI od, did your ion? , leave the PROGRA tute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broace sign of the s dcast static adian statio th and day e "5/7."	r cable system rest of this pag MS m on a separa add additional r nnetwork televi on and that you r authorizations vies" or "baske lcast live, enter station broadca in's location (th ns, if any, the when your syst substitute pro-	TUTE CARRIAGE carry, on a substitute ba e blank. If your answer i te line. Use abbreviation ows to the tables. sion program ("substitut ur cable system substitut ur cable system substitut s. See page (v) of the ge tball." List specific progra- "Yes." Otherwise enter sting the substitute prog e community to which the community with which the tem carried the substitute gram was carried by you	asis is "Y is w ie pr ited ener am "No iram e st e st e pr	herever postogram") that for the progral instruction titles, for extogram. Use action is ider togram. Use able system.	ust completed in the state of t	yES te the progra eir meaning ne accountir of another st er informatio ove Lucy" of e FCC or, ir with the mo	www.NO am is ag ation on. r
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulatio ming that y	ons in effect du our system wa	ring the accounting perions s permitted to delete und	od;	enter the let FCC rules a	ter "P" if th and regulat EN SUBST	e listed progions in	gram
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	٧	5. MONTH AND DAY	AGE OCC 6. FROM	TIMES — TO	7. REASON FOR DELETION

Accounting Period:	2021/1		FORM SA	1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: LPC LONG DISTANCE, INC.		S	STEM ID# 63526				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the an all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of how 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.	secondary transmi w to compute this a	ssion service mount, see	3,178.96 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informati	than \$527,600 ion.	63,800					
	BLOCK 1: GROSS RECEIPTS OF \$137,100 O	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00							
	Line 1. Royalty fee for accounting period		\$	52.00				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and		•	52.00				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but			32.00				
	1. Base amount under statutory formula		00)					
	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 (b	out less than \$527,	600)					
	Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula	263,800.00						
	3. Subtract line 2 from line 1							
	4. Multiply line 3 by .01	·						
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	1,319.00					
	6. Interest charge. Enter the amount from line 4, space Q, page 8		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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	52.00					
Due	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				
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form			ts!				

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LPC LONG DIS	WNER OF CABLE SYSTEM: TANCE, INC.				SYSTEM ID# 63526
M Channels	to its subscribers 1. Enter the total system carried	number of channels on which	total numb	ls on which the cable system carried te ber of activated channels during the ac	counting period.	8
		cable system carried televisio				335
N Individual to Be Contacted		BE CONTACTED IF FURTH		PRMATION IS NEEDED (Identify an inc	dividual to whom	
for Further Information	Name	MARGARET CORLE	ΓT		Telephone	563-245-4481
	Address	PO BOX 1008 (Number, street, rural route, apartr ELKADER, IA 52043 (City, town, state, zip)		te number)		
	Email	MCORLETT@L	PCTEL.C	СОМ	Fax (optional	
0	CERTIFICATION (This statement of account mu	ust be certi	tified and signed in accordance with Co	ppyright Office regulations)	
Certification	• I, the undersigned	d, hereby certify that (Check or	ne, <i>but only</i>	ly one, of the boxes.)		
	(Owner	other than corporation or pa	artnership	p) I am the owner of the cable system as	identified in line 1 of space E	3; or
	i	n line 1 of space B and that the	e owner is	artnership) I am the duly authorized agent not a corporation or partnership; or		
		r or partner) I am an officer (i n line 1 of space B.	if a corpora	ation) or a partner (if a partnership) of the	e legal entity identified as owr	ner of the cable system
		e, and correct to the best of my	-	clare under penalty of law that all stateme ge, information, and belief, and are made		
			X	/s/ Chris Hopp		
				electronic signature on the line above to ce nature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed	I name:	CHRIS HOPP		
		Title:		OPERATIONS OFFICER position held in corporation or partnership)		
		Date:			7/1/2021	

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ounting Period: 2021/1		FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID:
C LONG DISTANCE, INC.		63520
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EX The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A) lowing sentence: "In determining the total number of subscribers and the gross amounts service of providing secondary transmissions of primary broadcast tran scribers and amounts collected from subscribers receiving secondary t For more information on when to exclude these amounts, see the note on page located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gr made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	paid to the cable system for the basic ismitters, the system shall not include subtransmissions pursuant to section 119." e (vii) of the general instructions oss receipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Add	ress	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a refer an explanation of interest assessment, see page (viii) of the general instru		Q
		I-44 A
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		
	xdays	
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/interecontact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	est-rate.pdf. For further assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessmen	t for one day late	
· · · · · · · · · · · · · · · · · · ·	•	
NOTE: If you are filing this worksheet covering a statement of account already list below the owner, address, first community served, ID number, and account		
Owner		
Owner Address		

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