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			
1/27/2022	\$ ALLOCATION NUMBER			

Return completed workbook by email to

#### coplicsoa@copyright.gov

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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		Barcode Data Filing Period (optional - see instructions)							
Accounting 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							
		Lost Nation Elwood Telephone Co							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		PO Box 97, 304 Long Ave (Number, street, rural route, apartment, or suite number)							
		Lost Nation IA 52254 (City, town, state, zip)							
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
С	name	es 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: 62357							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	PO Box 97 (Number, street, rural route, apartment, or suite number)							
	-	Lost Nation IA 52254							
		(City, town, state, zip code)							

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 filing, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Lost Nation Elwood Telephone Co	
D	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a community." Please use it as the first community on all future filings.	nities within unincorporated areas and including single, discre s a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon city.	ne parks should be reported in parentheses below the identifi
Firet	CITY OR TOWN  Lost Nation	STATE IA
First Community	Elwood	IA IA
	Oxford Junction	IA
Rows as Necessary	Oxiora Gariotto	
nows as necessary		

Accounting Period: 2021/2 FORM SA1-2F PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

**Lost Nation Elwood Telephone Co** 

SYSTEM ID#

## E

#### 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

BLO	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	334	36.95				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
	·····			t		

# 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.

BLOCK 1					BLOCK 2	
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE					
Continuing Services:		Installation: Non-residential				
• Pay cable		Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial				
Fire protection		• Pay cable				
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>				
Installation: Residential		Fire protection				
• First set	20.00	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>	50.00	Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	20.00			
Converter		Disconnect				
		Outlet relocation	50.00			
		<ul> <li>Move to new address</li> </ul>				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **Lost Nation Elwood Telephone Co**

## G

#### Primary Transmitters: Television

Add Rows as Necessary

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), 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 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.

KGAN         2         N         Cedar Rapids IA           WHBF         4         N         Rock Island IL           KFXA         28         N         Cedar Rapids IA           KWQC         6         N         Bettendorf, IA           KWWL         7.1         N         Waterloo IA           WQAD         8         N         Moline IL           KCRG         9.1         N         Cedar Rapids IA           KLIB         18         N         Davenport IA           KGCW         26         N         Cedar Rapids IA           MFY I.1.1         12         E         Johnston IA           KFXR         48         N         Cedar Rapids IA           KGANDT 2.2         2-2         N-M         Cedar Rapids IA           KGANDT 2.3         2-3         N-M         Cedar Rapids IA           KFXB 40         40         N         Dubuque IA           KPXR 48.1         48-1         N-M         Cedar Rapids IA           KPXR 48.2         48-2         N-M         Cedar Rapids IA           KPXR 48.3         48-3         N-M         Cedar Rapids IA           KWWLDT 7.2         7-2         N-M         Water	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KFXA         28         N         Cedar Rapids IA           KWQC         6         N         Bettendorf, IA           KWWL         7.1         N         Waterloo IA           WQAD         8         N         Moline IL           KCRG         9.1         N         Cedar Rapids IA           KLIB         18         N         Davenport IA           KGCW         26         N         Cedar Rapids IA           KFYR         48         N         Cedar Rapids IA           KFYRR         48         N         Cedar Rapids IA           KGANDT 2.2         2-2         N-M         Cedar Rapids IA           KFXB 40         40         N         Dubuque IA           KFXR 48.1         48-1         N-M         Cedar Rapids IA           KFXR 48.2         48-2         N-M         Cedar Rapids IA           KFXR 48.3         48-3         N-M         Waterloo IA           KWWLDT 7.2         7-2         N-M         Waterloo IA           KWWLDT 7.3         7-3         N-M         Waterloo IA           KWWLDT 7.4         7-4         N-M         Waterloo IA           KWWLDT 7.4         N-M         Cedar Rapids IA	KGAN	2	N	Cedar Rapids IA
KWQC         6         N         Bettendorf, IA           KWWL         7.1         N         Waterloo IA           WQAD         8         N         Moline IL           KCRG         9.1         N         Cedar Rapids IA           KLIB         18         N         Davenport IA           KGCW         26         N         Cedar Rapids IA           KFOW         26         N         Cedar Rapids IA           KFYR         48         N         Cedar Rapids IA           KFYR         48         N         Cedar Rapids IA           KGANDT 2.2         2-2         N-M         Cedar Rapids IA           KFXB 40         40         N         Dubuque IA           KFYR 48.1         48-1         N-M         Cedar Rapids IA           KPYR 48.2         48-2         N-M         Cedar Rapids IA           KPYR 48.3         48-3         N-M         Waterloo IA           KWWLDT 7.2         7-2         N-M         Waterloo IA           KWWLDT 7.3         7-3         N-M         Waterloo IA           KWWLDT 7.4         7-4         N-M         Waterloo IA           KCRGDT 9.2         9-2         N-M         C	WHBF	4	N	Rock Island IL
KWWL         7.1         N         Waterloo IA           WQAD         8         N         Moline IL           KCRG         9.1         N         Cedar Rapids IA           KLIB         18         N         Davenport IA           KGCW         26         N         Cedar Rapids IA           MPTV 11.1         12         E         Johnston IA           KPXR         48         N         Cedar Rapids IA           KGANDT 2.2         2-2         N-M         Cedar Rapids IA           KGANDT 2.3         2-3         N-M         Cedar Rapids IA           KFXB 40         40         N         Dubuque IA           KFXR 48.1         48-1         N-M         Cedar Rapids IA           KFXR 48.2         48-2         N-M         Cedar Rapids IA           KFXR 48.3         48-3         N-M         Waterloo IA           KWWLDT 7.2         7-2         N-M         Waterloo IA           KWWLDT 7.3         7-3         N-M         Waterloo IA           KWWLDT 7.4         7-4         N-M         Waterloo IA           KCRGDT 9.2         9-2         N-M         Cedar Rapids IA           IPTVDT 11.2         11-1 <td< td=""><td>KFXA</td><td>28</td><td>N</td><td>Cedar Rapids IA</td></td<>	KFXA	28	N	Cedar Rapids IA
WQAD         8         N         Moline IL           KCRG         9.1         N         Cedar Rapids IA           KLIB         18         N         Davenport IA           KGCW         26         N         Cedar Rapids IA           MPTV 11.1         12         E         Johnston IA           KPXR         48         N         Cedar Rapids IA           KFXR         48         N         Cedar Rapids IA           KGANDT 2.2         2-2         N-M         Cedar Rapids IA           KGANDT 2.3         2-3         N-M         Cedar Rapids IA           KFXB 40         40         N         Dubuque IA           KPXR 48.1         48-1         N-M         Cedar Rapids IA           KPXR 48.2         48-2         N-M         Cedar Rapids IA           KPXR 48.3         48-3         N-M         Waterloo IA           KWWLDT 7.2         7-2         N-M         Waterloo IA           KWWLDT 7.3         7-3         N-M         Waterloo IA           KWWLDT 7.4         7-4         N-M         Waterloo IA           KCRGDT 9.2         9-2         N-M         Cedar Rapids IA           IPTVDT 11.2         11-1	KWQC	6	N	Bettendorf, IA
KCRG         9.1         N         Cedar Rapids IA           KLIB         18         N         Davenport IA           KGCW         26         N         Cedar Rapids IA           IPTV 11.1         12         E         Johnston IA           KPXR         48         N         Cedar Rapids IA           KGANDT 2.2         2-2         N-M         Cedar Rapids IA           KGANDT 2.3         2-3         N-M         Cedar Rapids IA           KFXB 40         40         N         Dubuque IA           KPXR 48.1         48-1         N-M         Cedar Rapids IA           KPXR 48.2         48-2         N-M         Cedar Rapids IA           KPXR 48.3         48-3         N-M         Waterloo IA           KWWLDT 7.2         7-2         N-M         Waterloo IA           KWWLDT 7.3         7-3         N-M         Waterloo IA           KCRGDT 9.2         9-2         N-M         Cedar Rapids IA           IPTVDT 11.2         11-1         E-M         Johnston IA           IPTVDT 11.4         11-3         E-M         Johnston IA           KFXADT 28.1         I-M         Cedar Rapids IA	KWWL	7.1	N	Waterloo IA
KLIB 18 N Davenport IA  KGCW 26 N Cedar Rapids IA  IPTV 11.1 12 E Johnston IA  KPXR 48 N Cedar Rapids IA  KGANDT 2.2 2-2 N-M Cedar Rapids IA  KGANDT 2.3 2-3 N-M Cedar Rapids IA  KFXB 40 40 N Dubuque IA  KFXB 48.1 48-1 N-M Cedar Rapids IA  KPXR 48.2 48-2 N-M Cedar Rapids IA  KPXR 48.3 48-3 N-M Cedar Rapids IA  KPXR 48.3 48-3 N-M Cedar Rapids IA  KWWLDT 7.2 7-2 N-M Waterloo IA  KWWLDT 7.3 7-3 N-M Waterloo IA  KWWLDT 7.4 7-4 N-M Waterloo IA  KCRGDT 9.2 9-2 N-M Cedar Rapids IA  IPTVDT 11.2 11-1 E-M Johnston IA  IPTVDT 11.3 11-2 E-M Johnston IA  IPTVDT 11.4 11-3 E-M Johnston IA	WQAD	8	N	Moline IL
KGCW         26         N         Cedar Rapids IA           IPTV 11.1         12         E         Johnston IA           KPXR         48         N         Cedar Rapids IA           KGANDT 2.2         2-2         N-M         Cedar Rapids IA           KGANDT 2.3         2-3         N-M         Cedar Rapids IA           KFXB 40         40         N         Dubuque IA           KPXR 48.1         48-1         N-M         Cedar Rapids IA           KPXR 48.2         48-2         N-M         Cedar Rapids IA           KPXR 48.3         48-3         N-M         Cedar Rapids IA           KWWLDT 7.2         7-2         N-M         Waterloo IA           KWWLDT 7.3         7-3         N-M         Waterloo IA           KWWLDT 7.4         7-4         N-M         Waterloo IA           KCRGDT 9.2         9-2         N-M         Cedar Rapids IA           IPTVDT 11.2         11-1         E-M         Johnston IA           IPTVDT 11.3         11-2         E-M         Johnston IA           KFXADT 28.1         I-M         Cedar Rapids IA	KCRG	9.1	N	Cedar Rapids IA
IPTV 11.1 12 E Johnston IA  KPXR 48 N Cedar Rapids IA  KGANDT 2.2 2-2 N-M Cedar Rapids IA  KGANDT 2.3 2-3 N-M Cedar Rapids IA  KFXB 40 40 N Dubuque IA  KFXR 48.1 48-1 N-M Cedar Rapids IA  KFXR 48.2 48-2 N-M Cedar Rapids IA  KFXR 48.3 48-3 N-M Cedar Rapids IA  KWWLDT 7.2 7-2 N-M Waterloo IA  KWWLDT 7.3 7-3 N-M Waterloo IA  KWWLDT 7.4 N-M Waterloo IA  KCRGDT 9.2 9-2 N-M Cedar Rapids IA  IPTVDT 11.2 11-1 E-M Johnston IA  IPTVDT 11.3 11-2 E-M Johnston IA  IPTVDT 11.4 11-3 E-M Johnston IA  KFXADT 28.1 I-M Cedar Rapids IA	KLJB	18	N	Davenport IA
KPXR         48         N         Cedar Rapids IA           KGANDT 2.2         2-2         N-M         Cedar Rapids IA           KGANDT 2.3         2-3         N-M         Cedar Rapids IA           KFXB 40         40         N         Dubuque IA           KPXR 48.1         48-1         N-M         Cedar Rapids IA           KPXR 48.2         48-2         N-M         Cedar Rapids IA           KPXR 48.3         48-3         N-M         Waterloo IA           KWWLDT 7.2         7-2         N-M         Waterloo IA           KWWLDT 7.3         7-3         N-M         Waterloo IA           KCRGDT 9.2         9-2         N-M         Cedar Rapids IA           IPTVDT 11.2         11-1         E-M         Johnston IA           IPTVDT 11.3         11-2         E-M         Johnston IA           IPTVDT 11.4         11-3         E-M         Johnston IA           KKADT 28.1         I-M         Cedar Rapids IA	KGCW	26	N	Cedar Rapids IA
KGANDT 2.2         2-2         N-M         Cedar Rapids IA           KGANDT 2.3         2-3         N-M         Cedar Rapids IA           KFXB 40         40         N         Dubuque IA           KPXR 48.1         48-1         N-M         Cedar Rapids IA           KPXR 48.2         48-2         N-M         Cedar Rapids IA           KPXR 48.3         48-3         N-M         Waterloo IA           KWWLDT 7.2         7-2         N-M         Waterloo IA           KWWLDT 7.3         7-3         N-M         Waterloo IA           KWWLDT 7.4         7-4         N-M         Waterloo IA           KCRGDT 9.2         9-2         N-M         Cedar Rapids IA           IPTVDT 11.2         11-1         E-M         Johnston IA           IPTVDT 11.3         11-2         E-M         Johnston IA           IPTVDT 11.4         11-3         E-M         Johnston IA           KKXADT 28.1         1-M         Cedar Rapids IA	IPTV 11.1	12	Е	Johnston IA
KGANDT 2.3         2-3         N-M         Cedar Rapids IA           KFXB 40         40         N         Dubuque IA           KPXR 48.1         48-1         N-M         Cedar Rapids IA           KPXR 48.2         48-2         N-M         Cedar Rapids IA           KPXR 48.3         48-3         N-M         Waterloo IA           KWWLDT 7.2         7-2         N-M         Waterloo IA           KWWLDT 7.3         7-3         N-M         Waterloo IA           KWWLDT 7.4         7-4         N-M         Waterloo IA           KCRGDT 9.2         9-2         N-M         Cedar Rapids IA           IPTVDT 11.2         11-1         E-M         Johnston IA           IPTVDT 11.3         11-2         E-M         Johnston IA           IPTVDT 11.4         11-3         E-M         Johnston IA           KFXADT 28.1         I-M         Cedar Rapids IA	KPXR	48	N	Cedar Rapids IA
KFXB 40         40         N         Dubuque IA           KPXR 48.1         48-1         N-M         Cedar Rapids IA           KPXR 48.2         48-2         N-M         Cedar Rapids IA           KPXR 48.3         48-3         N-M         Cedar Rapids IA           KWWLDT 7.2         7-2         N-M         Waterloo IA           KWWLDT 7.3         7-3         N-M         Waterloo IA           KWWLDT 7.4         7-4         N-M         Waterloo IA           KCRGDT 9.2         9-2         N-M         Cedar Rapids IA           IPTVDT 11.2         11-1         E-M         Johnston IA           IPTVDT 11.3         11-2         E-M         Johnston IA           IPTVDT 11.4         11-3         E-M         Johnston IA           KFXADT 28.1         1-M         Cedar Rapids IA	KGANDT 2.2	2-2	N-M	Cedar Rapids IA
KPXR 48.1	KGANDT 2.3	2-3	N-M	Cedar Rapids IA
KPXR 48.2	KFXB 40	40	N	Dubuque IA
KPXR 48.3       48-3       N-M       Cedar Rapids IA         KWWLDT 7.2       7-2       N-M       Waterloo IA         KWWLDT 7.3       7-3       N-M       Waterloo IA         KWWLDT 7.4       7-4       N-M       Waterloo IA         KCRGDT 9.2       9-2       N-M       Cedar Rapids IA         IPTVDT 11.2       11-1       E-M       Johnston IA         IPTVDT 11.3       11-2       E-M       Johnston IA         IPTVDT 11.4       11-3       E-M       Johnston IA         KFXADT 28.1       1-M       Cedar Rapids IA	KPXR 48.1	48-1	N-M	Cedar Rapids IA
KWWLDT 7.2       7-2       N-M       Waterloo IA         KWWLDT 7.3       7-3       N-M       Waterloo IA         KWWLDT 7.4       7-4       N-M       Waterloo IA         KCRGDT 9.2       9-2       N-M       Cedar Rapids IA         IPTVDT 11.2       11-1       E-M       Johnston IA         IPTVDT 11.3       11-2       E-M       Johnston IA         IPTVDT 11.4       11-3       E-M       Johnston IA         KFXADT 28.1       1-M       Cedar Rapids IA	KPXR 48.2	48-2	N-M	Cedar Rapids IA
KWWLDT 7.3       7-3       N-M       Waterloo IA         KWWLDT 7.4       7-4       N-M       Waterloo IA         KCRGDT 9.2       9-2       N-M       Cedar Rapids IA         IPTVDT 11.2       11-1       E-M       Johnston IA         IPTVDT 11.3       11-2       E-M       Johnston IA         IPTVDT 11.4       11-3       E-M       Johnston IA         KFXADT 28.1       28-1       I-M       Cedar Rapids IA	KPXR 48.3	48-3	N-M	Cedar Rapids IA
KWWLDT 7.4       7-4       N-M       Waterloo IA         KCRGDT 9.2       9-2       N-M       Cedar Rapids IA         IPTVDT 11.2       11-1       E-M       Johnston IA         IPTVDT 11.3       11-2       E-M       Johnston IA         IPTVDT 11.4       11-3       E-M       Johnston IA         KFXADT 28.1       28-1       I-M       Cedar Rapids IA	KWWLDT 7.2	7-2	N-M	Waterloo IA
KCRGDT 9.2         9-2         N-M         Cedar Rapids IA           IPTVDT 11.2         11-1         E-M         Johnston IA           IPTVDT 11.3         11-2         E-M         Johnston IA           IPTVDT 11.4         11-3         E-M         Johnston IA           KFXADT 28.1         28-1         I-M         Cedar Rapids IA	KWWLDT 7.3	7-3	N-M	Waterloo IA
IPTVDT 11.2         11-1         E-M         Johnston IA           IPTVDT 11.3         11-2         E-M         Johnston IA           IPTVDT 11.4         11-3         E-M         Johnston IA           KFXADT 28.1         28-1         I-M         Cedar Rapids IA	KWWLDT 7.4	7-4	N-M	Waterloo IA
IPTVDT 11.3         11-2         E-M         Johnston IA           IPTVDT 11.4         11-3         E-M         Johnston IA           KFXADT 28.1         28-1         I-M         Cedar Rapids IA	KCRGDT 9.2	9-2	N-M	Cedar Rapids IA
IPTVDT 11.4         11-3         E-M         Johnston IA           KFXADT 28.1         28-1         I-M         Cedar Rapids IA	IPTVDT 11.2	11-1	E-M	Johnston IA
KFXADT 28.1 I-M Cedar Rapids IA	IPTVDT 11.3	11-2	E-M	Johnston IA
·				
	KFXADT 28.1 KFXADT 28.2	28-1 28-2	I-M I-M	Cedar Rapids IA Cedar Rapids IA

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## Lost Nation Elwood Telephone Co

G

Primary Transmitters: Television

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), 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.

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- 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE	E OF STATION	4. LOCATION OF STATION
KFXADT 28.3	28-3	I-M		Cedar Rapids IA
KFXADT 28.4	28-4	I-M		Cedar Rapids IA
WHBFDT 4.1	4-1	N-M		Rock Island IL
WHBFDT 4.2	4-2	N-M		Rock Island IL
WHBFDT 4.3	4-3	N-M		Rock Island IL
WHBFDT 4.4	4-4	N-M		Rock Island IL
KWQCDT 6.3	6-3	N-M		Bettendorf, IA
KWQCDT 6.4	6-4	N-M		Bettendorf, IA
KWQCDT 6.5	6-5	N-M		Bettendorf, IA
KWQCDT 6.6	6-6	N-M		Bettendorf, IA
WQADDT 8.1	8-1	N-M		Moline IL
WQADDT 8.2	8-2	N-M		Moline IL
WQADDT 8.3	8-3	N-M		Moline IL
KLJBDT 18.1	18-1	N-M		Davenport IA
KLJBDT 18.2	18-2	N-M		Davenport IA
KGCW 26.1	26-1	I-M		Cedar Rapids IA
KGCW 26.2	26-2	I-M		Cedar Rapids IA
KGCW 26.3	26-3	I-M		Cedar Rapids IA
KGCW 26.4	26-4	I-M		Cedar Rapids IA
WQADDT 8.4	8-4	N-M		Moline IL

### Lost Nation Elwood Telephone Co

#### 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).

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CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	d: 2021/2					F	ORM SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF O						SYSTEM ID#	
Name	Lost Nation Elwood Te	lephone (	Co				0	
Substitute	In General: In space I, identif substitute basis during the ac	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.						
Carriage:	1. SPECIAL STATEMENT	-		,				
Special	During the accounting peri				sis. anv nonne	twork television prog	ram	
Statement and Program Log	broadcast by a distant stat	•	,	•	, ,	YES	V	
					(D. /			
	<b>Note:</b> If your answer is "No,"	leave the i	rest of this pag	e blank. If your answer is	"Yes," you m	ust complete the prog	gram	
	log in block 2.	DDOCDAI	40					
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."							
	Column 6: State the time	s when the	substitute prog	gram was carried by your	cable system	. List the times accura	ately	
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01	:15 p.m. to 6:2	28:30 p.m. should be		
	Column 7: Enter the lette							
	to delete under FCC rules a						ogram	
	was substituted for program effect on October 19, 1976.	ming mat ye	our system was	s permitted to delete unde	er FCC rules a	and regulations in		
	0	IDOTITUT			1 1	EN SUBSTITUTE	7. REASON FOR	
			E PROGRAM			6. TIMES	DELETION	
	TITLE OF PROGRAM	<ol><li>LIVE?</li><li>Yes or No</li></ol>	<ol><li>STATION'S CALL SIGN</li></ol>	4. STATION'S LOCATION	5. MONTH AND DAY	FROM — TO	,	
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Accounting Period:	2021/2	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Lost Nation Elwood Telephone Co	S	YSTEM ID# 0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entrall amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	4,674.41
		(Allount of gr	озэ геосіріз)
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.	63,800.	
	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 th accounting period is \$52.00.	is six-month	
	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 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	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)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	:	
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	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	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	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
	EFT Trace # or TRANSACTION ID # 26UOKPR8		
	<u>Important:</u> 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 more		

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name	Legal Name of OWN	NER OF CABLE SYSTEM: od Telephone Co			SYSTEM ID# 0
M Channels	to its subscribers, a	and (2) the cable system's	total nun	els on which the cable system carried television broadcast station bear of activated channels during the accounting period.	ns
		umber of channels on whic elevision broadcast stations		ble	46
	on which the cal	umber of activated channel ble system carried televisio ast services	on broado	cast stations	255
N Individual to Be Contacted		E CONTACTED IF FURTH		ORMATION IS NEEDED (Identify an individual	
for Further	Name <u>C</u>	rystal Burmeister		Telepho	ne <b>563-678-2470</b>
illioillation	Address <b>P</b>	O Box 97, 304 Long	ı Ave		
	(N	lumber, street, rural route, apartn	ment, or su	ilte number)	
		ost Nation IA 52254 City, town, state, zip)			
	Email	Cris@Lnecomm	ı.com	Fax (optional 563-678-	2300
	CERTIFICATION (Th	is statement of account mu	ust be ce	rtified and signed in accordance with Copyright Office regulation	s)
O Certification	• I, the undersigned, I	hereby certify that (Check or	ne, <i>but or</i>	nly one, of the boxes.)	
	(Owner of	ther than corporation or pa	artnersh	ip) I am the owner of the cable system as identified in line 1 of spa	ee B; or
				wartnership) I am the duly authorized agent of the owner of the cab s not a corporation or partnership; or	e system as identified
		or partner) I am an officer (il line 1 of space B.	if a corpo	ration) or a partner (if a partnership) of the legal entity identified as	owner of the cable system
		and correct to the best of my	-	eclare under penalty of law that all statements of fact contained her dge, information, and belief, and are made in good faith.	ein
			X	/s/Jan Muhl	_
		- 0		electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name:	Jan Muhl	
				ral Manager/CEO il position held in corporation or partnership)	
		Date:		1/26/2022	

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 filing, a determination that would be made by a court of law.

counting Period: 2021/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ost Nation Elwood Telephone Co	0
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	Special Statement Concerning Gross Receipts Exclusion
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?  X NO  YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-</u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
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	<u>-</u>
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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