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

OTATEMEN		FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	T OF ACCOUNT	DATE RECEIVED	AMOUNT	-
Cable Systems	-	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
		9/20/22	\$	For additional information, contact the U.S. Copyright
General instruction	ns are located	0/20/22		Office Licensing Division at:
in the first tab of th	nis workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
A AC	COUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2021/2	,,,,	······	
		T		
		Barcode Data Filing Period (optiona	I - see instructions)	
Accounting				
Period				
	Instructions: Give the full legal name of the owner of t	he cable system. If the owner is a sub	sidiary of another corporation, give the full	corporate
B	title of the subsidiary, not that of the pare		, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Owner	List any other name or names under whic	ch the owner conducts the business of	the cable system.	
	If there were different owners during the	accounting period, only the owner or	n the last day of the accounting period shoul	d submit a
	single statement of account and royalty f			
DM	CA Check here if this is the system's first filin	g. If not, enter the system's ID numbe	r assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	Λ	
	Local Internet Service Company, In	с.		
	BUSINESS NAME(S) OF OWNER O		Т)	
	LISCO			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	1680 Hwy 1, Suite 1500			
	(Number, street, rural route, apartment, or suite n	umber)		
	(City, town, state, zip)			
	TRUCTIONS: In line 1, give any busines already appear in space B. In line			
System 1	IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM	:		
2	,			
	(Number, street, rural route, apartment, or suite n	umber)		
	(City, town, state, zip code)			
L				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

•	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Local Internet Service Company, Inc.	
	Instructions: List each separate community served by the cable system. A "comm	unity" is the same as a "community unit" as defined in FCC rule
	"a separate and distinct community or municipal entity (including unincorporated	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	
	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 mob	
Area	identified city.	· · · · · · · · · · · · · · · · · · ·
Served		
		07475
-	CITY OR TOWN	STATE
First	Fairfield	IA
Community	Libertyville	IA
Add Rows as Necessary		

	-								1-2E. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	STEM ID
Name	Local Internet Service C	Company, Ir	ıc.						
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND R	ATES				
E	In General: The information in s			-		•			
	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period	• • •			•		nose exist	ng on the	
Service: Sub-	Number of Subscribers: Both						ole system	, broken	
scribers and	down by categories of secondary	•					•		
Rates	each category by counting the n	•	<i>.</i>	0) (charged	
	separately for the particular serv					•	,	a and the	
	Rate: Give the standard rate c unit in which it is generally billed	-	-	•			-		
	category, but do not include disc	· ·		,			s wiunn a f		
	Block 1: In the left-hand block					ondary transmis	sion servio	e that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e ngnt-r	апа рюск. А г	wo- or thre	e-word descript	on of the s	ervice is	
		DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТИ	EGORY OF SEF	2VICE	NO. OF SUBSCRIBERS	RATE
	Residential:	SOBSCIUD	LINO		UA11		(VIOL	SOBSCIELIUS	
	Service to first set		467	89.00	Local			31	30.0
	Service to additional set(s)		455	\$5		led Basic		436	
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
									···•
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		-	• •			
•	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services	•			0				
Other Than	amount of the charge and the ur		usually	billed. If any r	ates are cł	narged on a vari	able per-pr	ogram basis,	
	enter only the letters "PP" in the	rate column							
Secondary			ho oobl	a system for a	ach of the	applicable convi	on lintod		
Transmissions:	Block 1: Give the standard rat	te charged by t		•		• •		were not	
•		te charged by t t your cable sy	stem fu	nished or offe	red during	the accounting	period that		
Transmissions:	Block 1: Give the standard rat Block 2: List any services that	te charged by t t your cable system separate charg	stem fui je was i	rnished or offe made or establ	red during	the accounting	period that		
Transmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	te charged by t t your cable system separate charg	stem fui je was i de the ra	rnished or offe made or establ	red during	the accounting	period that		
Transmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	te charged by t t your cable system separate charge otion and inclue BLOO	stem fui ge was i de the ra CK 1	rnished or offe made or establ	red during ished. List	the accounting	period that vices in the	form of a	
Transmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te charged by t t your cable system separate charge otion and inclue BLOO	stem fun ge was n de the ra CK 1 CATEC	rnished or offer made or establ ate for each.	red during ished. List	the accounting these other ser	ceriod that vices in the CATEGC	BLOCK 2	
Transmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	te charged by t t your cable system separate charge otion and inclue BLOO	stem fun ge was i de the ra CK 1 CATEC Installa	rnished or offer made or establ ate for each.	red during ished. List	the accounting these other ser	ceriod that vices in the CATEGC	BLOCK 2 BLOCK 2 DRY OF SERVICE	cl \$7
Transmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	te charged by t t your cable system separate charge otion and inclue BLOO	stem fui ge was i de the ra CK 1 CATEC Installa • Mo • Cor	mished or offer made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial	red during ished. List	the accounting these other ser	ceriod that vices in the CATEGC	BLOCK 2	
Transmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	te charged by t t your cable system separate charge otion and inclue BLOO	stem fun ge was n de the ra CK 1 CATEC Installa • Mo • Con • Pay	mished or offer made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable	red during ished. List RVICE sidential	the accounting these other ser	ceriod that vices in the CATEGC	BLOCK 2 BLOCK 2 DRY OF SERVICE	cl \$7
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Transmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	te charged by t t your cable system separate charge otion and inclue BLOO	stem fui ge was i de the ra CK 1 CATEC Installa • Mo • Coi • Pay • Pay	mished or offer made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl protection	red during ished. List VICE sidential	the accounting these other ser	ceriod that vices in the CATEGC	BLOCK 2 BLOCK 2 DRY OF SERVICE	cl \$7
Transmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a 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	te charged by t t your cable system separate charge otion and inclue BLOO	stem fun ge was n de the ra CK 1 CATEC Installa • Mo • Con • Pay • Pay • Fire • Bur	mished or offer made or estable ate for each. GORY OF SER ation: Non-rest tel, hotel mmercial y cable y cable-add'l cl e protection glar protection	red during ished. List VICE sidential	the accounting these other ser	ceriod that vices in the CATEGC	BLOCK 2 BLOCK 2 RY OF SERVICE	cl \$7
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ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	te charged by t t your cable system separate charge otion and inclue BLOO	stem fun ge was n de the ra CK 1 CATEC Installa • Mo • Con • Pay • Pay • Fire • Bun Other s	mished or offer made or estable ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl p protection rglar protection services: connect	red during ished. List VICE sidential	the accounting these other ser	ceriod that vices in the CATEGC	BLOCK 2 BLOCK 2 RY OF SERVICE	cl \$7
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Name				SYSTEM
	Local Internet Service			
G rimary smitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(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> or • List the station here, and basis. For further information Column 1: List each station 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 ente (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including im during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6) is explained in the next paragraph. With respect to any distant stations calles, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su be Special Statement and Program I both on a substitute basis and als see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. BPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KGAN	2	N-M	Cedar Rapids, Iowa
	KCRG	3	N-M	Cadar Banida, Jawa
				Cedar Rapids, Iowa
's as Necessary	KPXR	4	I-M	
vs as Necessary	KPXR	4		Cedar Rapids, Iowa Cedar Rapids, Iowa
vs as Necessary	KPXR KWWL	4		
rs as Necessary			I-M	Cedar Rapids, Iowa
rs as Necessary	KWWL	7	I-M N-M	Cedar Rapids, Iowa Waterloo, Iowa
rs as Necessary	KWWL KYOU	7 8	I-M N-M N-M	Cedar Rapids, Iowa Waterloo, Iowa Kirksville, MO - Ottumwa, IA
is as Necessary	KWWL KYOU KGAN-2	7 8 20	I-M N-M N-M N-M	Cedar Rapids, Iowa Waterloo, Iowa Kirksville, MO - Ottumwa, IA Cedar Rapids, Iowa
vs as Necessary	KWWL KYOU KGAN-2 KCRG-2	7 8 20 15	I-M N-M N-M N-M N-M	Cedar Rapids, Iowa Waterloo, Iowa Kirksville, MO - Ottumwa, IA Cedar Rapids, Iowa Cedar Rapids, Iowa
vs as Necessary	KWWL KYOU KGAN-2 KCRG-2 KCRG-3	7 8 20 15 16	I-M N-M N-M N-M N-M N-M	Cedar Rapids, Iowa Waterloo, Iowa Kirksville, MO - Ottumwa, IA Cedar Rapids, Iowa Cedar Rapids, Iowa Cedar Rapids, Iowa
vs as Necessary	KWWL KYOU KGAN-2 KCRG-2 KCRG-3 KWWL-2	7 8 20 15 16 17	I-M N-M N-M N-M N-M N-M N-M	Cedar Rapids, Iowa Waterloo, Iowa Kirksville, MO - Ottumwa, IA Cedar Rapids, Iowa Cedar Rapids, Iowa Cedar Rapids, Iowa Waterloo, Iowa
vs as Necessary	KWWL KYOU KGAN-2 KCRG-2 KCRG-3 KWWL-2 KWWL-3	7 8 20 15 16 17 19	I-M N-M N-M N-M N-M N-M N-M N-M	Cedar Rapids, Iowa Waterloo, Iowa Kirksville, MO - Ottumwa, IA Cedar Rapids, Iowa Cedar Rapids, Iowa Cedar Rapids, Iowa Waterloo, Iowa Waterloo, Iowa
vs as Necessary	KWWL KYOU KGAN-2 KCRG-2 KCRG-3 KWWL-2 KWWL-2 KWWL-3 KYOU-NBC15.2	7 8 20 15 16 17 19 6	I-M N-M N-M N-M N-M N-M N-M N-M N-M	Cedar Rapids, Iowa Waterloo, Iowa Kirksville, MO - Ottumwa, IA Cedar Rapids, Iowa Cedar Rapids, Iowa Cedar Rapids, Iowa Waterloo, Iowa Waterloo, Iowa Ottumwa, IA
vs as Necessary	KWWL KYOU KGAN-2 KCRG-2 KCRG-3 KWWL-2 KWWL-3 KYOU-NBC15.2 KYOU-CW15.4	7 8 20 15 16 17 19 6 21	I-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Cedar Rapids, Iowa Waterloo, Iowa Kirksville, MO - Ottumwa, IA Cedar Rapids, Iowa Cedar Rapids, Iowa Cedar Rapids, Iowa Waterloo, Iowa Waterloo, Iowa Ottumwa, IA Ottumwa, IA
vs as Necessary	KWWL KYOU KGAN-2 KCRG-2 KCRG-3 KWWL-2 KWWL-3 KYOU-NBC15.2 KYOU-CW15.4 KYOU GRIT	7 8 20 15 16 17 19 6 21 22	I-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	Cedar Rapids, Iowa Waterloo, Iowa Kirksville, MO - Ottumwa, IA Cedar Rapids, Iowa Cedar Rapids, Iowa Cedar Rapids, Iowa Waterloo, Iowa Waterloo, Iowa Ottumwa, IA Ottumwa, IA
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Accounting P							FORM	M SA1-2E. PAGE
EGAL NAME OF								SYSTEM I
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					Н
eceivable 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	/ the sys be recei t the Co sign of e	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM.	t the system's he system's FM ante	adend, and (2 nna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 3: If signal, indicate t Column 4: G	the radio stati this by placing ive the station	ion's sigi a checl n's locatio	nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	ne 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	
OALL SIGN		3/0		CALL SIGN		3/0	LOCATION OF STATION	
			No radio stations carried					
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Accounting Perio	d: 2021/2 LEGAL NAME OF OWNER OF						TOR	M SA1-2E. PAGE 5
Name	Local Internet Service							SYSTEM ID#
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	CG			
	In General: In space I, ident substitute basis during the a	accounting p	period, under sp	pecific present and former	FCC rules, reg	ulations, or	authorizatio	ns. For a further
	explanation of the programm	ning that mu	ist be included	in this log, see page (v) of	the general in	structions ir	the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute b	asis, any noni	network tel	evision prog	
Program Log	broadcast by a distant sta					<u> </u>	YES	NO
	Note: If your answer is "No log in block 2.	o", leave the	e rest of this pa	age blank. If your answer	is "Yes," you i	must comp	lete the pro	gram
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	a distant sta egulations, c ries like "mo . Bulls." m was broa sign of the adcast stati nadian stati nth and day ive "5/7." les when th . Example:	tion and that y or authorizatio ovies" or "bask adcast live, ent station broadc ion's location (ons, if any, the v when your sy e substitute pr a program car	ns. See page (v) of the ge etball." List specific progr er "Yes." Otherwise enter asting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0	uted for the pre- eneral instruct am titles, for e "No." gram. he station is li- he station is id te program. U ur cable syste 11:15 p.m. to 6	ogramming tions for fur example, "I censed by lentified). se numera m. List the 3:28:30 p.m	the rinformation Love Lucy" the FCC or, ls, with the rinters accur times accur should be	station ation. or in month rately
	to delete under FCC rules a was substituted for program	and regulat	ions in effect d		od; enter the	letter "P" if	the listed p	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulat mming that ;	ions in effect o your system w	luring the accounting period in the second sec	od; enter the der FCC rules	letter "P" if s and regul	the listed pr ations in TUTE	rogram
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Accounting Period:	2021/2	FORM S	GA1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	5	SYSTEM ID#
Name	Local Internet Service Company, Inc.		
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission servia amount, se 25	
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 \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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	\$263,80(
	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		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K \$ 252,054.00		
	3. Subtract line 2 from line 1		
		52,054.00	
	· · · · · · · · · · · · · · · · · · ·		
		11,746.00	
		40,308.00	
	7. Multiply line 6 by .005 (enter figure here)		1,201.54
	8. Interest charge. Enter the amount from line 4, space Q, page 8	\$	6.75
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	\$	1,208.29
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. 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		
	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)	1,208.29	
Duc	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	1,228.29
	EFT Trace # or TRANSACTION ID #		
	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:	2021/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Local Internet Service Company, Inc.	SYSTEM ID:
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which to its subscribers, and (2) the cable system's total number of activ 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	ated channels during the accounting period.
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION we can contact about this statement of account.)	IS NEEDED (Identify an individual to whom
for Further Information	Name David Magill	Telephone 641-209-7104
	Address 1680 Hwy 1, Suite 1500 (Number, street, rural route, apartment, or suite number) Fairfield, IA 52556 (City, town, state, zip)	
	Email dmagill@liscocorp.com	Fax (optional) 641-209-9594
O Certification	 (Agent of owner other than corporation or partnership in line 1 of space B and that the owner is not a corpor (Officer or partner) I am an officer (if a corporation) or a in line 1 of space B. I have examined the statement of account and hereby declare under are true, complete, and correct to the best of my knowledge, informa [18 U.S.C., Section 1001(1986)] 	he boxes.) owner of the cable system as identified in line 1 of space B; or) I am the duly authorized agent of the owner of the cable system as identified ation or partnership; or partner (if a partnership) of the legal entity identified as owner of the cable system r penalty of law that all statements of fact contained herein
	Enter an electronic : Enter signature usin	d L. Magili ignature on the line above to certify this statement. g an "/s/ signature" (e.g., /s/ John Smith) L. Magili
	Title: VP Administr	
	Date:	August 26, 2021

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

unting Period: 2	2021/2				FORM SA1-2E. PAGE
AL NAME OF OW	NER OF CABLE SYSTEM:				SYSTEM I
al Internet Se	ervice Company, Inc.				1
The Satellite H lowing sentence "In dete service scribers For more inform	rmining the total number of subscribers and the gros of providing secondary transmissions of primary bro and amounts collected from subscribers receiving s nation on when to exclude these amounts, see the r	111(d)(1)(A), of the Co as amounts paid to the adcast transmitters, th secondary transmission	pyright Act by cable system ne system shal ns pursuant to	for the basic I not include sub- section 119."	P Special Statement Concerning Gross Receipts Exclusion
During the acc made by satelli	aper SA1-2 form. ounting period, did the cable system exclude any an te carriers to satellite dish owners?	nounts of gross receipt	ts for seconda	y transmissions	
X NO	the total here and list the satellite carrier(s) below.	\$			
Name Mailing Address		Name Mailing Address			-
INTEREST	ASSESSMENT				
You must com	plete this worksheet for those royalty payments subr				
	tion of interest assessment, see page (viii) of the ge				Q
For an explana		neral instructions loca	ted in the pape	er SA1-2 form. 1,201.54	Q Interest Assessme
For an explana	tion of interest assessment, see page (viii) of the generation of the generation of late payment or underpayment	neral instructions loca	ted in the pape \$ x	er SA1-2 form. 1,201.54	Q Interest Assessme
For an explana	tion of interest assessment, see page (viii) of the ge	neral instructions loca	ted in the pape \$ x	er SA1-2 form. 1,201.54 1% 12.02	Q Interest Assessme
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