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							
08/24/22	\$						
	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

A	ACCOUNTING 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								
	Laboration .							
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.	201						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	410 BROAD AVE (Number, street, rural route, apartment, or suite number)							
	STANTON IA 51573							
	(City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space.							
System	IDENTIFICATION OF CABLE SYSTEM:							
	SAME AS "B"							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 SAME AS "B" (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.

		FORM SA1-2E. PAGE 1b							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA	2201							
	Instructions: List each separate community served by the cable system. A "comm	unity" is the same as a "community unit" as defined in FCC rules:							
D	"a separate and distinct community or municipal entity (including unincorporated 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	u list will serve as a form of system identification hereafter known							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
	CITY OR TOWN	STATE							
First	STANTON	IOWA							
Community	NEW MARKET	IOWA							
	BETHESDA	IOWA							
Add Rows as Necessary	VILLISCA	IOWA							
	NODAWAY	IOWA							

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 2201

FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA

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	720	41.95				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel	1	23.08/room				
Commercial	2	18.18/room				
Converter						
Residential	1,177	5.95				
Non-residential						

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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	19.95	Motel, hotel	-	DVR	9.95
 Pay cable—add'l channel 	19.95	Commercial	-	Mini Business	45.00
 Fire protection 	N/A	• Pay cable	19.95	Basic/Premier	#####
Burglar protection	N/A	Pay cable-add'l channel	19.95		
Installation: Residential		Fire protection	N/A		
• First set	-	Burglar protection	N/A		
Additional set(s)	-	Other services:			
 FM radio (if separate rate) 	N/A	Reconnect	20.00		
Converter	N/A	Disconnect	-		
		Outlet relocation	75.00		
		 Move to new address 	20.00		

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA

SYSTEM ID# 2201

4. LOCATION OF STATION

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

3.1		
3.1	N	OMAHA, NE
3.2	N-M	OMAHA, NE
3.3	N-M	OMAHA, NE
3.4	N-M	OMAHA, NE
6.1	N	OMAHA, NE
6.2	N-M	OMAHA, NE
6.3	N-M	OMAHA, NE
7.1	N	OMAHA, NE
7.2	N-M	OMAHA, NE
11.1	N	DES MOINES, IA
11.2	N-M	DES MOINES, IA
11.3	N-M	DES MOINES, IA
11.4	N-M	DES MOINES, IA
13.1	N	DES MOINES, IA
13.2	N-M	DES MOINES, IA
13.3	N-M	DES MOINES, IA
15.1	N	OMAHA, NE
15.2	N-M	OMAHA, NE
17.1	N	DES MOINES, IA
17.2	N-M	DES MOINES, IA
17.3	N-M	DES MOINES, IA
42.1	N	омана, ne
42.2	N-M	омана, пе
42.3	N-M	OMAHA, NE
	3.2 3.3 3.4 6.1 6.2 6.3 7.1 7.2 11.1 11.2 11.3 11.4 13.1 13.2 13.3 15.1 15.2 17.1 17.2 17.3 42.1	3.2

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA

2201

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
3.3.1				5 5. 5. 5. 1		_,_	3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
· 							
			 				

Accounting Danie	nd: 2022/1						FOD	M SA1 25 DAGE 5	
Accounting Perio	Dd: 2022/1 LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FOR	SYSTEM ID#	
Name	FARMERS MUTUAL T			TANTON IOWA				2201	
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTION 1. Special State of the st	ify every non accounting p ning that mu T CONCEF riod, did you tion?	nnetwork televii heriod, under sp ist be included i RNING SUBS' ur cable system	sion program, broadcast be ecific present and former Finithis log, see page (v) of TITUTE CARRIAGE in carry, on a substitute base	y a distant sta FCC rules, reg the general ins	ulations, o structions network to	or authorization in the paper Selevision prog	ns. For a further A1-2 form.	
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the brothe case of Mexican or Cal Column 5: Give the molfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	of every not distant state gulations, or ies like "mo Bulls." m was broat sign of the addast statinath and day ve "5/7." es when the Example: "er "R" if the land regulation ming that	onnetwork televition and that your authorization ovies" or "baskind deast live, enterstation broadcon's location (toons, if any, the when your system of the substitute program carrelisted program carrelisted program ions in effect d	vision program ("substitut our cable system substitut our cable system substitut ns. See page (v) of the ge etball." List specific program er "Yes." Otherwise enter asting the substitute prog he community to which the community with which the stem carried the substitut ogram was carried by you ied by a system from 6:0 in was substituted for prog uring the accounting perior out the substituted or proguring the accounting perior or was substituted for proguring the accounting perior or was substituted the accounting perior or was substituted the accounting perior or was substituted the accounting perior or was accounting	atted for the proper and titles, for a "No." If am. The station is like station is ide program. Use to the program. Use the station is identified by the program. The station is the program. The station is identified by the station is identified b	ogrammir ions for fi example, censed b' entified). se numer m. List th ::28:30 p. t your sys letter "P"	og of another urther informa "I Love Lucy" by the FCC or, als, with the retimes accurm. should be tem was requifithe listed pr	station tion. or in month ately	
						N SUBS			
	S		E PROGRAM		-		CURRED	7. REASON FOR DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES — TO	322211011	

Accounting Period:	2022/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA			S	YSTEM ID# 2201
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross re	ystem's se on of how t	condary transm o compute this a	ission service amount, see	0,039.65 pss receipts)
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 to less • Use block 3 if the amount of gross receipts in space K is more than \$263,800 to less block 3 if the amount of gross receipts in space K is more than \$263,800 to less page (vi) of the general instructions located in the paper SA1-2 form for more in	out less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				
	Line 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 lin	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	190,039.65		
	3. Subtract line 2 from line 1	\$	73,760.35		
	4. Enter the amount of gross receipts from space K		. \$ 1	90,039.65	
	5. Enter the amount from line 3		. \$	73,760.35	
	6. Subtract line 5 from line 4		\$ 1	16,279.30	
	7. Multiply line 6 by .005 (enter figure here)			\$	581.40
	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		\$	581.40
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but	less than \$527,	600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	<u> </u>	200,000.00		
	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				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4				
	7. TOTAL NOTALITY ELITATABLE FOR ASSOCIATION LINES. Add lines 4	, o, and o .			
	FILING FEE AND TOTAL REMITTANCE DU	<u>E</u>			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	581.40	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	601.40
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		_		hts!

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA	SYSTEM ID# 2201
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable	24
	system carried television broadcast stations	24
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	183
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name KEVIN T CABBAGE Telephone	712-829-2111
	Address 410 BROAD AVE (Number, street, rural route, apartment, or suite number)	
	STANTON IA 51573-0220 (City, town, state, zip)	
	Email kcabbage@fmtcnet.com Fax (optional) 712-829-250	9
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.	vner of the cable system
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	n
	X /S/ KEVIN T CABBAGE	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: KEVIN T CABBAGE	
	Title: GENERAL MANAGER (Title of official position held in corporation or partnership)	
	Date: 8/24/22	

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Accounting Period: 2022/1 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 2201 FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA 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 fol-P lowing 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 sub-**Special Statement Concerning Gross** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Receipts Exclusion** For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO Name 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. Interest Assessment davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address

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ID number

First community served Accounting period