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 AG	COUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmiss Cable Systems (Short Fo		DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instructions are locat in the first tab of this workboo		7-8-22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
	G PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
2022/1		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	

		20221 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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
		Dumont Telephone Company
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 349
		(Number, street, rural route, apartment, or sulte number) Dumont, IA 50625-0349
		(City, town, state, zip)
•		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	names	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	-	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Dumont Telephone Company	31293
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nunities within unincorporated areas and including single, discrete we as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	Dumont	IA
Community	Allison	IA
	Parkersburg Geneva	
dd Rows as Necessary	Hampton	IA IA
	Tranpon	

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C							545	TEM ID 3129
	Dumont Telephone Con	npany							5125
F	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	IBERS AND R	ATES				
Е	In General: The information in s	•		•		•			
Secondary	system, that is, the retransmissi about other services (including particular services)								
Transmission	last day of the accounting period							ng on the	
Service: Sub-	Number of Subscribers: Both	•							
scribers and	down by categories of secondar			0 / 1					
Rates	each category by counting the n separately for the particular serv			0,0				charged	
	Rate: Give the standard rate of							e and the	
	unit in which it is generally billed			,	•	rd rate variation	s within a p	articular rate	
	category, but do not include disc					ondonetronomic		a that apple	
	Block 1: In the left-hand block systems most commonly provide	•		•		•			
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t	Ű							
	with the number of subscribers a								
	sufficient.	0.01/ 4					DI OOK	0	
		OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								<b>*</b> • • • •
	Service to first set	Basic Pkg =		\$120.60/mth		Basic Pkg			\$43.3
	Service to additional set(s)	Non-DVR =	135	\$3.95/mth		kg (Gen/Han			\$118.
	• FM radio (if separate rate)	Deele Diese		00404 11		Basic Pkg (Ge	en/Hamp	4	\$41.4
	Motel, hotel	Basic Pkg =	••••••	\$240/mth		nal DVR	-	2	\$5.95
	Commercial	Basic Pkg =	3	124-320/mth	L	usionTV+ usionTV+ (G	on/Hom	14	\$170/
	Converter					asic Fusion		<u>1</u> 1	\$320/ \$43.3
	Residential					asic Fusion			\$43.3 \$41.4(
	Non-residential				LUCAID	DASIC FUSION	IV+ (Ge		ə4 I.4U
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
E	In General: Space F calls for ra	``	'		•	, ,			
F	not covered in space E, that is, service for a single fee. There a					,	,		
Services	furnished at cost or (2) services		,		0		0()		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
Transmissions:	Block 1: Give the standard ra Block 2: List any services tha							were not	
Raies	listed in block 1 and for which a	• •			-				
Rates		otion and includ	le the r						
Rates	brief (two- or three-word) descrip			ate for each.					
Rates	brief (two- or three-word) descrip		CK 1	ate for each.				BLOCK 2	
rates		BLO RATE			VICE	RATE	CATEGO	BLOCK 2 RY OF SERVICE	RATE
Rates	CATEGORY OF SERVICE	BLO	CATE	GORY OF SER		RATE	CATEGO		RATE
rates	CATEGORY OF SERVICE	BLO	CATE Install	GORY OF SER		RATE			
rates	CATEGORY OF SERVICE Continuing Services:	BLO RATE	CATE Install • Mo	GORY OF SER ation: Non-res			NFL Re	ORY OF SERVICE	RATE \$40.0 \$1.0
rates	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO RATE \$14.95	CATE Install • Mo • Co	GORY OF SER lation: Non-res		PP	NFL Re Live US	DRY OF SERVICE	\$40.0
rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO RATE \$14.95	CATE Install • Mo • Co • Pa	GORY OF SER lation: Non-res otel, hotel ommercial	idential	PP PP	NFL Re Live US Double	dZone HD B Adapter	\$40.0 \$1.0
rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO RATE \$14.95	CATE Install • Mo • Co • Pa • Pa	GORY OF SER lation: Non-res otel, hotel ommercial ny cable	idential	PP PP \$10	NFL Re Live US Double	RY OF SERVICE dZone HD B Adapter Stream Pkg	\$40.0 \$1.0 \$6.0
rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	BLO RATE \$14.95	CATE Install • Mo • Co • Pa • Pa • Fir	GORY OF SER lation: Non-res otel, hotel ommercial ny cable ny cable-add'l cl	idential	PP PP \$10	NFL Re Live US Double	RY OF SERVICE dZone HD B Adapter Stream Pkg	\$40.0 \$1.0 \$6.0
rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOO RATE \$14.95 \$14.95	CATE Install • Mo • Co • Pa • Pa • Fir • Bu	GORY OF SER lation: Non-res otel, hotel ommercial ny cable ny cable-add'l cl e protection	idential	PP PP \$10	NFL Re Live US Double	RY OF SERVICE dZone HD B Adapter Stream Pkg	\$40.0 \$1.0 \$6.0
rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOO RATE \$14.95 \$14.95 \$50.00	CATE Install • Mo • Co • Pa • Pa • Fir • Bu Other	GORY OF SER lation: Non-res otel, hotel ommercial ny cable ny cable-add'l cl re protection rglar protection	idential	PP PP \$10	NFL Re Live US Double	RY OF SERVICE dZone HD B Adapter Stream Pkg	\$40.0 \$1.0 \$6.0
rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOO RATE \$14.95 \$14.95 \$50.00	CATE Install • Mo • Co • Pa • Pa • Fir • Bu Other • Re	GORY OF SER lation: Non-res otel, hotel ommercial by cable by cable-add'l ch re protection rglar protection services:	idential	PP PP \$10 \$10.00	NFL Re Live US Double	RY OF SERVICE dZone HD B Adapter Stream Pkg	\$40.0 \$1.0 \$6.0
rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOO RATE \$14.95 \$14.95 \$50.00	CATE Install • Mo • Co • Pa • Pa • Fir • Bu Other • Re • Dis	GORY OF SER lation: Non-res otel, hotel ommercial ny cable ny cable-add'l cl re protection rglar protection services: econnect	idential	PP PP \$10 \$10.00	NFL Re Live US Double	RY OF SERVICE dZone HD B Adapter Stream Pkg	\$40.0 \$1.0 \$6.0

Name	LEGAL NAME OF OWNER O	IF CABLE SYSTEM:		SYSTEM					
Name	Dumont Telephone C	Company		31					
	PRIMARY TRANSMITTERS:	TELEVISION							
G		lentify every television station (including tra em during the accounting period, <i>except</i> (1							
	FCC rules and regulations	in effect on June 24, 1981, permitting the	carriage of certain network progra	ams [sections					
Primary ransmitters:		(e)(2) and (4), or 76.63 (referring to $76.61(e)$ as explained in the next paragraph.	e)(2) and (4))]; and (2) certain stat	tions carried on a					
Television	Substitute Basis Stations	s: With respect to any distant stations carri	ied by your cable system on a sub	ostitute program					
	<ul> <li>basis under specific FCC rules, regulations, or authorizations:</li> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the</li> </ul>								
	station was carried only or	<ul> <li>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.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other</li> </ul>							
	basis. For further information	ion concerning substitute basis stations, se	ee page (v) of the general instruction	ions.					
		on's call sign. <i>Do not</i> report origination prog ed with a station according to its over-the-ai	-	-					
	"WETA-2" as the same on	0							
	of license. For example, W	VRC is channel 4 in Washington, D.C.	<sup>°</sup>						
		h case whether the station is a network sta ering the letter "N" (for network), "N-M" (for	, ,						
	(for independent multicast)	), "E" (for noncommercial educational), or "	"E-M" (for noncommercial education						
		terms, see page (iv) of the general instruction of each station. For U.S. stations, list the		is licensed by the					
	FCC. For Mexican or Cana	adian 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 OF STATION	4. LOCATION OF STATION					
	KCRG-TV	9	N	Cedar Rapids, IA					
	KCRGDT		N-M	Cedar Rapids, IA					
Rows as Necessary	KCRGDT2		N-M	Cedar Rapids, IA					
	KCRGDT3		N-M	Cedar Rapids, IA					
	KFXA	28	N	Cedar Rapids, IA					
	KFXADT		N-M	Cedar Rapids, IA					
			IN-IVI	Ceual Rapius, IA					
	KFXADT2		N-M	Cedar Rapids, IA					
	KFXADT2		N-M	Cedar Rapids, IA					
	KFXADT2 KFXADT3	2	N-M N-M	Cedar Rapids, IA Cedar Rapids, IA					
	KFXADT2 KFXADT3 KFXADT4	2	N-M N-M N-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA					
	KFXADT2 KFXADT3 KFXADT4 KGAN	2	N-M N-M N-M N	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA					
	KFXADT2 KFXADT3 KFXADT4 KGAN KGANDT	2	N-M N-M N-M N N-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA					
	KFXADT2 KFXADT3 KFXADT4 KGAN KGANDT KGANDT2	2 48	N-M N-M N-M N-M N-M	Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA Cedar Rapids, IA					
	KFXADT2 KFXADT3 KFXADT4 KGAN KGANDT KGANDT2 KGANDT3		N-M N-M N-M N N-M N-M N-M	Cedar Rapids, IA Cedar Rapids, IA					
	KFXADT2 KFXADT3 KFXADT4 KGAN KGANDT KGANDT2 KGANDT3 KPXR-TV		N-M N-M N-M N-M N-M N-M N-M N-M	Cedar Rapids, IA Cedar Rapids, IA					
	KFXADT2 KFXADT3 KFXADT4 KGAN KGANDT KGANDT2 KGANDT3 KPXR-TV KPXRDT KPXRDT2		N-M N-M N-M N-M N-M N-M N-M N-M N-M	Cedar Rapids, IA Cedar Rapids, IA					
	KFXADT2 KFXADT3 KFXADT4 KGAN KGANDT KGANDT2 KGANDT3 KPXR-TV KPXRDT KPXRDT2 KPXRDT2 KPXRDT3	48	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Cedar Rapids, IA Cedar Rapids, IA					
	KFXADT2 KFXADT3 KFXADT4 KGAN KGANDT KGANDT2 KGANDT3 KPXR-TV KPXRDT KPXRDT2 KPXRDT2 KPXRDT3 KRIN		N-M N-M N-M N N-M N-M N-M N-M N-M N-M N-	Cedar Rapids, IA Cedar Rapids, IA					
	KFXADT2 KFXADT3 KFXADT4 KGAN KGANDT KGANDT2 KGANDT2 KGANDT3 KPXR-TV KPXRDT KPXRDT KPXRDT2 KPXRDT3 KRIN KRINDT	48	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Cedar Rapids, IACedar Rapids, IADes Moines, IADes Moines, IA					
	KFXADT2 KFXADT3 KFXADT4 KGAN KGANDT KGANDT2 KGANDT3 KPXR-TV KPXRDT KPXRDT2 KPXRDT2 KPXRDT3 KRIN KRINDT KRINDT2	48	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Cedar Rapids, IA Cedar Rapids, IA Des Moines, IA Des Moines, IA					
	KFXADT2 KFXADT3 KFXADT4 KGAN KGANDT KGANDT2 KGANDT2 KGANDT3 KPXR-TV KPXRDT KPXRDT2 KPXRDT3 KRIN KRINDT KRINDT2 KRINDT2 KRINDT3	48	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Cedar Rapids, IACedar Rapids, IADes Moines, IA					
	KFXADT2 KFXADT3 KFXADT4 KGAN KGANDT KGANDT2 KGANDT3 KPXR-TV KPXRDT KPXRDT2 KPXRDT2 KPXRDT3 KRIN KRINDT KRINDT2	48	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Cedar Rapids, IA Cedar Rapids, IA Des Moines, IA Des Moines, IA					

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	Dumont Telephone Co			312
	PRIMARY TRANSMITTERS:	, ,		
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channe of license. For example, WH <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part-tim he carriage of certain network program of (e)(2) and (4))]; and (2) certain static arried by your cable system on a subs he Special Statement and Program Lo d both on a substitute basis and also of see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a n (for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ne basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KWWLDT2		N-M	Waterloo, IA
	KWWLDT3		N-M	Waterloo, IA
	KWWLDT4		N-M	Waterloo, IA
	KWWLDT5		N-M	Waterloo, IA
	кссі	8	N	Des Moines, IA
	KCCIDT		N-M	Des Moines, IA
	KCCIDT2		N-M	Des Moines, IA
	КССІДТЗ		N-M	Des Moines, IA
	ксш	23	N	Des Moines, IA
	KCWIDT		N-M	Des Moines, IA
	KCWIDT2		N-M	Des Moines, IA
	KCWIDT3		N-M	Des Moines, IA
	КДМІ	56	N	Des Moines, IA
	KDSM	17	N	Des Moines, IA
	KDSMDT		N-M	Des Moines, IA
	KDSMDT2		N-M	Des Moines, IA
	KDSMDT3		N-M	Des Moines, IA
	KDSMDT4		N-M	Des Moines, IA
	KFPX-TV	39	N	Des Moines, IA
	KFPXDT		N-M	Des Moines, IA
	KFPXDT2		N-M	Des Moines, IA
	KFPXDT3		N-M	Des Moines, IA
		10	N	Des Moines, IA
	WHO	13	N	Des monies, IA

N	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYST
Name	Dumont Telephone C	ompany		
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, W	entify every television station (including tra m during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61(e) is explained in the next paragraph. :: With respect to any distant stations carri- ules, 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 b on concerning substitute basis stations, see n's call sign. <i>Do not</i> report origination proof d with a station according to its over-the-ai	) stations carried only on a part-t carriage of certain network progr e)(2) and (4))]; and (2) certain sta ied by your cable system on a su Special Statement and Program oth on a substitute basis and als ee page (v) of the general instruct gram services such as HBO, ESI ir designation. For example, rep	ime basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	n case whether the station is a network sta ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the	r network multicast), "I" (for indep 'E-M" (for noncommercial educat ions in the paper SA1-2 form. le community to which the station	endent), "I-M" ional multicast). is licensed by the
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	ring the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instructi on of each station. For U.S. stations, list the	r network multicast), "I" (for indep 'E-M" (for noncommercial educat ions in the paper SA1-2 form. le community to which the station	endent), "I-M" ional multicast). is licensed by the
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the	r network multicast), "I" (for indep 'E-M" (for noncommercial educat ions in the paper SA1-2 form. e community to which the station community with which the station	endent), "I-M" ional multicast). is licensed by the n is identified.
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac <b>1. CALL SIGN</b>	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the	r network multicast), "I" (for indep "E-M" (for noncommercial educat ions in the paper SA1-2 form. e community to which the station community with which the station <b>3. TYPE OF STATION</b>	endent), "I-M" ional multicast). is licensed by the h is identified. 4. LOCATION OF STATION
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac <b>1. CALL SIGN</b> WHODT2	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the	r network multicast), "I" (for indep "E-M" (for noncommercial educat ions in the paper SA1-2 form. le community to which the station community with which the station 3. TYPE OF STATION N-M	endent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION Des Moines, IA
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canad <b>1. CALL SIGN</b> WHODT2 WHODT3	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the	r network multicast), "I" (for indep "E-M" (for noncommercial educat ions in the paper SA1-2 form. e community to which the station community with which the station <b>3. TYPE OF STATION</b> N-M N-M	eendent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION Des Moines, IA Des Moines, IA
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac <b>1. CALL SIGN</b> WHODT2 WHODT3 WHODT4	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	r network multicast), "I" (for indep 'E-M" (for noncommercial educat ions in the paper SA1-2 form. le community to which the station community with which the station 3. TYPE OF STATION N-M N-M N-M	eendent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION Des Moines, IA Des Moines, IA Des Moines, IA
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4</b> : Give the location FCC. For Mexican or Canad <b>1. CALL SIGN</b> WHODT2 WHODT3 WHODT4 WOI	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	r network multicast), "I" (for indep 'E-M" (for noncommercial educat ions in the paper SA1-2 form. e community to which the station community with which the station <b>3. TYPE OF STATION</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N</b>	endent), "I-M" ional multicast). is licensed by the n is identified. 4. LOCATION OF STATION Des Moines, IA Des Moines, IA Des Moines, IA Des Moines, IA
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canad <b>1. CALL SIGN</b> WHODT2 WHODT3 WHODT4 WOI WOIDT	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	r network multicast), "I" (for indep "E-M" (for noncommercial educat ions in the paper SA1-2 form. e community to which the station community with which the station <b>3. TYPE OF STATION</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b>	eendent), "I-M" ional multicast). is licensed by the n is identified.
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4</b> : Give the location FCC. For Mexican or Canad <b>1. CALL SIGN</b> WHODT2 WHODT3 WHODT4 WOI WOIDT WOIDT2	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	r network multicast), "I" (for indep "E-M" (for noncommercial educat ions in the paper SA1-2 form. te community to which the station community with which the station <b>3. TYPE OF STATION</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b>	eendent), "I-M" ional multicast). is licensed by the n is identified.
	educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4</b> : Give the location FCC. For Mexican or Canad <b>1. CALL SIGN</b> WHODT2 WHODT3 WHODT4 WOI WOIDT WOIDT2	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or " erms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	r network multicast), "I" (for indep "E-M" (for noncommercial educat ions in the paper SA1-2 form. te community to which the station community with which the station <b>3. TYPE OF STATION</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b>	eendent), "I-M" ional multicast). is licensed by the n is identified.

EGAL NAME O	F OWNER OF	CABLE S	YSTEM:					SYSTEM I
Dumont Tel	ephone Co	mpanv						312
	•							
n General: Lis		tation ca	rried on a separate and discre nerally receivable by your cab					Н
eceivable if (1 n the basis of or detailed inf aper SA1-2 fo Column 1: 1 Column 2: 5 Column 3: 1 ignal, indicate	) it is carried b monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing	y the sys be recei it the Cc sign of e he statio ion's sign g a checl	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which th	t the system's hea system's FM ante his point, see pag ed by the cable s	adend, and (2) nna, during ce je (v) of the ge ystem as a sej	) it can t ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
	1	ľ	the community with which the	1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
LMJ-104.9	FM		Hampton, IA					
		+	+	P				

Accounting Perio							FOR	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#
Name	Dumont Telephone Co	mpany						31293
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non counting pe	network televis riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> statio C rules, regula	ations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				gonoral moure			
Special	<ul> <li>During the accounting peri</li> </ul>				is, any nonne	twork telev	/ision prograr	n
Statement and Program Log	broadcast by a distant stat		,		, <b>,</b>		YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	je blank. If your answer is	"Yes," you mu	ust comple	te the progra	m
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs. <b>Column 2:</b> If the program <b>Column 3:</b> Give the call s <b>Column 4:</b> Give the broat the case of Mexican or Can <b>Column 5:</b> Give the mon first. Example: for May 7 giv <b>Column 6:</b> State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please a of every nor distant stati gulations, o es like "mo Bulls." n was broad sign of the s dcast statio th and day e "5/7." as when the Example: a er "R" if the nd regulatio	add additional i nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, ente station broadca on's location (th ins, if any, the o when your syst substitute pro program carri- listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen itball." List specific program r "Yes." Otherwise enter "I asting the substitute progra he community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	program") that d for the prog eral instructio n titles, for ex No." station is licer station is ider program. User cable system 15 p.m. to 6:2 amming that y ; enter the let	at, during ti ramming o ns for furth ample, "I L nsed by th httified). • numerals . List the ti 28:30 p.m. rour system ter "P" if th	he accounting of another state her informatio love Lucy" or he FCC or, in , with the mo mes accurate should be n was <i>require</i> he listed prog	g ntion nth ely
		UBSTITUT	E PROGRAM			EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
					]		_	
					]		_	
							_	

ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:				A1-2E. PAGE
Name	Dumont Telephone Company			-	3129
<b>K</b> 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 explanatio 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.	ystem's se n of how to	condary transmi compute this a	ission service mount, see	6,178.41
	IMPORTANT: You must complete a statement in space P concerning gross red			(Amount of gr	•
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 t Use block 3 if the amount of gross receipts in space K is more than \$263,800 t See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less tha	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	u must pay for th	is six-month	
	Line 1. Royalty fee for accounting period				
					0.00
	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 lin	nes 1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	100)	
	1. Base amount under statutory formula	\$	263,800.00	-	
	2. Enter amount of gross receipts from space K	\$	226,178.41	-	
	3. Subtract line 2 from line 1	\$	37,621.59	-	
	4. Enter the amount of gross receipts from space K		. \$	226,178.41	
	5. Enter the amount from line 3		\$	37,621.59	
	6. Subtract line 5 from line 4		\$	188,556.82	
	7. Multiply line 6 by .005 (enter figure here)			\$	942.78
	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		\$	942.78
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	\$	263,800.00	-	
	3. Subtract line 2 from line 1			-	
	4. Multiply line 3 by .01			-	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4.				
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		¢	942.78	
otal Remittance 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			\$	962.78

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: hone Company				SYSTEM ID# 31293
M Channels	to its subscriber 1. Enter the tota system carrie 2. Enter the tota on which the	rs, and (2) the cable system's al number of channels on whic	total num h the cat s ls n broado	ast stations	ounting period.	55 301
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		DRMATION IS NEEDED (Identify an indiv	ridual to whom	
for Further Information	Name Address	Roger Kregel 506 Pine St, PO Box	349		Telephone (64	1) 857-3211
	Address	(Number, street, rural route, aparti Dumont, IA 50625-03 (City, town, state, zip)	nent, or su	te number)		
	Email	rogerkr@dumor	nttelepho	one.com	Fax (optional	
O	I, the undersigned     (Owned)     (Agentic     X (Offic     I have examined)	ed, hereby certify that (Check or or other than corporation or p t of owner other than corpora in line 1 of space B and that th er or partner) I am an officer (i in line 1 of space B. I the statement of account and I te, and correct to the best of m	ne, <i>but or</i> artnersh tion or p e owner is f a corpor hereby de y knowled K Enter an	tified and signed in accordance with Cop <i>ly one</i> , of the boxes.) <b>p</b> ) I am the owner of the cable system as id <b>artnership</b> ) I am the duly authorized agent is not a corporation or partnership; or ration) or a partner (if a partnership) of the li- clare under penalty of law that all statement lge, information, and belief, and are made in <i>/s/</i> Roger Kregel electronic signature on the line above to cert nature using an "/s/ signature" (e.g., /s/ John	dentified in line 1 of space B; or of the owner of the cable system egal entity identified as owner of ts of fact contained herein n good faith.	
		Typed or printed	Gene	Roger Kregel ral Manager		
		(Til		I position held in corporation or partnership)	7/8/22	

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

Dunting Period: 2022/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
mont Telephone Company	3129
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q 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	
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
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	
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	
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	
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	
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	

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

C	Cal Woi	ble rksheet	Total amount of remittance	Number of SAs rec'	d Initials	
			Date of remittance	Check	□ FILING FEES	
Cable ID #					Amount Initials	
Examined by		Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	□Janua	ry 1 - June 30, 2017		]July 1 - December 31, 2017		
	Letter sent		Information received			
	Accepted			Phone call/Date/Contact		
Space B Owner						
	Letter sent			Information received		
	Accep	ted		Phone call/Date/Contact		
Space D Area Served						
	Letter sent			Information received		
	Accep	ted		Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	Letter	sent	□ Information received			
and Rates				]Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	Letter	sent	Γ			
			C	Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio	Accep	ted	Γ	Phone call/Date/Contact		

		Space I Substitute Carriage
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log (SA3 only)
☑Letter sent	☐ Information received	(SAS ONLY)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	□Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□Info/add'l fee received	
Accepted	Phone call/Date/Contact	